

An Instrument of Social Action: Revans' Learning Disabilities Project (1969-1972) in a Politico-Historical Context

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Abstract

This paper examines a Revans led action learning / action research project in services for people with learning disabilities which took place between 1969 and 1972 across seven local authorities in the UK. It explores aspects of social and political history as the project unfolded, including the notable scandals in hospital and social care which occurred around the time of Revans' work, starting with the Ely hospital scandal in 1967. The paper identifies some of the lessons from the project and from some of the social history of the period which may prove useful to practitioners engaged in social action work currently. Recommendations from hospital inquiries are often repeated, and many from the 1960s and 1970s included themes which obsessed Revans at the time, such as the need for better communications, inter-disciplinary working and stronger leadership and coordination of services. Key lessons and themes which emerge from his own intervention and from social history include the need to equip staff with the tools of analysis to carry out their own service investigations and evaluations, more honest sharing of 'chronicles of failure', and encouraging a climate of openness in which the need to speak out and challenge what is already known and believed is more fully supported.

Keywords: Action learning; Revans; social and political history; NHS scandals; social care; learning disabilities.

Introduction

Reginald Revans (1907-2003) was an educational innovator whose conception of action learning was as a practice for achieving organisational and personal change and development, not least in oneself. As Pedler (2016) has commented Revans' practice was also rooted in a moral philosophy of actively doing good in the world. This paper examines one of Revans' interventions in health and social care, a project concerned with the coordination of care services for people with learning disabilities as seen, as he puts it, by 'families helped and field workers helping' (Revans, 1975, p. 149). It attempts to set that project in the politico-historical context of the 1960s and early 1970s; a period in which numerous high profile scandals occurred in hospital and social care services leading to inquiries and recommendations for change and improvement. In the case of the Ely Hospital scandal of

1967, for example, over 45 recommendations emerged from the subsequent inquiry (Hilton, 2019; Powell, 2019).

The paper complements previous work which suggested correspondence with the social and political changes of the time coupled with ideas about the context sensitive nature of action learning (Pedler, Burgoyne & Brook, 2005; Brook, 2010). Revans' '*Helping each other to Help the Helpless*' project was of an action research and action learning type applying non directive methods and was originally intended to be an evaluation of services to those with learning disabilities. This work was undertaken from June 1969 through to September 1972 subsequently recorded in a detailed report (Revans & Baquer, 1973) and then further reviewed and reflected upon by Revans himself in two articles published in 1975.

Revans' project is worthy of consideration because the past can help to shed light on current policy and practice, and because it shows that the use of action learning need not be confined to managers, despite Revans' own claim that it was the best way to educate them. Hospital and social care scandals do not wholly belong to the past so it may be inferred that there are yet lessons to learn. In July 2013 Connor Sparrowhawk an 18 year old with autism and a learning disability was found dead at Slade House, an NHS treatment unit; a death which an independent inquiry concluded need not have happened. In May 2019 a *Panorama* inquiry into multiple allegations of abusive treatment at Whorlton Hall, a specialist hospital for people with complex needs in County Durham, was carried out <https://www.bbc.co.uk/news/av/health-48371390>.

These recent scandals demonstrate the need for vigilance in guarding the safety and the rights and freedoms of people with learning disabilities, and that Revans' long-held concern with better communication and coordination of services is not just a matter of historical interest. It should also perhaps be observed that Revans' interest in this field did not begin and end with the project in 1972. He was instrumental in the London-based Hospital Internal

Communications Project. And he was influential in relation to subsequent projects such as the action learning project run in 1977 with staff and patients of the Whittington Hall Unit for the Mentally Handicapped.

The first part of this paper will discuss some relevant aspects of the social and political history of the UK in the 1960s and early 1970s as it relates to the care of those with learning disabilities. In particular, it will discuss some of the high profile scandals which occurred in this period offering a backdrop to Revans' intervention. The second part of the paper will focus specifically on Revans' project and his own observations on its development and significance. A final section will reflect on the project and the social history of the period, and will offer some observations on action learning as a vehicle for delivering social action and learning. It should be noted that in relation to some of the direct quotes taken from Revans' work, the language used is very much of its time (terms such as 'mental handicap' were routinely used for example which would not be acceptable now).

The question of language and 'labelling' is an important one, especially in this context, though it is beyond the remit of this paper to discuss this in detail. Race (2002) notes the plethora of terms applied over the past fifty years such as mental handicap, mental subnormality, mental deficiency, and more recently intellectual impairment, learning disability and learning difficulties. In terms of a working definition, according to Mencap, a learning disability is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life <https://www.mencap.org.uk/learning-disability-explained>

Revans' work with 'mental handicap' services occurred at a time when the scandals concerning such patients began to gather in number and pace. Problems had been brewing in parts of the sector throughout the 1950s and early 1960s. Indeed, as early as 1950 a cabinet memorandum by the then Minister for Health alludes to the very poor standard of most

hospitals and mental hospitals in particular which he says are ‘near to a public scandal and we are lucky that they have not so far attracted the limelight and publicity.’ (Bevan, 1950.

Cabinet Papers). <http://filestore.nationalarchives.gov.uk/pdfs/large/cab-129-38.pdf>

An early issue was the lack of clarity regarding what was understood by learning disabilities. As Race (2012) has suggested, the Mental Health Act (1959) did not alter conditions in hospitals for such patients, though it did allow for the *opportunity* to develop more community care based approaches without making such options mandatory. It did not fix a distinction between mental illness and learning disability. There was no clear definition as to what constituted a learning disability or ‘subnormal intelligence’ as the Act termed it. There are good clinical arguments for allowing the definitions of mental conditions to remain relatively vague; classifications of mental conditions are in a constant state of flux and most Acts do not, in any case, give precise definitions as it would prevent the Act being brought into use when a diagnosis had not yet been confirmed.

In the 1960s a growing number of psychologists and sociologists were beginning to question a wholly IQ based classification of learning disability. Questions were asked about whether people with learning difficulties could in fact be trained or developed, might benefit from paid or unpaid work opportunities and might even be able to thrive if offered more stimulating environments. Just as these questions were beginning to be raised news of a number of hospital scandals broke in the press.

In terms of sources for the section on Revans’ project these are drawn from a detailed report entitled *But Surely That is their Job?* written by Revans and Baquer in 1973. The author also draws on a two-part article titled ‘*Helping each other to Help the Helpless: An Essay in Self-Organization*’ published in 1975 in the journal *Kybernetes* a management sciences focused journal which publishes studies on cybernetics (the science of communications and control in machines and living things) and systems thinking.

The objectives of this paper, therefore, are as follows:

- To outline relevant aspects of the broader socio-political history within which Revans' project may be located;
- To examine the project itself in detail drawing on contemporary reports and articles;
- To identify some lessons from the project for the use of action learning in present-day social care and health services.

Aspects of UK Social and Political History 1964-70

In 1964 Harold Wilson made a much quoted speech about the kind of 'scientific revolution' he hoped Labour would lead. In the 'white heat' of this revolution, Wilson argued 'those charged with control of our affairs must be ready to think and to speak in the language of our scientific age.' Wilson and others in his government were keen to support scientific advancement and professionalism in private and in public sectors. This idea of scientific professionalism took hold in the public imagination bolstered by well-publicised examples of scientific achievement (a number of which had in fact taken shape or been discovered long before). In the medical world, for example, complex heart, liver and kidney surgery was starting to be performed more regularly and successfully.

Sandbrook (2006) has pointed out that Wilson and other Labour politicians were becoming more certain that technological and scientific advancement could 'offer solutions to almost every conceivable problem' (2006, p. 54). There is nothing novel in this view. Edwin Chadwick, the Victorian who was said to represent 'the official mind' and whose facility with 'masses of figures and details' contributed to the development of the workhouse system also believed that scientific and mathematical reasoning could solve society's ills (Woodward, 1962, p.452).

In the early 1960s Revans was engaged in operational research work in hospitals using techniques of direct observation and statistical analysis to find solutions to hospital problems such as low morale among student nurses, transport issues, costing systems, and

administrative questions (Revans, 1964; 1976). At this early stage Revans was still focused on operational research and work study methods as the principal means of paving the way to solutions to organisational problems. In this respect he was working in a way that fitted with the ideal of scientific professionalism promulgated by Wilson's government.

In the early 1960s there emerged a strong critique of the negative and controlling aspects of residential and long-stay hospital care, as exemplified by liberal sociologists such as Erving Goffman, whose masterworks on stigma and asylums explored the situation of the individual who is 'disqualified from full social acceptance' and among whom he counted 'mental defectives' (*sic*) (1963, p.5).

Goffman and other critics of long-stay and residential institutions soon had their views afforded greater acceptance. Supporting those in need of long-term care to live in the community began to be seen as the best policy and a consensus began to form during the 1960s. As early as 1961 Enoch Powell as Minister for Health had declared the aim of halving the number of in-patient beds in psychiatric hospitals (an aim he did not achieve). Blakemore and Griggs (2007) suggest that despite strong reasons for concluding that the needs of those with disabilities can usually be better met with help in their own homes, or in some other community setting:

nothing like a concerted policy on community care emerged in the 30 years after the welfare state was born. Although the benefits of well-organized community care were acknowledged, the priority was more to close institutions than to divert substantial resources into personal social services for community care (2007, p. 225).

From the mid-sixties and into the seventies a number of care scandals erupted including at Ely Hospital, Whittingham Hospital, Farleigh, Warlingham Park, Darlington, Harpersbury and South Ockendon. Hilton (2019) makes a solid case for the idea that it was the revelations contained in Barbara Robb's *Sans Everything: A Case to Answer* report (on the shocking care of elderly people published in 1967) that emboldened others to speak out regarding such

abuses. Thus Michael Pantelides, a nursing assistant at Ely Hospital, came forward alleging food theft (the subsequent *Hansard* report of the Ely Inquiry debate refers to ‘excessive quantities of meat being procured for nursing staff’) bullying behaviours, professional isolation and lying about how patients had sustained injuries. The revelations lead to an inquiry, headed by a young barrister and aspiring Conservative politician, Geoffrey Howe. Wilson’s Secretary of State for Health and Social Services Richard Crossman was charged with dealing with the fallout from the Ely Scandal and its subsequent report. In *The Crossman Diaries* he reveals that allegations of scandalous conditions were known about at the Department of Health and Social Security. He writes about his attempts to secure a copy of a previously (unpublished) report on Ely:

I asked what had happened to this (report) when it came in and the answer was that it had gone on file. So the Ministry did in fact know and I am pretty sure that they have shrewd idea that there are a great number of unspecified long-stay hospitals with conditions not very different from those at Ely (1979, p. 529).

Crossman also gives a detailed account of attempts to keep the Howe Report (1969) out of the public domain and his own efforts to improve the conditions of hospitals. However, the Ely Inquiry can at least be credited with helping to drive the closure of some of those institutions and some attempt at the reshaping of care for people with learning disabilities. This notwithstanding, inquiries often seem to have similar findings, and make the same or similar recommendations over and over again. Powell (2019) has commented on the recurrence of themes over time such as disempowerment of staff, inadequate leadership, lack of effective systems and processes and poor communication (2019, p. 180).

In 1968 Ann Shearer published an article in *The Guardian* about her visit to a children’s ward at Harperbury Hospital ‘one of the leading hospitals for the mentally subnormal in the country’ (1968, p. 234). She writes:

Not one of the children has a toy, a book of pictures or even a piece of rag to hold and play with. Not one of these children is spoken to; there is no one to comfort the girl who screams, although if you talk to her she will show some response...They will

mob a visitor...they always go away when told, they accept that you must go without any reluctance. These children accept everything: they are, after all, subnormal. (1968, p. 235).

Shearer describes putting her description of the ward, which included graphic descriptions of appalling hygiene and filthy conditions, to the Medical Superintendent of the Hospital. Shearer reports that she is told that 'none of these children will ever get out into the world' and that 'in spite of play therapy and the visits of local volunteer groups, there is little that can be done for most of them.' (1968, p. 237). The *Guardian* article makes grim reading giving examples of 'care' scarcely worth the name and a demoralised staff, unable to admit much if anything in the way of fault and who have all but given up.

In 1969 Pauline Morris published a sociological study of conditions in thirty-five cross-national 'sub-normality' hospitals (entitled *Put Away*). This study took five years to complete and threw light on yet more examples of abuses and poor care. It criticised the physical conditions, the small and untrained workforce, and the poor communication between staff. This bore out Shearer's (1968) bleak assessment of what had been taking place at Harperbury Hospital. Concannon (2005) writes of Morris's work that she discovered there were 'established *patterns of care*...that were both rigid and inflexible and she noted that these institutions were places that did not welcome advice from *outside* professionals' (2005, p. 36).

Nowhere in the material Revans published on his project are these scandals and inquiries mentioned but they offer a grim justification for his work. As Hilton (2019) observes, these inquiries began to severely (and publicly) dent 'the defences of NHS bureaucratic paternalism, secrecy and the myth of universal high standards of care in the NHS.' (2019, p.191). It was in this climate that Revans and his team begin work on their project. The next section looks at its origins, the salient features of the project, difficulties faced and its

significance. The following table outlines the main events leading up to and following Revans' project.

Table 1 Timeline of Events

Date	Event
1959	The Mental Health Act proposes moving away from the institution and toward community care
1964	Revans' operational research studies in hospitals are published
1965	Revans is invited to chair a conference at the RCN on improving services for the mentally handicapped
1967	Barbara Robb publishes <i>Sans Everything: A Case to Answer</i> The Ely Hospital scandal breaks
1968	Ann Shearer publishes allegations concerning Harperbury Hospital in <i>The Guardian</i> The South Okendon Hospital scandal breaks
1969	Howe Report on Ely Hospital is published Pauline Morris's study ' <i>Put Away</i> ' is published Revans and his team begin work on the project to improve services for the mentally handicapped
1970	Watkins report publishes findings on the treatment of mentally handicapped people at Farleigh Hospital
1971	Publication of 'Better Services for the Mentally Handicapped' White Paper
1972	Payne Report published on neglect and abuse at Whittingham Hospital Revans and team complete the project
1973	Revans & Baquer publish ' <i>But Surely that is their Job?</i> ' <i>A Study in Practical Cooperation through Action Learning.</i>

'Helping Each Other to Help the Helpless' 1969-1972

Origins of the Project

In 1964 and 1965 the Ministry of Health (as it then was) issued two circulars on improving services for mentally ill and mentally handicapped people. In consequence of this the Royal College of Nursing invited Revans to chair a conference in December 1965 with the aim of exchanging ideas on the subject (Revans & Baquer, 1973). Further meetings followed with the active sponsorship of Janet Craig, Assistant Director of the King's Fund Hospital Centre. A second conference was held in March 1968 at which 60 people representing 30 organisations working with the mentally handicapped attended (1973, p.20). A working party was set up and seven local authorities from the North, the Midlands and the South were

selected. The research project would be located in these seven authorities and would take in many components; parents, statutory and voluntary organisations, professionals in the community and those in ‘the subnormality hospital’ (1973, p.24). Representatives were then invited to a third conference. Of this Revans and Baquer (1973) write that:

We asked them collectively to examine their real problems as they saw them. If the services failed, why, or if they succeeded, why? How did the performances of one area compare with those of others? (1973, p.25).

Participants in the project were mixed in terms of grade and job profile. No hypotheses were offered by the authors to the group; Revans was clear that it must be the group who produce the questions. As Revans and Baquer observe:

The members of the group were surprised at this request; some even felt that it showed both a lack of clarity and of competence by the authors...Some continued to look to us for the sort of guidance researchers normally are expected to provide; our conclusion must be that a stubborn minority are not only unable to learn from their own experience but are actively opposed to all encouragement to do so (1973, p.27).

Brook (2010) suggests that it is with Revans’ hospital and care services work that he begins to delineate more clearly some recognisable characteristics of ‘conventional’ action learning. This includes participants determining for themselves the kinds of problems they wanted to examine and the questions to which they wanted answers and that ‘Revans was able to report real evidence of learning from the actions taken’ (2010, p. 188). Revans & Baquer (1973) argue that:

If social research were to be related to achieving social action, then it was felt that those responsible for the treatment and care of the mentally handicapped should first co-ordinate their own research efforts...it was hoped that a combined effort would *advance it from an exercise of scholars to an instrument of social action* (my italics, 1973, p.21).

Difficulties with the Project

One of the difficulties Revans encountered is suggested above; the problem of a small minority who felt that the professional researchers should do the work, not those working in

the field. A number of other difficulties presented themselves, including resistance to change and an apparent attitude of complacency among those who saw no need for evaluation of their services. Was this complacency or defensiveness about what might be found? In 1969 when the project started there had been no long-stay hospitals inspectorate for nine years; it may be that staff attitudes were reinforced by the 'official' stance. The timing of the fieldwork was also problematic because it coincided with the national reorganisation of local authority services as recommended by the Seebohm Report, and there were some delays in consequence.

Revans also notes those who offered up preconceived remedies and eschewed any research into service problems highlighting their response that if they could be given more staff or more money any problems would disappear. Revans may well have been too dismissive here – there was historic underfunding. One issue that emerged was that senior staff felt that consultation with more junior staff might 'weaken present authority by questioning its methods, practices and decisions' (1973, p. 31) an uncomfortable echo of some of the criticisms that emerged from the various inquiries alluded to in the previous section.

Aspects of the Project

In Revans' two-part article (1975) he initially sets out a concern with co-ordination and communication issues in relation to services for people with learning disabilities. He writes that for the organisational theorist there is interest in:

tracing the flows of information, resources and energy between the handicapped (*sic*) and members of his own family, between family and social worker, between social worker and clinic and town hall, between town hall and ministry, between ministry and parliament, and back between parliament and the taxpaying public among whom the family is counted (1975, p. 149).

Revans chief concern is having those working in the field themselves design, conduct and evaluate the search for what coordination might be, with a particular focus on what

improvements in the coordination of services are desirable and possible, and on the part which those most closely involved could play in effecting such improvements. The broad research questions which Revans poses at the start are what improvements can be made in the coordination of services, and what part can those *providing or using* these services play in such improvements? The italics (which are mine) show that Revans wasn't only interested in involving providers but service users as well; not a wholly common approach to take in the early 1970s. In relation to action research, Adelman (1993) notes that the radical ideas of Kurt Lewin and John Dewey whom Argyris (1985) took to be among the founders of action science remained largely untried and untested until the late 1960s (1993, p.12).

In describing how bureaucracies can begin to innovate he references his own *Principle of Insufficient Mandate*, in which he states that 'managers can achieve lasting and un-programmed change in the systems they command only if those managers are themselves *changed by self-discovery in the same process*' (my italics 1975, p.150).

This core principle of involvement and self-perception resulted in over a hundred field workers from different parts of England and different professions and meant that 'we had available to us a virtually inexhaustible reserve of experience, data and mythology.' (1975, p. 150). Revans encourages the use of quantitative techniques which result in some interesting findings, but it also becomes clear that he uses these as a means to get at and encourage the sharing of what he terms 'practical common sense' which he feels scholars may condemn as 'a stupendous arsenal of half-truth and misconception' (1975, p. 150) in other words that which we would term 'qualitative data'. Revans concluded that his intent had been to 'explore the unmapped backwaters of the social services without any hypothesis – save that they would be interesting to explore.' (1975, p. 190).

The design of the project caused Revans and his research team some difficulty because, as suggested above, he was concerned to reverse the 'traditional roles of supplicating client and

dispensing expert' (1975, p. 152). The starting point was getting the providers to look critically at what they were doing and by so doing to identify and compare ways in which services were in reality being coordinated. Revans wanted to ensure that there were maximal opportunities for learning and thus the providers were themselves asked to raise questions for which they would like to have answers. He writes that they 'created an autonomous system embracing the participants who found themselves asking critical questions rather than merely answering the questions formulated by others' (1975, p. 153).

The questions which resulted revolved around the nature of the learning disability and the family's dealings with it, education and employment issues, what services were involved and what effects these had on the patients and their families. Patients themselves took part in the study, and were asked their views of the services. The interdisciplinary group 'soon exhibited increased understanding of each others' roles as they searched for solutions to problems of poor communications and service coordination (1975, p. 154). Data was gathered from six sets of questionnaires as part of the process. The resulting tables were used to promote discussion amongst providers.

The paper then goes on to set out a sample of such observations under headings such as 'chance to try out new methods' and 'participation in a group'. Revans' peroration shows the direction in which his thinking is now working and his idea that those most nearly affected must find ways of collaborating to solve their wicked problems:

the systems we need to understand the public services are not to be found in the libraries and computing rooms of universities. If they are to be found at all, it will be in such social laboratories as the back streets of Gateshead, and it is there we shall need to learn how to work (1975, p. 211).

As Edmonstone (2019) points out, wicked problems are predominantly social in character and complex in nature and are not amenable to treatment by the rational-empirical scientific

method in which Revans had initially been steeped as a scientist. Such problems ‘are not solvable in a once-and-for-all fashion but have to be (re-)solved over and over again depending upon the idiosyncratic context in terms of time, place and historical circumstances’ (2019, p.137).

Revans’ report begins with an outline of the approaches which can be applied by the non-professional researcher in their organisation following the guidance given in the report, such as ‘applying quantitative techniques, carrying out “rigorous and sophisticated studies’ and making the organisation gain a deeper awareness of the needs of their clients (1973, p. 20). Revans goes on to observe that ‘the major departure from the scholastic method has been in placing the responsibility for research decisions on the providers of the service’ (1973, p. 23). This comment illustrates Revans’ movement away from a solely positivist, quantitatively focussed research ‘ideal’ in which as a physicist and operational researcher he had been deeply schooled toward a more participative approach which also placed a value on qualitative data. In their report Revans and Baquer write about encouraging participants to share ‘those chronicles of failure first known as ‘horror stories’ but later as illuminative incidents’ (1973, p. 9) a good early example of the kind of storytelling now much encouraged in management learning, and similar to the Schwartz Rounds in which clinical staff reflect on the emotional impact of their work. Such storytelling remains important in much current action learning practice.

Project Outcomes and Significance

Some specific recorded outcomes from the project included a greater sharing of knowledge and expertise between professionals, administrators and families, for example Revans cites the example of new social workers entering upon casework with knowledge they would not have otherwise had. New insights were gained, for example in relation to the need for short-

term care for children which was then arranged. A major overhaul of record-keeping and referral procedures took place, the project 'having provided the necessary impetus for change' (1973, p59). The need for training programmes for service providers was identified. Participants reported much improved levels of co-operation and co-ordination and a better understanding of each others' roles.

But the part of the project that appears to have had most impact for Revans was the discussion, analysis and solution finding which came about from reviewing their 'subjective evaluations.' He writes that 'our most sensitive understanding of the services – and our present attempt to analyse them - must come from the subjective appraisal and spontaneous motivation of those who help provide the care' (1975, p. 209).

Discussion and Conclusions

As Powell (2019) suggests many of the inquiries into the scandals of the sixties and early seventies (and indeed many subsequent inquiries) repeatedly alluded to communication, leadership and co-ordination failures – key concerns of Revans from his earliest work in hospitals through to the project discussed in this paper and beyond it. Revans argues that 'true learning must contain with it a constant challenge to what is already believed' (Baquer & Revans, 1973, p16). This links with the idea of 'unlearning' those practices and routines which are not to the benefit of the patient and their families. Action learning can empower staff and service users in an environment in which rigid adherence to protocols and care pathways may take precedence over the achievement and maintenance of good quality care, partly because questioning is so integral. The Liverpool Care Pathway (LCP) Review of July 2013 (which investigated repeated instances of dying patients being treated with less than the respect that they deserved) was concerned with this point among others.

A key question is why Revans' style of open team evaluation and analysis did not gain more widespread acceptance given the need for fresh approaches, especially in the light of the hospital scandals? Part of the answer may lie in some of the difficulties identified by Baquer and Revans (1973). They felt that the team they led encountered complacency and a consequent lack of engagement. But what may have been at play is defensiveness and an emotional attachment to established ways of doing things, shored up by an official stance which in 1969 had not yet seen through necessary reforms.

As target setting and monitoring came to dominate NHS and social care organisations from the 1990s onwards scant attention was paid to the need to encourage questioning and challenging behaviours as means of improving care and encouraging innovative practice. Andy Burnham MP, speaking of his time as a junior Health Minister (and quoted in *The Francis Report* into the failures in care at Mid Staffordshire NHS Foundation Trust in 2008) found that the system was poor in this regard:

I came to the conclusion that the NHS is not good at giving its front-line staff a sense of empowerment. People with good ideas do not feel that they can easily put them into action, there is a prevailing sense that those decisions are taken by somebody else (Chapter 20, 1378, *Culture*).

In the aftermath of the Ely Inquiry there had been some efforts to encourage more 'bottom-up' innovative practice, and Revans' interventions in the early 1970s may be said to take their place in that attempted wave of innovation. A key theme that ran through Revans' (and others') action learning interventions in health service and social services is to do with trusting the staff to change both themselves and the service. The project he describes includes service users in this endeavour at least to some extent. This makes the title he chose to give his articles somewhat curious. It may be that Revans used the phrase 'helping the helpless' deliberately to make a point. Clearly the term 'learning disabilities' takes in a wide spectrum of people some of whom are far from 'helpless' or at any rate need not be so given appropriate support and opportunity. Many people with learning disabilities, as indicated

above are able to work, learn, train and undertake a wide range of activities and these ideas (such as the principle of normalisation) were becoming more prevalent over the period discussed in this paper.

What significance did the project have in relation to Revans' thinking? Revans notes the rarity of organisational members evaluating their own performance, and commends the idea of developing staff to carry out their own analyses and evaluative exercises. He encourages the open sharing of 'chronicles of failure' which become 'illuminative incidents'. He commends all the 'methods of action-research and action-learning developed in this study' (1973, p. 14) to *all* public services, not just those engaged in health and social care. Revans advocates devising methods of management and administration that help staff at all levels communicate better and adapt to change.

He underlines his commitment to the power of social learning using action-oriented exercises so as to secure learning from and with each other and he concludes that 'action learning is the only valid medium of management education likely to be of use' in such a context (1973, p. 18). He advises a shift from focussing upon professional specialists alone to a more general and multi-disciplinary approach – this fits with the idea of developing a wider learning community.

Permanent or semi-permanent facilitation of sets has become commonplace now; but perhaps another lesson is learning to judge when *less* facilitation might prove beneficial. Such a 'hands-off' approach may help to give people more opportunity to develop their own questions and ideas, to find the space to reflect on their own practice and the necessary tools (such as Revans' example of teaching quantitative techniques and offering support to sketch out illuminative incidents) to achieve their own self-defined objectives.

With his articulation of the principles of involvement and insufficient mandate Revans is making the case for involving those most nearly affected by problems in the service in

improving their situation. It was a radical idea when he first conceived it, and it may still be a radical idea in what might be seen as a sometimes rigid and heavily monitored service. User involvement in research projects of the kind Revans initiated here was developed as a means of co-creating what is termed ‘actionable knowledge.’ Action learning harnesses experiential knowledge and tacit knowledge – truths gained from personal experience and not just from programmed instruction. Those involved in research exercises, as Revans acknowledges, have to contend with the fact that such knowledge claims are contested and that ‘hard won’ experientially derived knowledge struggles (even now) to count as ‘credible’ knowledge (Cotterell and Morris, 2012). This can make the task of implementing change, even with the aim of improving care, more difficult and it is harder still to introduce such knowledge into established protocols and care pathways.

Revans’ efforts on this project may be said to have influenced him in a number of ways; underscoring the value of engaging multi-disciplinary team working, including families and neighbours, and in seeing the value in the qualitative and subjective as well as in quantitative data. This project saw him pushing the boundaries of non-directive participative research methodology. The idea of wholly relying upon some of the operational research methods on which he based much of his earliest work, and which fitted so well with the scientific professionalism so lauded by government ministers in the 1960s, started to be called into question; not in terms of their validity - but at least for Revans - as he increasingly encountered ‘wicked’ problems which crossed professional boundaries and which were not soluble by statistical analysis, scientific professionalism and reasoning alone.

The complexity of the environment, the particular culture he found and the anxieties and stresses of work in health and social care settings, encouraged Revans to emphasise peer support, the identification of problems by those most closely involved and affected and the gathering of insightful, fresh questions. Action learning is often seen in terms of the set, and

for good reason. Revans saw it as the ‘cutting edge of every action learning programme’ (2011, p. 7) but as Pedler (2020) has pointed out, and as this project demonstrates, what Revans called the ‘multiplier effect’ as a means of extending the reach, and in this case sharing knowledge and progress across the seven local authorities is also evident.

Finally, the project may be said to strengthen the argument for the combined use of action research and action learning in the service of social action, and to emphasise their complementarity. There are interesting recent examples to evidence this (see Boak, Gold & Devins, 2020). As Cotterell and Morris (2012) have observed the ‘disabled people’s movement’ of the late 1960s and early 1970s developed as a challenge to the prevailing medical model, and so new ways of researching the concerns and issues faced by people with disabilities and their families came more naturally to the fore. Participatory and emancipatory research, in which taking ownership of one’s own knowledge and knowledge creation became as essential and, arguably in some ways more valuable, than being wholly reliant upon more traditional forms of knowledge construction. People’s stories can be valued and validated in an action learning setting; questioning is not just encouraged, it is essential. But for service users and professionals, knowledge creation, and the support and challenge generated in an action learning way of working offer the opportunity for giving voice to those whom Revans characterised as ‘helper and helpless’ at the end of the 1960s and the beginning of the 1970s.

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