

# **History of Hope UK**

# (formerly the United Kingdom Band of Hope Union)

#### The Temperance Movement

One of the first responses to the problems of excessive drinking in the 1800's was the formation of temperance societies. These usually had a Christian base and were initially composed of people who took a pledge to abstain from spirits, e.g. whisky, and be moderate in their consumption of other alcoholic drinks. However, social and domestic problems caused by excessive consumption of alcohol in society at that time were considerable and there was controversy as to whether moderate drinking of any alcoholic beverage was sufficient to tackle the problem. In 1832 the 'Seven Men of Preston', including Joseph Livesey, signed a pledge to totally abstain from intoxicating beverages. The idea spread and temperance societies sprang up all over Britain, encouraging people to help deal with the problem of alcoholism by saying that they would no longer drink intoxicating beverages. This was known as 'signing the pledge', as individuals were invited to sign a promise. This Movement was part of the Victorian Social Reform programme.

### **Beginning of the Band of Hope**

In June 1847, Rev Jabez Tunnicliff visited a man who had once been a Sunday School teacher but was now a dying alcoholic. The man said to Mr Tunnicliff 'I want you, if you think it worthwhile to say anything about me when I'm gone, to warn young men against the first glass'. Mr Tunnicliff reported this to the Leeds Temperance Society mentioning the subject of juvenile temperance work. Nothing much was done about this until August 1847 when they invited Mrs Ann Jane Carlile to speak in Leeds at Day Schools, Sunday Schools and a meeting of local women.

Mrs Carlile was an Irish lady and mother of seven children. She had become concerned about the amount of excessive drinking amongst children and the effect that adult drinking was having on them. During her time in Leeds several children and young people showed an interest in her talks and 'signed the pledge'. An idea was then suggested for a special temperance group to be set up for children under 16. Its aims would be to teach children about Christianity and also the problems associated with drinking and to encourage them to live a healthy, alcohol-free lifestyle.

In November 1847 the first meeting of this group took place in Leeds. About 300 children attended, 200 of whom 'signed the pledge' for the first time, the rest having already done so. The group became known as the 'Band of Hope'. The pledge of the Leeds Temperance Band of Hope was 'I, the undersigned, do agree that I will not use intoxicating liquors as a beverage'.

At around the same time other groups were starting the same kind of children's clubs and many of them took the name 'Band of Hope', together becoming the Band of Hope movement.

The clubs grew rapidly and, although co-operating in local 'unions', operated as separate groups. In London there were several clubs, some within walking distance of each other yet operating individually. It became clear that they could be more effective if they worked together sharing resources, costs etc. and in 1855 the UK Band of Hope Union was formed with Stephen Shirley as the first Secretary.

The Band of Hope movement embraced all sorts of activities - it produced a children's hymn book, wrote children's songs, ran and started more children's clubs (the essence of the work), held bazaars, produced booklets, leaflets, magic lantern slide shows etc., sent qualified medical men to give lectures in schools, held competitions and festivals and crowned pageant queens every year.

In 1887 it had about  $1\frac{1}{2}$  million members out of 8 million young people in Britain of Band of Hope age. However, it was not satisfied with this and worked harder to recruit even more young people. By 1891 it had 2 million members and in 1897, the Jubilee year, the estimated membership was 3,238,323.

Queen Victoria became patron in 1897, the Jubilee year, and several celebrations were held. This included sermons preached in cathedrals, churches and chapels in all parts of the UK, headed by the Archbishops of Canterbury and Dublin. In his sermon at St Paul's Cathedral, the Archbishop of Canterbury began 'The old command was 'do'; the teaching of Christ is 'be'. The Christian life should be one of ceaseless aspiration towards higher and better things. When an improved mode of life is seen it should be striven for, and it is a sin to neglect any means of attaining it.'

### Why Children?

Towards the end of the 19th Century the NSPCC produced a report on the maltreatment of children. In order to illustrate their findings they used an imaginary city of 500,000 people from various social classes and occupations with approximately 1/3 adults and 2/3 children. They concluded 'One half of the streets of the vast place are inhabited by notorious drunkards'. They estimated that 50% of cases of cruelty were directly related to drink, and among the remainder there were bound to be indirect cases of cruelty as the result of drink.

In 1901 a committee chaired by the Bishop of Hereford reported "The drink traffic is responsible directly for a great annual slaughter of infants and children, indirectly it works out into a stunted and under-grown physique and a lowered standard of health. It is largely responsible for neglect of educational changes; it helps to produce the wretchedness of the tramp-children and the workhouse 'ins and outs' and the juvenile street traders... scratch the surface of degradation anywhere and you will at once light upon the drink traffic."

The Medical Officer of Health for Liverpool in 1899 conducted a survey among women in prisons to find the effects of a mother's drinking on infant mortality. Out of 600 children of inebriate mothers, 335, including stillborn, died below two years of age. Further inquiries showed that in a series of cases of children born to drunken mothers, 55.2% of the children died under 2 years of age against 23.9% of children born to sober mothers in similar circumstances of life.

Generally, the conditions for children at that time were wretched and alcohol misuse was often implicated - for example in children with irregular school attendance, children becoming street traders, physical harm to children and sometimes death. It was in this environment that the Band of Hope was working.

"To children The Band of Hope must have been the one bright spot of the week, bearing in mind the drab conditions of the times when the public house was the only place of 'good cheer' in so many communities. By any standards with which the success or failure of a movement may be judged, the Band of Hope has to be reckoned as a success, almost in a class of its own. What other youth movement in the United Kingdom has ever had a membership of over 3 million?" (quote from Drink in Great Britain, 1900-1979 Williams\Brake).

#### Change

At the turn of the century various reforms were made in Parliament with the Temperance Movement playing a very high profile in urging the bills through.

In 1889 and 1894 the Cruelty to Children Acts established the right of the nation to give children the rights their parents had denied them. In 1901 the Intoxicating liquors (Sale to Children) Act was passed which prevented the sale of intoxicating liquors to children under 14, except in corked and sealed containers.

In 1909 another Act excluded children from such parts of licensed premises where consumption of liquor was the chief feature. Newspapers reported that the Act had had a dramatic effect in almost all public houses and children were no longer to be seen with parents in the bars.

From 1909 onwards the school syllabus included education on alcohol, its problems etc. Originally this included the promotion of 'temperance'. The misuse of alcohol was thought to relate to the misuse of food. The educational approach today relates it to the misuse of drugs.

#### **Decline during the 20th century**

In some ways it could be said that the success of the Band of Hope caused its own decline. As alcohol misuse became less of a problem and as legislation improved there seemed to be less need to work so fervently in this area and like many of the other social reform charities formed in Victorian times, the Band of Hope began to decline. The reasons for the decline are complex but include:-

- The problems associated with alcohol consumption seemed to decrease.
  Christians and churches no longer saw the need to commit themselves to 'total abstinence' because the problem was not as big;
- Church membership overall was declining, reducing the potential size of Band of Hope support;
- In 1933 the drink trade targeted young people for advertising. There was better marketing by the drink trade generally and more people chose alcohol at a younger age;
- Many organisations go through stages when pioneers and strong individuals die and the original enthusiasm wears off;
- The two World Wars were very disruptive and many more people turned to alcohol for comfort.

## Recent years

Recently, the United Kingdom Band of Hope Union has changed and adapted according to the social patterns within British society. This included changing its name in 1995 to Hope UK. With the increased use of illegal drugs the Band of Hope had widened its field of education to include drugs other than alcohol. Its main emphasis now is on education and, while traditions like pledge signing and pageants of queens have ceased, it has begun to grow again in membership and works by providing trained Educators in a variety of settings. Literature is available and is used by many different kinds of groups. Hope UK works with many groups. Some are affiliated and date back to the formation of the Temperance Movement. Most, however, are children's, youth or church organisations who want specialist help in providing Drug Education. The Voluntary Drug Educator scheme helps increase the profile and work of Hope UK, enabling it to continue to reach and encourage young people to make informed and healthy choices.

Hope UK has also developed training for youth workers, parents and others who come into contact with young people, as well as for children (age 0-12 years) and those who work with them.

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