

'Voluntarism' in English Health and Welfare: Visions of History

Introduction

'In fact, the idea of an opposition between civil society and the state was formulated in a given context and in response to a precise intention: some liberal economists proposed it at the end of the eighteenth century to limit the sphere of action of the state, civil society being conceived of as the locus of an autonomous economic process. This was a quasi-polemical concept, opposed to administrative options of states of that era so that a certain kind of liberalism could flourish.

'But something bothers me even more: the reference to this antagonistic pair is never exempt from a sort of Manicheism, afflicting the notion of the state with a pejorative connotation at the same time as it idealizes society as something good, lively and warm.

'What I am attentive to is the fact that all human relationships are to a certain degree relationships of power. We evolve in a world of perpetual strategic relations. All power relations are not bad in and of themselves, but it is a fact that they always entail certain risks.'

Michel Foucault, 'The Risks of Security' ¹

This essay presents some reflections on historical writing about voluntarism and health care in Britain, one of the themes of this book. I begin though with a lengthy extract from Foucault, uttered in an interview concerning the welfare state, for the challenge it poses the reader approaching voluntarism in history. Its date is 1983, just when the power of the Communist bloc was starting to fray before the defiance of the Polish Solidarity movement. Coinciding with the Western turn to neo-liberal thought, the moment marked a revival of interest in civil society, conceived as a realm of activity lying between state and market whose work was essential to a thriving democracy. Although Foucault did not live to see this discussion play out, he did raise a salutary doubt. To what extent, he asks us, is this, and by implication cognate terms like 'voluntarism', 'third sector', 'philanthropy', a descriptor of a discernible social reality, and to what extent a figure of speech which conditions our perception of the world?

The contemporary deployment of such language as political instrument has recently been amply illustrated through the 'Big Society' slogan, marshaled by the UK Conservative Party during the 2010 general election. With a philosophical lineage in Burkean Toryism, the underlying idea represented a route out of the post-crash ideological dilemma. ² If both the over-mighty state and hard-nosed Thatcherism had failed, then perhaps mobilizing the little platoons to rekindle civil society was a way forward? Although the 'Big Society' swiftly joined the pundits' roll call of 'big ideas that failed', it was neither new nor transitory. ³ Rather, the episode represented just the latest recrudescence of a political theme discernible since the 1980s. This was the period in which government first turned to the third sector to help it roll back the state, initially in areas like social housing and community job creation, then through establishing contractual and regulatory frameworks for the purchase of social

services.⁴ The Blairite Third way continued the process, plotting its rhetorical course between leaden bureaucracy and amoral markets. Now the voluntary sector's hitherto supplementary role was formalized into one of partnership with the state, including an Office of the Third Sector within the Cabinet Office.⁵ Thus while 'Big Society' enthusiasms generated some distinctive policies the march towards welfare pluralism was long underway.⁶

Visions of history have played a part in the discourse accompanying these developments. Margaret Thatcher rooted her claim for voluntarism as 'one of freedom's greatest safeguards' in a remembered past of small town Rotarians and the Women's Royal Voluntary Service.⁷ Neo-liberal and leftist commentators alike invoked nineteenth-century friendly societies and co-operatives to demonstrate that individual self-interest was compatible with collective goals.⁸ The 1990s briefly saw a 'stakeholder welfare' ideal, when a revived mutual aid movement was touted as the solution for low-income savers.⁹ Another bulwark of Victorian civic action, the voluntary hospital, was sometimes recalled in aid of the present, an appeal to pre-war achievement legitimizing the policy of trust status for NHS hospitals.¹⁰ And recently 'Red' Tories and 'Blue' Labour alike have implicated the disappearance of working-class mutualism in today's welfare dependence and political passivity.¹¹

Alongside these co-options in policy discourse has been a substantial rethinking of British welfare history, driven by the desire to emancipate the subject area from what Finlayson dubbed a 'welfare state escalator' approach.¹² By this he intended an implicit teleology whereby pre-1945 social policies or institutions were interpreted in light of advance to the destination of state welfare. This particularly disadvantaged voluntary provision, which was understood through later perceptions of its failings rather than on its own terms.¹³ Histories badged as 'origins' or 'evolution' studies betrayed this mindset. Empirical comparisons of long-run issues like the social security of older people further problematized the notion of Atlee's welfare state as a critical juncture presaging improvement.¹⁴ Feminist thought provided another spur to revision, with women's philanthropy recovered from the condescension of patriarchy and revalued as a field of social action.¹⁵ What was needed was the replacement of linear narrative with notions of a 'mixed economy' of welfare, and a constantly 'moving frontier' between public, private and voluntary sectors.

New outline texts duly reacted to these critiques, though not without complaint that earlier authors' efforts had been caricatured: after all the growth of the welfare state could hardly be ignored.¹⁶ Nonetheless today's student is expected to be as familiar with informal aid, friendly societies and medical charities as with factory acts and old age pensions.¹⁷ This commitment remains in place, as demonstrated by the response of academic entrepreneurs to the 'Big Society' agenda. Recent texts both showcase the range of work the turn has stimulated, but also evince tensions in balancing the wish to inform with the need to correct historical misapprehensions, and without license to challenge the organizing concept.¹⁸

So what exactly is the subject area? Readers will note that thus far I have blithely elided descriptors like 'voluntarism' and 'civil society', hinted that their historiography entwines with the political economy of welfare, and suggested certain types of institution or association that may fall under the lens. In what follows I will develop these themes further, beginning with a discussion of how 'voluntarism' and related terms emerged as categories of historical analysis. I will then consider trends in historical writing about British health care both outside and within the 'voluntarism' paradigm.

The idea of voluntary action.

The effect of the new welfare history has been to carve out an area of historical research positioned in binary distinction to state services. 'Voluntarism' is also rather hard to define precisely. This catch-all word provides a widely used categorization, for example in survey texts – *The Voluntary Impulse* – and in scholarly vehicles for specialization – the Voluntary Action History Society, *The Non-Profit and Voluntary Sector Quarterly*, and so on. Yet it is also an expression whose currency amongst historical actors before the twentieth century is hard to gauge. A glance at Victorian representations in town directories or local newspapers yields terms like 'charities', 'benevolent institutions', 'benefit societies', or 'clubs'. Today's digital historian, if inclined to generate an n-gram of 'voluntarism' in Google Books' English language corpus, will find early citations are to works of metaphysics and psychology. From whence then, did our current practice come?

Finlayson, following Brian Harrison's reading of the *OED*, ascribed the earliest usages of 'voluntarism' to 1924 (as associational activity not determined by compulsion), and to 1957 (as a mode of social welfare).¹⁹ Harrison's first citation in fact derived from the American labour leader Samuel Gompers, and was made in the context of US trade unionism, a sphere normally outside today's 'voluntary action' history.²⁰ A plausible British lineage is from 'voluntary' education, denoting day schools 'free from State control', to which the *OED* records references from 1745.²¹ Many of these were founded by charitable bodies whose objectives entwined education with religious inculcation, though by the nineteenth century their 'voluntary' funding combined philanthropy with fees and state subsidies.²² A political language of 'voluntary association' was current by the 1850s, for example in counterpoint to state regulation of friendly societies.²³ Otherwise, 'voluntary' giving, denoting a free-will offering for some social or religious purpose can be dated at least to 1682, and 'voluntaryist', which initially signified a supporter of congregational rather than state funding of the church, to 1842.²⁴

Finlayson also located the emergence of a 'language of sectors' in the mid-twentieth century.²⁵ Several texts crystallized the connotations of voluntarism which foreshadow scholarly usage, with Elizabeth Macadam's *The New Philanthropy* (1934) an early example. This book sought to establish the changed basis of the relationship between state and 'voluntary social service', for the current confusion and overlapping of welfare agencies, both public and private, were failing to meet need.²⁶ What was required was some coordinating mechanism to yoke the power and compass of bureaucracy to the conscience and

personal touch of philanthropy.²⁷ Macadam's choice of subject matter reflected this agenda. Friendly societies and voluntary hospitals were only fleetingly noted, the former now as effectively integrated with the state, and the latter perhaps soon to be: 'there appears to be nothing in this service which unfits it for State action'.²⁸ Instead the book dealt principally with areas supplementary to the social service state, and with advocacy outside of it. It also offered a conceptual account of what voluntary activities could contribute, including their capacity for research and experimentation, for tackling stigmatizing or controversial issues, for individualized care and for their pressure group function.²⁹ But there was also critique of their weaknesses: the lack of co-ordination, the undemocratic nature of governing boards, the under-resourcing and amateurism of the labour force, the lack of leadership and their ineffectiveness in the political arena.³⁰

This notion of voluntarism as a realm with specific strengths and limitations relative to the state re-emerged in Constance Braithwaite's *The Voluntary Citizen* (1938). In her reading 'voluntary' was synonymous with philanthropy, and her empirical content dealt with hospitals, district nursing associations and charities addressing poverty, impairment, orphans and so on. Frankly preferring the state as provider of health and social services, she argued that only government had the financial resources to support human development, and only it could fulfill the ideals of equality and interdependence.³¹ Charity meanwhile was financially inadequate, particularly for medical needs, and although giving had not been crowded out by public funding, its income was increasingly composed of receipts for services.³² Like Macadam she argued that voluntary work could address inherent limitations of the state, either taking a supplementary role, or pioneering new fields, or addressing controversial areas like birth control, pacifism and women's rights. Thus it was entirely compatible with the socialist state Braithwaite favoured.³³

British socialist traditions also infused *Voluntary Social Services: Their Place in the Modern State* (1945), edited by the medieval historian Anne Bourdillon and produced by the Nuffield College Social Reconstruction Survey Committee.³⁴ Although Bourdillon was the project's organizing secretary the intellectual leadership came from G.D.H.Cole, who wrote a historical introduction and a chapter on mutual aid. While distinctive in thus bringing not just friendly societies, but also trade unions and co-operatives within the subject's ambit, the text otherwise followed Macadam's focus in concentrating on organizations with a supplemental role in a welfare state. Bourdillon wrestled with the definitional tangle, first suggesting voluntary association was a timeless British 'habit', then observing that the meaning of 'voluntary' had only lately changed from 'unpaid' to denote a member-governed, but not statutory, social service organization.³⁵ For no very consistent reason this implied that churches, political parties and arts bodies should not be considered, nor the voluntary hospitals, despite their being the 'oldest and largest of the social services'.³⁶ Beyond this, the guiding assumption was that a 'natural process' occurred by which voluntary work identified and pioneered new fields, until 'majority opinion' insisted they became public services, and it was implicit that this was now the case with the hospitals.

³⁷ Whether this meant all voluntarism was inherently transitional or that there would always be a realm beyond the ambit of the state was left open.

Two further conceptual markers appeared in the Nuffield report. First, Cole's text reified charity in history with terms like 'voluntaryism' and 'voluntarists', to denote a worldview specifically opposed to state incursions.³⁸ His historical survey traced the work of philanthropists from Hannah More to the Charity Organisation Society, treating theirs' as class-based interventions distinct from the rights-based approach inherent in mutual aid. 'Voluntaryism' in other words was a creed compliant with class hierarchies, and insistent upon self-help and charity as the solution to poverty, rather than 'demoralising' public support.³⁹ It should be stressed that this derogatory sense was not the only one current: for example the PEP *Report* on social services (1937) defined 'voluntaryism' as a relationship to the public sector, either indicating the extent of contracting to voluntary organizations, or to mean unpaid volunteering for public bodies or official committees.⁴⁰ Nonetheless both early usages differ strikingly from the contemporary sense. Second, it was Bourdillon who seems to have originated the 'moving frontier' trope, used to describe social initiatives that began as fields of 'public conscience' (voluntary) and later became 'recognized assumptions of civilized urban life' (statutory).⁴¹ Finlayson attributed his later appropriation to William Beveridge in a House of Lords debate of 1949, and it is ironic that he, like Beveridge, here corrupted the original sense of 'forward' state expansion to imply a permanently mutable relationship.⁴²

Shortly afterwards came Beveridge's *Voluntary Action* (1948), a study founded on a detailed empirical survey whose implications were then synthesized by committee.⁴³ Beveridge though was the main author and defined the field as 'private action ... for a public purpose - for social advance'; following Cole (though not Braithwaite and Macadam) he held this to signify both philanthropy and mutual aid.⁴⁴ Much of the report was duly devoted to the past and future prospects of friendly societies, trade unions and other mutuels. Here too the assumption of inherent strengths and limitations of state and voluntarism were discernible, though implicit. Voluntary inadequacy was demonstrated by the fact that national health insurance in 1911 had more than doubled the numbers covered by the mutuels. These pioneers had been naturally superseded, for only the state 'can ensure that at all times unsatisfied needs are clothed...'.⁴⁵ And like his peers, Beveridge envisaged the role of voluntarism as supplementing the minimal state (in areas like community care of the old or physically impaired), aiding groups it stigmatized (unmarried mothers, prisoners), and experimenting with new service forms (citizens' advice bureaux, holiday camps).⁴⁶ The committee's patrician prejudices were sharply evident in passages imagining voluntary social clubs and holiday schemes to divert popular tastes away from the wireless, cinema and football pools.⁴⁷

Lineages of voluntar(y)ism

Thus far we have seen the idea of voluntarism as scholarly category emerging at a particular moment of growing state agency in welfare, promulgated by progressive thinkers at ease with this process, and seeking a language for discussing the boundaries to that growth. There was no theoretical consensus

on what fell within the category, though in practice some common ground. Another linking theme was that both voluntarism and the state had certain limitations as a mode of delivery, though whether the latter's were inherent was undecided.

From where then did this organizing concept of state and voluntarism as complementary but mutually exclusive emerge? Braithwaite, Cole and Beveridge were, loosely, academic economists, though somewhat apart from the neo-classical grounding of the emergent discipline in Cambridge. Beveridge had qualified in mathematics, classics and law, and was 'self-taught' in economics; his Directorship of the LSE arose from his expertise in unemployment sparked first by voluntary settlement work.⁴⁸ Cole began his academic career in economics, and by 1945 he was Oxford's Chichele Professor of Social and Political Theory. Best known as a left-wing labour economist, historian and political theorist, he had travelled from Fabianism, through Guild Socialism, to a rights-based social democracy that gave intellectual heft to the Attlee welfare state.⁴⁹ Braithwaite was based in the discipline's other early centre, the University of Birmingham, whose economics ('commerce') was more practically oriented and attentive to history than that of Cambridge or the LSE.⁵⁰ Though lesser known, we learn from biographies of others in her circle that she was a Quaker, feminist, conscientious objector and socialist.⁵¹

Given these backgrounds and locations it is likely that welfare economics was one inspiration, for by the 1920s this had provided theoretical legitimation for state intervention and established the notion of market failure in the social realm. Alfred Marshall, the founding force in the British profession, had delineated conditions in which Adam Smith's invisible hand (of the aggregate actions of utility maximising individuals) might not advance social melioration. Not only was general equilibrium a chimera, but the distributional effects of markets could also prove inefficient and inequitable.⁵² Arthur Pigou, Marshall's successor, took forward the idea of sectors with attributable functions, developing his notion of market-generated externalities, some good – thus meriting a broader base of payment; and some bad – thus legitimizing state intervention to mitigate.⁵³

However these early interventions seem to have conceived of social welfare solely within a state/market framework, as contemporary economic histories testify. For example J.H.Clapham (1926) foregrounded the poor law, public health and factory acts, ignoring hospitals and treating friendly societies briefly as 'social insurance' within discussion of financial institutions.⁵⁴ Cole's own prewar economic history did likewise, nodding cursorily to hospitals in a chapter on Georgian London, treating friendly societies in the context of trade unionism, and examining voluntary schooling as a vehicle for religious indoctrination that unhelpfully impeded the growth of state education.⁵⁵ Karl Polanyi meanwhile saw social legislation less as a correlate of class struggle and more as a functionalist adjustment to the 'avalanche of social dislocation' which industrial capitalism had wrought. Again though, it was only the state that could ensure social reciprocity trumped individual utility.⁵⁶

Thus the early accounts of 'voluntary action' were at the margin of a welfare economics discourse primarily concerned with the balance of state and market. Was direct influence likely? Macadam's intellectual home was social administration, not economics. Beveridge was apparently antipathetic towards economic theory, while Cole condemned its mathematical turn as 'writing Choctaw'; economics was, anyway, rather marginal to the early framing of social policy.⁵⁷ Only Braithwaite explicitly described herself as an economist seeking to position philanthropy alongside markets and states, and it is in her work that concepts of voluntary inadequacy and of state 'defects' are most clearly presented.⁵⁸ Here then is an early sight of the ideas of voluntary failure and strengths that were eventually codified within welfare economics.⁵⁹ That said, Braithwaite was also frank about the 'personal bias' underpinning her advocacy of voluntary citizenship within a socialist welfare state.⁶⁰ Although unstated, it is tempting to speculate about the influence of Quaker 'witness' on her position, and to note that debates over pacifism during World War One had radicalized Quakerism through contact with socialist and idealist thought.⁶¹ Indeed Braithwaite's bibliography included not only Pigou but also T.H.Green, the Oxford idealist philosopher, and Harold Laski, the Labour intellectual who blended Fabian socialism with advocacy of political pluralism.⁶²

Given the latter influence, it might seem plausible that a related political creed was important, the Guild Socialism championed by G.D.H.Cole in the 1920s. Enjoying a brief post-war popularity, Guild Socialism aimed to instill democracy at every level of economic organization, whether of producers or consumers, and it might seem that friendly societies or voluntary associations would have provided a useful model.⁶³ However, it was informed in its seminal texts by the models of trade unions and co-operatives, and Cole's proposals for decentralized health services involved Medical and Public Health Guilds and Collective Health Councils affiliated to local government.⁶⁴ So again it was within a state/market dualism that these utopian visions sought to resolve class struggle. Political pluralism therefore seems only a marginal influence.

Better attested is the impact of idealist thought on Beveridge, and this was arguably a shaping influence on *Voluntary Action*.⁶⁵ Idealism proposed the organic nature of society, in which the conscious development of the state could serve a moral purpose. By providing the wherewithal for good health, employment and freedom from want, government could create the circumstances in which an independent citizenry behaved as ethical and rational beings.⁶⁶ This thinking incorporated a range of positions on the extent and form of state benefits, and it also posited a boundary between state and voluntary action which this notional engaged citizen would inhabit. This is certainly the intellectual scenario of *Voluntary Action*, even if its empirical findings documented disengagement and preference for commercial leisure.

The cohering of certain realms of activity into an inconsistently defined 'voluntarism' therefore involved different intellectual strands. Above all though it was the creature of its time. Thus Elizabeth Macadam's agenda came directly from her experience in Liverpool, where she had led efforts to co-ordinate relief charities. Macadam was a pioneer in the academic professionalization of 'public

administration', whose earlier work dealt with the training of social workers.⁶⁷ She was also the companion and 'political wife' of the prominent feminist and parliamentarian Eleanor Rathbone, who championed the economic empowerment of women through state family allowances.⁶⁸ Thus closely engaged with current welfare politics, Macadam's was a notion of modernity in which welfare as charitable dispensation must give way to an organised voluntary service that complemented the state.⁶⁹ A thread of feminism can also be discerned, for professional training would end the situation in which the 'ladies committee' was relegated to spheres of a 'womanly character'.⁷⁰

Voluntary Action meanwhile, had been commissioned by the National Deposit Friendly Society, which sought advice on its future role in the era of national insurance. Beveridge therefore needed both to elide voluntarism and mutualism, and to reassure his commissioners that the extension of social insurance, which his famous report of 1942 had instigated, would not extinguish welfare beyond the state.⁷¹ His biographer also stresses the highly contingent impact of World War Two on shaping all three Beveridge reports. Hitherto his thought was marked by theoretical inconsistency and eclecticism, but the war had convinced him that shared values of egalitarianism and trust in government were irreversibly established.⁷² The wartime moment with its potential for radical reconstruction also conditioned the perspective of the Cole and the Nuffield team, who had also provided research evidence for the main Beveridge Report on popular attitudes towards existing welfare, which some regarded (then and since) as highly partial.⁷³ On balance then, these conjunctural factors seem as important as intellectual lineages in providing the platform on which stable concepts of state and voluntarism could emerge.

The idea of voluntarism then, is not exactly an anachronism, deriving as it does from the established descriptor 'voluntary', long applied to schools, friendly societies and hospitals. However, it was also a timebound construct, emerging in the mid-twentieth century as a language for political progressives whose sympathies lay with expansive state welfare to discuss its limits. It fused different strands of social, political and economic thought, and had no consistent content, but was practically oriented to the adaptation of charity and mutualism to the new dispensation. When Finlayson urged its revival in the 1980s, like Cole and PEP he also reified it as a set of beliefs guiding behaviour, and ascribable to 'voluntarists'. For him the connotation was principally active citizenship though he did acknowledge the class prejudices imputed by Cole.⁷⁴ From here it was a lesser step to elide 'voluntarism', now a synchronic 'impulse', with other timeless human attributes of 'voluntarists', like 'innovation, self-sacrifice ... love of one's fellow man'.⁷⁵ Yet what is striking in contemplating this genealogy is how contingent and questionable it is as a category of historical analysis.

A 'baggy monster' and its uses

Given these difficulties, might contemporary conceptual frameworks be of more help? Unfortunately these both acknowledge and compound the slipperiness of terms like voluntarism, civil society, charity, third sector, non-profit and non-governmental organization.⁷⁶ A much-cited reference point is Kendall and Knapp's 'loose and baggy monster' essay, which reviews the attendant

typological diversity and terminological inconsistency.⁷⁷ This points out that the voluntary sector has been variously defined according to social function (mutual aid, advocacy, service); to structure (non-profit, independent, volunteer-based); to motivation of participants (beneficence, solidarity); or to legal framings. Complexities deepen when international variants are considered, for while the British like to talk of 'voluntarism', the Americans prefer, and legally delineate, 'non-profit', the French perceive an *économie sociale* of solidaristic organizations, while German civil law recognizes *gemeinnützige* (public benefit) bodies, and so on.⁷⁸ Each is conceptually distinct and implies a different range of organizations, and thus emerges a tendency towards a broader purview than that staked out in mid-twentieth century Britain by Beveridge et al.

Anheier and Salamon's attempt to synthesize common components to permit cross-national comparison of 'Nonprofit Organizations' has duly resulted in a very capacious scheme. Grouping these within fields of activities, they include not only the charities, pressure groups and clubs familiar from the British literature, but many other organizations which reasonably meet criteria of independence, non-profit making and public benefit purpose. These encompass universities, trade unions, political parties and churches, but exclude co-operatives, and friendly or building societies, which fall foul of a 'non-distribution' criterion.⁷⁹ Other challenges in applying this 'structural-operational' approach to British voluntarism abound, for example: at what point does the extent of government funding and regulation negate 'independence?'; why exclude informal social care?; are fee-paying public schools really a public benefit?, and so on.⁸⁰ In face of all this Kendall and Knapp deploy their 'monster' metaphor, observing that 'the preferred approach will depend on the purpose for which the categorizations are required.'⁸¹ Unless, presumably, we require a consensus over definition and content with which to evaluate impact in historical context.

The difficulty this imprecision presents for British historians, or at least their readers, is evident in the recent burst of writing on post-war non-governmental organizations (NGOs). This term seems to have originated with the United Nations, whose founding charter used it to describe non-state actors eligible for consultative status with its Economic and Social Council, either because of their representativeness, special competence or technical expertise.⁸² Hilton and colleagues deploy it widely, eliding their usage with that of 'social action', 'charities' and 'voluntarism', but essentially defining NGOs as bodies outside government or business intent on 'shaping the broader socio-political agenda'. Their larger argument is that with the decline of popular participation in conventional parties, political identification and expression has shifted to the voluntary sector.⁸³ Specifically, NGOs were vehicles for the 'post-materialist' politics of the baby-boomers within mature welfare states, for whom the class struggle and social security had become irrelevant.⁸⁴ This classification (not obviously employed by actors themselves) helpfully sustains their call for a 'new historical paradigm' in reading post-war politics, which have now, they argue, migrated to the 'Big Society'.⁸⁵ Their case then builds on a rich mix drawn from traditional charities, user and consumer groups, and straightforward campaigning organizations, with themes like environmentalism, feminism,

international aid and sexuality looming large.⁸⁶ Whether this is a legitimate 'preferred approach', or a partial selection of 'voluntary' organizations that validates a particular thesis, is for the reader to judge.

It also, of course, perpetuates the vagueness that has attended the concept of voluntarism since its consolidation in the 1930s. In face of this the health historian might conclude that it is not very useful and abandon it entirely, treating each organization on its own terms with no prior assumptions about function or motivation. Or she might cautiously accept it on grounds of its ubiquity, employing it as an umbrella for grouping discussion of the obviously salient fields, such as friendly society sickness insurance and voluntary hospital care before the NHS, and of user or advocacy groups in the ensuing decades. With this in mind the remainder of this essay will briefly review historical writing in these areas, identifying periods in which the 'voluntarist' nature of these organizations has assumed prominence in the analysis, and finally considering whether today's 'NGO' paradigm provides a useful key for unlocking health politics.

Voluntarism and health care, historical trajectories

Friendly societies

G.D.H.Cole's reading was discernible in early post-war work on the friendly societies, which treated them as manifestations of a class society. The key studies were P.H.J.H.Gosden's, begun as doctoral work under the Marxist historian Eric Hobsbawm.⁸⁷ The principal actors were the skilled working class of industrial Britain, and the funds were epitomised as Victorian 'self-help', the Smilesian epithet distracting from their earlier origin in journeymen's guilds and their mutualist purpose. Sickness insurance was rather marginal to these accounts, and while Gosden charted their decline as vehicles for sociability, Bentley Gilbert depicted a financial system facing actuarial uncertainty prior to NHI.⁸⁸ The Thompsonian turn in British social history focused further attention on their function as manifestations of the culture of the artisan elite, though proliferating local studies illustrated their presence amongst lower waged workers too.⁸⁹ Later overview texts retraced these paths, augmenting the central narrative with further case studies and handsomely elaborating the cultural history.⁹⁰

A significant change occurred in the 1980s when welfare economic theory was applied to their insurance activities. A founding concept of health economics was that markets failed in health care for two reasons. One was that consumers lacked the information to make informed choices and thus classic dynamics of supply and demand could not set prices. The second was that demand was inherently unpredictable, for the costs of ill health could be so catastrophic as to confound even the most prudent individual saver.⁹¹ David Green thus historicised the friendly societies' arrival as a grassroots response to these trust and pricing failures; membership bonds obviated moral hazard and the professional monopolisers were held accountable to consumers.⁹² Developing his non-Marxist account of working-class action Green also drew on civil society theory to depict their procedures as nurseries of democracy and a building block of the liberal state.⁹³

The millenium was therefore a period of revisionism. Green's theme found parallels in the work of American economic historians arguing that non-governmental health insurance was the optimal form, because large, impersonal public funds encouraged moral hazard and hence higher costs.⁹⁴ It also appealed to political historians seeking alternative explanations for the mid-Victorian liberal consensus after 'social control' theory became discredited.⁹⁵ Further rethinking followed the insight that the funds' pre-NHI financial status was more robust and flexible than earlier accounts had claimed.⁹⁶ All this played to the then fashionable neo-liberal agenda, with which Green was associated through the Institute of Economic Affairs, which suggested that a voluntary sector alternative to the welfare state had been viable before big government overwhelmed it.⁹⁷ Not only had the numbers covered by friendly society sick funds been similar to those initially insured under NHI, but popular opinion was by no means favourable to the state scheme.⁹⁸

Subsequent evaluations have reached more circumspect conclusions. Green's calculations of pre-NHI coverage turned on some generous assumptions about the under-reporting of sickness insurance in unregistered or small funds.⁹⁹ Given this, the Beveridgean estimate of 'voluntary inadequacy' still seems reasonable.¹⁰⁰ Nor has debate over whether the working class wanted the welfare state substantiated the contention that it was fundamentally undemocratic. Rather labour seems to have moved gradually from suspicion to acceptance as the conceptual horizon of reform possibilities widened.¹⁰¹ Similarly the rank and file of friendly society members acquiesced in state old age pensions when the prospectus became clear.¹⁰² Beyond this, popular views probably ranged from apathy to misunderstanding to enthusiastic support for NHI.¹⁰³ Meanwhile the 'labour mobilisation' approach in comparative histories of welfare states shows no sign of receding.¹⁰⁴ A classic case is New Zealand, where recent studies of this ideal-typical 'world without welfare' revealed that it was the failure of mutualism to provide for ageing populations which explains welfarism's early arrival.¹⁰⁵

Current English friendly society historiography is similarly refocused on the pressures bearing on funds before NHI, now from the perspective of morbidity. Analysing claim data to derive patterns of sickness, James Riley showed a striking rise in morbidity coinciding with the mortality decline since 1870, both within the aging population, and across age groups.¹⁰⁶ Debate has turned on whether this was a real biological phenomenon, or a 'cultural inflation of morbidity', driven either by shifting norms of the sick role, or by the funds' economic capacity to sustain time off, or by the pension needs of unemployed older people, which were legitimised as sickness benefit.¹⁰⁷ Recent contributions argue that even allowing for some influence from these factors, there was a clear rise in sickness prevalence as life expectation rose.¹⁰⁸ We need not embrace demographic determinism to suspect that this dynamic mattered to the ('forward') moving frontier, as it did across other welfare states.¹⁰⁹

Voluntary hospitals

By contrast, the post-war literature on voluntary hospitals emanated from social administration, not social history. First Richard Titmuss's official history of wartime social policy suggested a worsening crisis of hospital underfunding and uneven provision in the late 1930s, and like its companion volumes treated the Emergency Medical Service as the model for a new and better service.¹¹⁰

Further accounts of prewar failings appeared in American studies analysing the coming of 'socialised medicine' for domestic consumption.¹¹¹ The classic work though was by Titmuss's protégé, the economist Brian Abel-Smith, whose history of English and Welsh hospitals from 1800 still dominates the field.¹¹²

Subtitled a 'study in social administration', this text came after Abel-Smith cut his teeth as researcher for the Guillebaud Committee, which endorsed the financial viability of the NHS.¹¹³ It also coincided with his work for the World Health Organisation on developing comparative quantitative indicators of health system activity, and it was part-funded by an American foundation, through the offices of the pioneer health systems scholar, Odin Anderson.¹¹⁴ Though not overtly whiggish, there were intimations of the progressive assumptions that might be expected of a Fabian socialist author, like a description of the 1920 Dawson Report as a 'lost opportunity' for reform.¹¹⁵ However it was rather through his periodisation, from the birth of the industrial revolution to that of the welfare state, his twin-tracked account of public and voluntary hospitals, and his time series of hospital statistics that he set the parameters of subsequent British hospital history.¹¹⁶

Much of what followed has had the same rather empirical tone. Foucault's near contemporary rendering of the hospital as site of a depersonalising clinical gaze had little initial purchase, and when historians of science entered the field the 'voluntary' nature of the hospital was not much at issue.¹¹⁷ A flurry of works in the 1970s responded to the 'gateways to death' caricature associated with historical demographer Thomas McKeown, effectively overturning it.¹¹⁸ The nature of subscriber philanthropy attracted interest as an aspect of class relations, with key studies of classic industrialising regions and beyond.¹¹⁹ Fascination with charities as a nexus of middle-class identity formation briefly held sway, unravelling the hospital's social role in respect of class, sect and party; in this literature 'voluntarism' did become salient, for it was free association within a public sphere which separated the new urban bourgeoisie from early modern corporate power structures.¹²⁰

As with friendly societies, a more specifically 'voluntarist' literature emerged from the 1990s, though not as an aspect of neo-liberal critique. It did however respond to the Finlayson agenda, in that it set aside assumptions of progressive inevitability in favour of revised empirical scrutiny.¹²¹ Its interest in local decision-making before the NHS was also timely in light of public choice debates about provider capture and democratic deficit.¹²² Abel-Smith and Pinker's depiction of a transition from charitable funding to mass contributory schemes received particular attention, with their crude sample years and spatial breakdown augmented by fuller time series and finer geographical variations. Implications for control by worker-governors were also explored.¹²³ Several

investigations adopted a welfare economics approach, exploring voluntary sector performance with respect to: spatial distribution, which showed considerable diversity at city and county level in rates of provision, utilisation, income, income sources, and expenditure, with some suggestion of an inverse correlation with need; financial adequacy, which modified the conventional view of general crisis though essentially supported the 'transition' account; and its relationship to the municipal sector, which suggested that public hospitals met gaps in voluntary provision.¹²⁴

The implication that such 'voluntary failure' was a causal factor in the creation of the NHS was critically interrogated, and attention directed instead to changing public and professional attitudes towards voluntary hospitals, and their place in the interest politics of 1942-6.¹²⁵ This augmented established theorizing on the NHS reform, which has explored the degree of prior consensus, the extent to which the labour movement opposed voluntarism and the importance of bureaucratic and ideological momentum from inside the state.¹²⁶ Findings drawn from case studies and opinion poll data argue that despite some oppositional municipal socialism, the public was generally supportive of charity and provider pluralism, at least until the mid-1940s.¹²⁷ The unabashed usage of first-person nominative pronoun in the title 'Did We Really Want a National Health Service? Hospitals, Patients and Public Opinions before 1948', makes explicit the current political intent.¹²⁸ As in the 1940s, history speaks to social policy-making, though now in the context of a reversion to pluralism and integration of private medicine.

Health, voluntarism and NGOs since 1948

Moving beyond 1948, a preliminary point to make is that voluntarism is rather peripheral to the historical or policy literature on the NHS because until recently it did not deliver curative services. In the major survey texts it is therefore absent, although organizations concerned with mental health and older people have small walk-on parts.¹²⁹ This began to change when policy permitted outside contracting by NHS trusts, to which I return below. Thus it is possible to claim as 'civil society' the GP mutuals created within the internal market structures, as does the National Council for Voluntary Organisations.¹³⁰ There are clearly limits here: such bodies are monitored by regulation, responsible to the Secretary of State, and still funded ultimately by general taxation, whose receipts enter the system through a rationing system (dubbed 'resource allocation') still anchored in 1970s technocratic planning.¹³¹

Thus the first historiographic point to make is that where 'voluntary' health services are concerned the NHS-era literature is small. A few works have dealt with the fate of charitable funds in the service, noting the gradual loosening of constraints as to their application.¹³² Hospital contributory scheme scholarship has explored those organizations' post-1948 transition into health cash plans, where the story is of a gradual loss of mutualist trappings and of mimetic tendencies casting them as low-cost private medical insurance.¹³³ In this respect their experience parallels the hollowing out since the 1980s of residual 'self-help', through state-sanctioned demutualization of building and friendly societies. The economic historian's verdict on this is downbeat: the windfalls

that enticed modest savers to abandon mutualism were soon recouped in raised fees by the privatized societies, now marching headlong towards the fatal credit boom.¹³⁴ As for surviving friendly societies, sporadic efforts to resuscitate them through vehicles such as friendly society bonds have been overwhelmed by commercial tax-exempt savings.¹³⁵ The limited post-1948 history is therefore one of falling membership, reorientation towards family and older people's sociability, and failure in financial services markets, not least for sickness and health insurance.¹³⁶

Beyond this, several studies have considered the community health councils created in the 1970s, tangentially relevant for their voluntary representation alongside public and professional participants.¹³⁷ The picture is of a modest channel for local democracy unjustly muzzled when the market reforms began. Subsequent work on 'patient and public involvement' (PPI) is more concerned with localism and grassroots democracy than voluntarism *per se*.¹³⁸ Early sightings of the 'patient-consumer' have also been made, and problematized.¹³⁹ Again though, the marginal importance of these developments needs emphasizing. As the latest enquiry into gross medical neglect in the NHS observed, the 'small, virtually self-selected volunteer groups' created under PPI mechanisms proved an abject failure, providing 'no effective voice'.¹⁴⁰

Perhaps then, a more promising arena in which to explore post-war voluntarism is public health. As indicated above, the NGO paradigm developed by Hilton and colleagues now frames the post-war discussion. Their position is that 'the essence of voluntary sector power changed from being primarily applied, to primarily discursive', increasingly concentrated on advocacy, agenda setting, and reframing the political language in which issues were articulated.¹⁴¹ The claim is grounded in the University of Birmingham's Database of Archives of Non-Government Organisations (DANGO) project, which captures 1,978 NGOs active in the UK, 1945-1997. Its classification scheme records 309 (16%) of these concerned with 'ill-health, medicine, counselling and rehabilitation'.¹⁴²

In principle the historiography of English public health provides an apt testing ground for such claims about voluntarism and post-ideological politics. The scholarly narrative has articulated a decline and fall of the public health function within the state. This saw the dismantling of the local government empires of Medical Officers of Health by the 1970s and a concomitant failure to develop a new vision of social medicine, appropriate to an age of chronic diseases and lifestyle risk factors.¹⁴³ So was this an open field for 'voluntary sector power'? Broadly the emergent historiography has augmented but complicated the picture of new style NGOs flourishing outside the state since the 1960s. We can consider this through recent work on smoking, illicit drugs and disability.

Tobacco historians have sought to explain the process by which the concern about the smoking/lung cancer link translated into policy. In the UK epidemiological insights dated from 1950, and were endorsed by the Royal College of Physicians in 1962, though only from the mid-1970s did lung cancer deaths, and female smoking rates start to decline.¹⁴⁴ The formation in 1971 of the group Action on Smoking and Health (ASH) has therefore been of interest, its

dynamic impact contrasting with officialdom's ineffectiveness. However, investigation has shown that from the outset it was essentially a small insider pressure group that channeled academic expertise; it was supported by the Chief Medical Officer, co-ordinated strategy with politicians, and was heavily funded by government, to the tune of 90% by 1978.¹⁴⁵

Establishing causation in smoking cessation has been like 'unravelling gossamer with boxing gloves', so voluntarism's importance is hard to calibrate.¹⁴⁶ Judicious interpretation therefore situates ASH's role alongside that of academia, organized medicine and media in effecting a broadly based cultural shift.¹⁴⁷ However, comparative analysis also suggests that the fiscal lever has been the decisive factor in bringing down consumption.¹⁴⁸ UK tobacco taxes had increased in 1947 to raise revenue, from when male consumption fell, then tightened for health purposes from the late 1970s. Further evidence that smoking politics has been essentially 'government versus the market' comes from the proliferating studies of tobacco companies and their history of malpractice. These follow litigation that enforced access to company archives, a dramatic development sparked by industry whistle-blowing, not voluntary agitation.¹⁴⁹

Histories of NGOs concerned with recreational drugs similarly reveal entanglement with the state and uncertainty over political impact. Work on organizations in the 1960s and 1970s offering legal aid, advice and services, sometimes from a counter-cultural position, shows again that state funding quickly became central.¹⁵⁰ It also depicts drugs voluntarism as a characteristic beneficiary of welfare pluralism from the 1980s, as innovative responses to a surge in heroin use encouraged low-budget service contracting.¹⁵¹ Only in the 1990s did activities extend to user engagement and a discourse of rights, though again within the ambit of state-sponsorship.¹⁵² These studies signal a low level of political impact, principally in the realm of treatment policy; by contrast, their advocacy for more tolerant drug laws led nowhere.¹⁵³ Instead the gradual normalization of soft drug use is understood in light of deeper attitudinal changes, expressed within a discourse of pleasure antithetical to the language of public health.¹⁵⁴ As to the politics of heroin, voluntarism has, unsurprisingly, had no discernible influence on the geopolitics of underdevelopment and instability that determined supply, nor the poverty and inequality, which, in the UK, underpinned demand.¹⁵⁵

Political impact is more obvious in the case of disability voluntarism, though once again this cannot be reduced to the ideal typical NGO, independent and user-led. Advocacy organizations in this arena were initially discussed in the literatures of pressure group politics and of disability studies, the latter a radical academic project that itself encouraged disabled voluntarism.¹⁵⁶ Such works traced the comparatively small organizations emerging within a 'poverty lobby' in the 1960s and 1970s, and the coming from the 1980s of broader social movements oriented to civil rights. Recent doctoral studies have explored the interplay between such voluntary groups and the state, showing how the 'lobby' blended activism, expertise and insider influence to achieve recognition of impairment as a distinct category of welfare need.¹⁵⁷ They also show a familiar

process of state funding and co-option in policy execution. As in the smoking case, it is difficult to gauge the precise contribution of voluntarism when set against other factors, such as the media impact of the thalidomide scandal. It is also clear that conventional politics were not dislodged; the language of voluntary advocates had to resonate with ideological positions, bureaucratic dynamics mattered and economic policy set the limits of the possible.

Thus in public health, these histories suggest voluntary action conformed closely to the expectations of Macadam and Braithwaite. It arose in circumstances of state failure, where policy was inhibited either by cultural norms and industry power, or because voiceless target groups suffered popular prejudice or neglect. Bourdillon's supposition that it would be partially subsumed by the state as values shifted is also borne out, though she did not foresee the extent to which her 'moving frontier' would edge backwards as service contracting took hold. That said, the case of health more broadly suggests that excessive claims for a new politics driven by NGOs need to be tempered. Where curative services are concerned, the political economy of the NHS seems to have been driven by the state as agent of financing and the medical profession as provider of care, with the citizen's interest often falling between the two.

Conclusion

Long before postmodern anxieties asserted themselves theorists cautioned that all history bears 'the character of "contemporary history"'.¹⁵⁸ For how can it be other than ongoing dialogue between past and present? 'The historian is of his own age, and is bound to it by the conditions of human existence. The very words which he uses have current connotations from which he cannot divorce them.'¹⁵⁹ This essay has reflected on words deployed since the 1980s when historicizing health and welfare, particularly 'voluntary', 'voluntarism', and its related terms. It has barely glanced at the issue of how historical actors articulated their own involvement in these areas. Instead it followed Finlayson in identifying the 1930s and 1940s as a transitional moment in thinking about the roles of state and non-state organizations. Though thoroughly inconsistent in definitions and content, and often applied in quite different ways to those their originators intended, the concepts of voluntary(y)ism have nonetheless exerted considerable power.

To close though, I want to look beyond Britain to situate this discussion within the broader literature on health systems. Here there has been remarkably little interest in placing the 'third sector' within conceptual schema concerned overwhelmingly with states and markets. The founding texts invoked a public/private spectrum, or state/market typologies, or a binary distinction between societies which did or did not treat health as a 'collective responsibility'.¹⁶⁰ The latter framework was Brian Abel-Smith's, one of the first scholars in the field of comparative health systems, and it is significant that despite his historical expertise, and his own activism, he minimized the distinctiveness of voluntarism.¹⁶¹ Rather, it had fostered a popular expectation that hospital services should be available to all free at the point of use, an ideal now enshrined in government policy.¹⁶²

Strategic planning for health system development in low-income countries has also been couched principally within the language of governments and markets. When international organizations turned in the 1970s to strengthening primary health care it was state provision that seemed to promise the most rapid results.¹⁶³ Then, from the 1980s, when the debt crisis and the 'Washington consensus' undermined this approach, priorities switched to encouraging user payment, whether within public, private or mission contexts.¹⁶⁴ Where this involved establishing 'community based health insurance', the issue was not cultivating a 'voluntary impulse', but how to implement a Bismarckian model with appropriate incentives and rewards for low-income settings.¹⁶⁵ Today, where global policy discourse plays out as ideological debate, the principal cleavage remains that between proponents of markets and states.¹⁶⁶ For the former, who treat individual freedom as the greater good, private provision responding to patient demand is the optimal arrangement. For the latter, committed to equity and security for all, the state as regulator, provider and agent of the patient, seems the best guarantor of health rights. To the extent that voluntarism intrudes, it is through discussion of charity, which appeals to the individualist as alleviating humanitarian conscience without undermining personal responsibility, and to the collectivist, reluctantly, as a transitional phase.¹⁶⁷ Such issues though are rarely central of health systems argumentation.

Closing the discussion with states and markets, not voluntarism, prompts final reflections on how histories speak to the present. If the voluntarist turn has accompanied a policy trajectory of welfare pluralism, is it still suited to our needs? In the case of Britain's health services, my answer is probably not. The current juncture has seen the protracted introduction of the internal market finally completed, and NHS structures reconstituted as quasi-independent trusts engaged with each other in commissioning relationships. Official rhetoric raised hopes that the 'the key players' would be 'social enterprise ... alongside charities and voluntary groups'.¹⁶⁸ However the latest data suggest this is far from the case. In the five years since 2007 the percentage spending by primary care commissioners directed to voluntary organizations stayed at about 1%, while the private sector share increased from about 4% to 8% (£2.09 bn. to £5.22 bn.).¹⁶⁹ Unofficial scrutiny for 2013 reveals that of 57 new contracts issued for clinical services, only one was won by a charity, one by a joint NHS/private arrangement, 15 by NHS bodies, and 39 by the private sector.¹⁷⁰ Popular political discourse has duly begun, belatedly, to centre on the 'privatisation' issue. Yet historians so far seem ill equipped to react to this resurgence of markets in health care, preoccupied as they are by voluntarist pasts.

¹ Michel Foucault, 'The Risks of Security', in ed, J.Faubion, *Michel Foucault, Power, Essential Works of Foucault 1954-1984 Volume Three*, London: Penguin, 2002, 365-381, at 372.

² Jesse Norman, *The Big Society: the Anatomy of the New Politics*, Buckingham: University of Buckingham Press, 2010; Phillip Blond, *Red Tory*, London: Faber and Faber, 2010.

³ T.Montgomerie, 'Big ideas that failed to gain momentum', *The Times*, 26 November, 2013.

⁴ N.Deakin, 'The Perils of Partnership: the voluntary sector and the state, 1945-1992', in J.Davis Smith, C.Rochester, R.Hedley, *An Introduction to the Voluntary Sector*, London: Routledge, 1995, 40-65, 55-63.

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- ⁵ Pete Alcock, 'Voluntary action, New Labour and the 'third sector'', in M.Hilton & J.MacKay, *The Ages of Voluntarism: How we got to the Big Society*, Oxford: Oxford University Press, 2011.
- ⁶ Eg. Sarah Neville, 'Social investment bank in £37m deals', *Financial Times*, September 13, 2012
- ⁷ Margaret Thatcher, 'Speech to Women's Royal Voluntary Service National Conference ("Facing the new Challenge")' 19 January, 1981, URL: <http://www.margaretthatcher.org/Speeches/displaydocument.asp?docid=104551&doctype=1>, accessed 28 March 2014; the WRVS had in fact been created by government initiative: G.Finlayson, *Citizen, State and Social Welfare in Britain*, Oxford: Oxford University Press, 1994, 275.
- ⁸ David Green, *Reinventing Civil Society: the Rediscovery of Welfare without Politics*, London: Civitas, 1993; Frank Field et al., *Stakeholder Welfare*, London: IEA, 1996, 38-40, 84-8; Paul Hirst, *Associative Democracy*, Cambridge: Polity, 1993.
- ⁹ Field et al., *Stakeholder Welfare*.
- ¹⁰ H.Bleas, *Communities in control: public services and local socialism*, Fabian Society, London, 2003, 43-7; D.Willets, 'A buccaneer nation dares to be different', *Sunday Times* 25 August 1996.
- ¹¹ Blond, *Red Tory*, 13-15; Maurice Glasman, 'Labour as a Radical Tradition', *Soundings*, 46, 11, 2010, 31-41.
- ¹² Finlayson, *Citizen, State and Social Welfare*, 3.
- ¹³ F.Prochaska, *The Voluntary Impulse: Philanthropy in Modern Britain*, London: Faber & Faber, 1988, xiii-xiv; Finlayson, *Citizen, State and Social Welfare*, 1-18.
- ¹⁴ P.Johnson, 'Risk, Redistribution and Social Welfare in Britain from the Poor Law to Beveridge', in M.Daunton ed. *Charity, self-interest and welfare in the English past*, London: UCL Press, 1996; D. Thomson, 'Welfare and the historians', in L.Bonfield, R.M. Smith and K.Wrightson eds, *The World we Have Gained*, Oxford: Clarendon, 1986, 355-78.
- ¹⁵ F.Prochaska, *Women and Philanthropy in Nineteenth-century England*, Oxford: Oxford University Press, 1980.
- ¹⁶ See 'Introduction', Pat Thane, *Foundations of the Welfare State* (2nd edn), Longman, London, 1996.
- ¹⁷ Bernard Harris, *The Origins of the British Welfare State: Social Welfare in England and Wales, 1800-1945*, Basingstoke: Palgrave Macmillan, 2004.
- ¹⁸ Hilton & MacKay, *Ages of Voluntarism*; Armine Ishkanian and Simon Szreter eds., *The Big Society Debate: a new agenda for social welfare?* Cheltenham: Edward Elgar, 2012.
- ¹⁹ Finlayson, *Citizen, State and Social Welfare*, 6, fn.20: the reference goes to Brian Harrison's citation of the Oxford English Dictionary, 2249.
- ²⁰ *OED*, Oxford: Clarendon, 1991, 2249; Gompers famously opposed Progressive-era health insurance proposals for fear of undermining the appeal of trade union benefits.
- ²¹ *OED*, 2249.
- ²² M.Gorsky, *Patterns of Philanthropy, Charity and Society in Nineteenth-Century Bristol*, Woodbridge: Boydell and Brewer, 1999, 214-15.
- ²³ S.Cordery, *British friendly societies, 1750-1914*, Basingstoke: Palgrave Macmillan, 2003, 65.
- ²⁴ *OED*, 2249.
- ²⁵ Finlayson, *Citizen, State and Social Welfare*, 287-8.
- ²⁶ Elizabeth Macadam, *The New Philanthropy: A Study in the Relations Between the Statutory and Voluntary Social Services*, London: Allen & Unwin, 1934.
- ²⁷ M.B.Simey, *From Rhetoric to Reality: A Study of the Work of F.G. D'Aeth, Social Administrator*, Liverpool: Liverpool University Press, 2005, 125-8.

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- ²⁸ Macadam, *The New Philanthropy*, 29, 109, 133-4, 288.
- ²⁹ Macadam, *The New Philanthropy*, 31-2, 136, 131-3, 287.
- ³⁰ Macadam, *The New Philanthropy*, 33, 49, 113, 296-9.
- ³¹ C.Braithwaite, *The Voluntary Citizen, an Enquiry into the Place of Philanthropy in the Community*, London: Methuen, 1938, 9-12.
- ³² See also H.Mess and C.Braithwaite, 'The Finance of Voluntary Social Services', in H.Mess, *Voluntary Social Services since 1918*, London: Kegan Paul, Trench, Trubner, 1948, 188-203, 202-3.
- ³³ Braithwaite, *Voluntary Citizen*, 21, 23, 29-43, 76-7.
- ³⁴ A.F.C.Bourdillon ed., *Voluntary Social Services: Their Place in the Modern State*, London: Methuen, 1945.
- ³⁵ A.F.C.Bourdillon, 'Introductory', in Bourdillon ed., *Voluntary Social Services*, 1-10, 1, 3, 4.
- ³⁶ Bourdillon, 'Introductory', 7.
- ³⁷ Bourdillon, 'Introductory', 2; G.D.H.Cole, 'A Retrospect of the History of Voluntary Social Service', in Bourdillon ed., *Voluntary Social Services*, 11-30, 28-9; A.D.Lindsay, 'Conclusion', in Bourdillon ed., *Voluntary Social Services*, 298-306, .
- ³⁸ Cole, 'A Retrospect', 19, 21-2, 28.
- ³⁹ Cole, 'A Retrospect', 19.
- ⁴⁰ PEP, *Report on the British Social Services*, London: Political and Economic Planning, 1937, 173, 175.
- ⁴¹ Bourdillon, 'Introductory', 2, fn.2; and see Cole, 'A Retrospect', 22.
- ⁴² G.Finlayson, 'A Moving Frontier: Voluntarism and the State in British Social Welfare 1911-1949', *Twentieth Century British History*, 1, 2, 1990, 183-206, 184, 190; Bourdillon, 'Introductory', 2.
- ⁴³ J.Harris, *William Beveridge, a Biography*, Oxford: Clarendon Press, 1997, 453-61; W.H.Beveridge and A.F. Wells eds, *The Evidence for Voluntary Action*, London, Allen & Unwin, 1949.
- ⁴⁴ W.H.Beveridge, *Voluntary Action: A Report on Methods of Social Advance*, London: Allen & Unwin, 1948, 8.
- ⁴⁵ Beveridge, *Voluntary Action*, 76,295, 319.
- ⁴⁶ Beveridge, *Voluntary Action*, 227-64, 267, 277-87
- ⁴⁷ Beveridge, *Voluntary Action*, 268-72, 298-9.
- ⁴⁸ R.Middleton, *Charlatans or Saviours? Economists and the British Economy from Marshall to Meade*, Cheltenham: Edward Elgar, 1998, 86, 370
- ⁴⁹ L.P.Carpenter, *G.D.H.Cole an Intellectual Biography*, Cambridge: Cambridge University Press, 1973, 119, 123, 203.
- ⁵⁰ Middleton, *Charlatans or Saviours?*, 78, 110.
- ⁵¹ S.Harries, *Nikolaus Pevsner: The Life*, London: Pimlico, 2013, 142; S.Games, *Pevsner The Early Life: Germany and Art*, London: Continuum, 2010, 203; S.L.Roberts, 'Place, Life Histories and the Politics of Relief: Episodes in the Life of Francesca Wilson, Humanitarian Educator Activist', unpublished PhD thesis, University of Birmingham, 2010, 150-52. Braithwaite helped the architectural historian Nikolaus Pevsner, then a Jewish refugee from Nazism, to secure a fellowship at Birmingham; his correspondence described her as 'A rather peculiar person, a masculine woman'.
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- ⁵⁵ G.D.H.Cole & R.Postgate, *The Common People 1746-1938*, London: Methuen, 1938, 219, 227-8, 351-9.
- ⁵⁶ Karl Polanyi, *The Great Transformation: the political and economic origins of our time*, Boston, Beacon Press, 1944, 2nd edition, 2001, 42, ch.4.
- ⁵⁷ Middleton, *Charlatans or Saviours?*, 161; Carpenter, *G.D.H.Cole*, 223.
- ⁵⁸ Braithwaite, *Voluntary Citizen*, 7, 25.
- ⁵⁹ B. Weisbrod, Towards a theory of the voluntary nonprofit sector in a three sector economy, in E. S. Phelps. ed., *Altruism, morality and economic theory*, New York: Russell Sage Foundation, 1975; L. Salamon, *Partners in public service: government-nonprofit relations in the modern welfare state*, London: Johns Hopkins, 1995
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- ⁶⁵ Harris, *William Beveridge*, 77, 460.
- ⁶⁶ J.Harris, 'Political Thought and the Welfare State 1870-1940: an Intellectual Framework for British Social Policy', *Past and Present*, 135, 1992, 116-41.
- ⁶⁷ R.A.Chapman, 'The Origins of the Joint University Council and the Background to Public Policy and Administration : An Interpretation', *Public Policy and Administration*, 22, 7, 2007, 7-26; Susan Pedersen, 'Macadam, Elizabeth (1871-1948)', *DNB*, Oxford: Oxford University Press 2004-14; Elizabeth Macadam, *The Equipment of the Social Worker*, London: George Allen and Unwin, 1925.
- ⁶⁸ Susan Pedersen, 'Rathbone, Eleanor Florence (1872-1946)', *DNB*, Oxford: Oxford University Press 2004-14.
- ⁶⁹ Simey, *From Rhetoric to Reality*, 87-88, 114, 125-6.
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- ⁷¹ Harris, *William Beveridge*, 453-4.
- ⁷² Harris, *William Beveridge*, 478-95.
- ⁷³ J.Harris, 'Did British Workers Want the Welfare State? G.D.H.Cole's Survey of 1942', in Jay Winter ed., *The Working Class in Modern British History: Essays in Honor of Henry Pelling*, Cambridge: Cambridge University press, 1983, 200-214; Carpenter, *G.D.H.Cole*, 196-202.
- ⁷⁴ Finlayson, 'A Moving Frontier', 185, 192, 197.
- ⁷⁵ Prochaska, *Voluntary Impulse*, 6-7, where trade unions and friendly societies are excluded 'in the interests of managing the subject'.

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- ⁷⁹ Salamon & Anheier, *Defining the Non-Profit Sector*, 42, 70-74.
- ⁸⁰ Kendall & Knapp, 'Loose and Baggy Monster', 86-8.
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- ⁸² James McKay and Matthew Hilton, 'Introduction', in N.Crowson, M.Hilton and J.McKay eds, *NGOs in Contemporary Britain: Non-State Actors in Society and Politics Since 1945*, Basingstoke: Palgrave Macmillan, 2008, 1-20, 3; *Working with ECOSOC: an NGOs Guide to Consultative Status*, New York: United Nations, 2011, 1, 34-5.
- ⁸³ McKay & Hilton, 'Introduction', 5
- ⁸⁴ See R.Inglehart, *Modernization and Postmodernization: Cultural, Economic and Political Change in 43 Societies*, Princeton: Princeton University Press. 1997; ironically Inglehart's later investigations show that degree of associational activity was not a factor in sustaining democratic politics: R.Inglehart, C.Welzel, *Modernization, Cultural Change, and Democracy: The Human Development Sequence*, Cambridge: Cambridge University Press, 2008, Tables 11.2, 11.3 et seq.
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