

CHAPTER 2

Social Provision in Australia

In the late 1920s, some 140 years after the first European settlement, the Australian population was approaching 6,500,000. During the previous 40 years it had doubled, and had become even more concentrated in the six capital cities which now contained close to half the total. Melbourne with a million persons, and Sydney with just over a million, had reached a size and a complexity in their social provision which made them ready for the growth of a social work training movement and full-time trained social work.

Most of the history of Australia's health and welfare services is still to be written, but there are signs of an interest in the subject.¹ An adequate history of a nation's social welfare policies and services requires delving into many aspects of the society. These include the nature, pace, and evenness of its economic growth; the distribution of wealth; taxation levels; the use and effectiveness of economic controls; the social effects of industrialisation; the nature and stability of its political constitution; the strength of its labour movement industrially and politically; the roles of the state and of voluntary associations; the prevailing notions of social justice; the educational system and educational opportunities; the extent and quality of urban and rural living; demographic features of the society, its age, sex, and family composition; its migration patterns and its rate of growth; the effects in a complex society of wars and depressions; the place of religion, both in the work of its institutions and in the ideas and morality of the society; the extent of humanitarianism; the notion of basic social

¹ For example, Professors R.M. Crawford and Ruth Hoban have begun a long-term study of the history of the social conscience in Australia.

standards; the changing balance between *laissez-faire* and controlled development; the extent of knowledge of the society and its social problems; the individual stories of welfare organisations; the nature of the people directly involved in social welfare matters; biographies of leading social workers and reformers.

Early Patterns

Is the lack of Australian writing on non-government social provision and on social reformers because voluntary social effort in the Australian colonies was weak compared with nineteenth-century Britain? Australian society was not yet heavily industrialised, its poverty was not so widespread nor as chronic, and the climate made it less harsh. In addition, there existed no leisured class with time and money to help the less fortunate, nor well-established churches to undertake social service work.

Colonial governments did, however, subsidise private charity, and in so far as social needs were met, they were met by voluntary organisations. Migrants' memories of the harsh 1834 English Poor Law together with general nineteenth-century distrust of positive government activity limited direct government provision.

The Melbourne relief scene was complex enough in 1887 to warrant the formation of a charity organisation society. Three years later, it sponsored the first Australasian Conference on Charity, followed by a second in 1891. Many voluntary agencies were represented at these conferences, and a significant proportion of the delegates were women and clergymen. The scope of the conferences was broad. For instance, topics proposed for discussion at the first conference included 'principles of charity organisation', 'hospitals and treatment of the sick', 'indoor relief', 'outdoor relief', 'treatment of the dependent', and 'reformation of the criminal'. It was hoped that by establishing communication between charitably minded colonists, the conference would begin an important era in the history of Australian philanthropic effort.

The idea that each man could be master of his personal destiny was strong in the colonies. If he became destitute this was largely because of moral weakness. One of Australia's most notable early social workers stated that generally it was vice and extravagance and improvidence that brought people to destitution.²

The first two Conferences on Charity met in the shadow of a deepening economic depression, and papers on 'The Unemployed' were presented. One of these was ahead of its time in claiming that the unemployed were victims of the economic system, that the 'deserving' and 'undeserving' distinction was unsound, and that all people in need should be helped.³

'The Social Laboratory of the World'

The 1890s did usher in a new era for Australian philanthropy and charity, but scarcely in the way the sponsors of the First Conference on Charity had expected. During the period 1880–1900, there were two related general developments which had a lasting effect upon provisions for those in, or likely to be in, material distress. The Australian people, or, rather, a vigorous vocal section of them, became conscious of their nationhood and at the turn of the century a federal system of government was inaugurated. In addition, there emerged a working class industrial and political movement – the Australian labour movement.

One of the driving forces in Australian nationalism was an egalitarian social philosophy which claimed a fair deal and a good life for all, and ridiculed those who just accepted their stations in life. This outlook was not kindly disposed to private charity, however much distress needed alleviating. For it, the only self-respecting course was self-help through political and industrial action.

2 C.H. Spence, *The Laws We Live Under*, p. 105.

3 The Rev. Alexander Macully, M.A., 'The Unemployed', *Proceedings of the First Australian Conference on Charity, Melbourne, 1890*, pp. 114–9.

The depression of the 1890s shook the young country's faith in its unlimited progress and prosperity. It demonstrated the inadequacy of private charitable provision for those in material distress, and witnessed the failure of direct industrial action. The arguments of those who advocated political action therefore won increasing support.

At Federation, 'residual powers' over all matters not specified for the Commonwealth were left with the states, including services of such social significance as education, health, housing, child welfare, and care of the destitute. These were handled in a highly centralised way with little devolution to local government bodies. The only powers directly given to the Commonwealth in the social service field were over quarantine, and invalid and old-age pensions. Yet, up to World War I, it was the socioeconomic legislation brought in by the Commonwealth parliament, as well as that of the state parliaments, that earned Australia the reputation of being 'the social laboratory of the world'. The actions of the Commonwealth parliament have been summed up in this way:

Humanitarian liberalism, whether of the Deakin or Fisher variety, was in the ascendant until the war of 1914. Liberal and Labour governments testified in action to their belief in the efficacy of State enterprise. Their social and economic principles were worked out in the field of public policy, and by experimentation they endeavoured to forge new instruments of social and economic justice, of which arbitration, the basic wage, and 'new protection' were perhaps the most striking. Social aims, however, touched almost all legislation, as may be seen in the fields of immigration, taxation, social services and defence.⁴

Although it has recently been challenged,⁵ the usual interpretation of this comparatively early extension of the functions of the state is that it was the product not of theory but of circumstances. Either because of changed circumstances, or because the labour movement was split and weakened by the conscription issue, or both, the first period of government social experimentation ended with World War I, and in the 1920s there was much greater emphasis on economic development.

4 Gordon Greenwood, 'National Development and Social Experimentation, 1901-14', in Gordon Greenwood (ed.), *Australia – A Social and Political History*, pp. 210-1.

5 J.F. Cairns, *The Welfare State in Australia*, PhD thesis, University of Melbourne.

Up to the end of the 1920s, government social policy, in the effort to achieve minimum material standards of well-being, had been concentrated on wages and working conditions rather than on social services. With the threefold purpose of preventing sweated labour, holding industrial disputes in check, and providing a living wage for the average Australian family, a complex system of wage regulation had come into existence. Acting under federal and state Arbitration Acts, industrial tribunals decided on the basic wage and what margins for skill should be paid, taking into account the cost of living, the size of the family unit, and the capacity of industry to pay. One effect of the wage-fixing system had been to encourage unionism amongst a people already inclined to collectivist industrial action; about one Australian in seven was now a trade unionist, a proportion unequalled in any other country.

In the previous few years the idea of supplementing wages by payments for dependent children had received attention from both Commonwealth and state governments. Since 1920 the Commonwealth government, for its own officials, and since 1927 the New South Wales government, for everyone, had had limited child endowment schemes. Two Commonwealth Royal Commissions – on the Basic Wage in 1920, and on Child Endowment in 1927 – and premiers' conferences had considered a national child endowment scheme, but no action had been taken because of difficulties over finance and because the Commonwealth had been unable to secure full control over wage-fixing machinery.

By the end of the 1920s, Australia's population policies had already had a long history. Colonial governments, since the 1830s, and the Commonwealth government, since 1920, had offered assisted passages to capture their share of British emigration. From 1861 to 1929, the average rate of growth of Australia's population had been among the highest in the world. A quarter of this growth had come from immigration in three main periods – up to 1891, 1907–13, and 1920–29 – and much of this had been assisted immigration from the United Kingdom. No vigorous government action had been taken, however, against the rapidly declining birth rate, which had become general throughout Western industrial societies. Since 1912 there had been a universal Commonwealth maternity allowance but this was not

envisaged as a baby bonus. Also the very limited child endowment schemes in existence made only a small contribution to the economic costs of child-rearing.

Early in the life of the colonies, the political and social concept of 'White Australia' had begun to appear. At Federation the exclusion of non-European or coloured people had been accepted as a national policy to protect the Australian way of life, in particular its material standard of living. For more than a generation, by the late 1920s, Australian society had been sheltering behind this policy and also behind a tariff wall. The Australian standard of living had become sacred, at least as far as the wage earners were concerned. But what government provision existed when earnings were interrupted or ceased?

Some measure of security in old age and disablement had been provided by the Commonwealth government since its 1908 Act.⁶ Ten million pounds annually was now being paid to 145,000 age pensioners and almost 60,000 invalid pensioners.⁷ The limited non-contributory principle was still being used – that is, pensions were paid from general revenue subject to a means test. Contributory schemes had been considered periodically since 1910. In particular, a full-scale inquiry by a Royal Commission on national insurance covering not only old age and invalidity, but also casual sickness, maternity, and unemployment, had recently been held.

The Commission had found existing systems of mutual and other assistance very inadequate.⁸ Their recommended compulsory national insurance scheme, which covered sickness, invalidity, maternity, and old age, their national health scheme, and their proposed unemployment insurance scheme and national system of employment bureaux, had not, however, been implemented. The main obstacles had been Commonwealth–state relationships, political change, and difficulties over finance as the Depression began. The only government-sponsored social insurance scheme, one for unemployment insurance, had been in operation in Queensland since 1923. In 1925,

6 This had superseded the old-age pensions introduced by New South Wales and Victoria (1901) and Queensland (1908), and the invalid pensions introduced in New South Wales (1908).

7 *Commonwealth Year Book*, No. 23, 1930, p. 268.

8 *First, Second, Third and Fourth and Final Report of the Royal Commission on National Insurance*, 1925 and 1927.

the New South Wales government had introduced a widows' pension, but like the Commonwealth age and invalid pensions it was on a means test, non-contributory basis. Only in relation to a special section of the community, ex-servicemen and their dependants, had the Commonwealth government's social provision been extended since the war. War pensions, medical treatment, assistance with surgical appliances, living allowances, vocational training, help with children's education, with settlement on the land, and with home building, had all come to be included in the Commonwealth repatriation scheme.

By the late 1920s, there had already come into existence an extensive array of health services, many of them government-run or government-subsidised. Yet the Royal Commission on National Insurance had found them deficient in a number of respects – hospital accommodation in the capital cities was generally insufficient, the middle income groups were not covered adequately for hospital care, local government authorities were responsible for much of the detailed administration of public health measures but were ill-equipped for it, in some states maternal welfare was not connected with the State Health Department, the medical examination of school children was an underdeveloped service, and Australia was far behind in preventive medicine (despite its low mortality rate), and so on. Increasingly, however, a national viewpoint on health matters had developed. In 1921, the Commonwealth Department of Health had been formed. Five years later, after a Royal Commission on Health, a Federal Health Council had been established to secure closer cooperation between the Commonwealth and state health authorities.

From a long-term point of view, one of the most important of the trends was a general shift of governmental power, particularly financial power, from a state to a federal level. Already in the fields of loan policy and credit policy, federal authorities had virtual control over the states. Many important social policies, for example, in connection with education and child welfare which were still theoretically entirely in the hands of the states, were now likely to be influenced by the Commonwealth's economic policy.

While government social policy and provision were being built up over the past couple of generations, there had been a parallel growth in non-government provision. In fact, 'the welfare society' of which 'the welfare state' was just a part, had been emerging, encouraged

by urban and industrial expansion, a recognition of new categories of need (some of them not confined to material things), a community response to a nation at war, and an increase in the numbers of middle-class citizens, women in particular, with time and money to devote to 'charity', or 'welfare work', or 'church work', or whatever else they called it.

The 1925–27 Royal Commission on Social Insurance had found that numerous charitable organisations were then operating throughout the Commonwealth. Some had existed for many years. Many had been founded by the principal religious denominations 'to relieve the poor, the distressed, and afflicted and also to assist in the suppression of begging and the encouragement of self-help'. Special investigation officers visited applicants regularly to ascertain their 'character and general circumstances'.

The outdoor relief provided was usually in the form of food, fuel, clothing, bedding, financial aid, finding employment, purchasing tools for employment, starting small businesses, and arranging for a rest and change in the country – cash was seldom given. Single men were provided with food and shelter, but there was an unwillingness to assist able-bodied men. Some temporary assistance was given, however, to 'the deserving unemployed'.

The Commission had found that indoor relief consisted of benevolent asylums, even-tide homes for the aged, homes for patients awaiting hospital treatment, hospices providing free shelter and food for destitute men, refuges for women in distress, industrial homes for adults, homes for the care of girls and boys, and homes for infants and young children. If any charge was made for accommodation it was small.

Many organisations were providing relief for the same class of person – sometimes in the same area of a city. Several attempts had been made to establish a central coordinating organisation in each state, but many factors had prevented cooperation between the various societies.

The funds of charitable societies were privately donated or collected from charitably disposed people, and generally were subsidised by the state governments, although some societies had remained independent of government aid. Appeals were constantly being made through the

daily press for assistance in special cases of extreme distress. Most of those dispensing outdoor relief for charitable organisations were unpaid.

As well as this voluntary social welfare activity concerned with basic material needs, there was a growing number of voluntary groups concerned with other aspects of the community's social welfare: health, recreation, education, the reformation of legal offenders, and so on.⁹

It is probable that many of the Australian social agencies had been moulded by overseas example, particularly that of the British. Few of the Australian agencies were large and well-endowed, however, and they would therefore have been but pale reflections of overseas models. Two distinctly Australian agencies, Legacy Clubs and the Flying Doctor Service, were innovations in social welfare work. The members of Legacy Clubs were ex-servicemen whose principal aim was to assist the dependants, particularly the children, of fallen comrades. The Flying Doctor Service began modestly on a denominational basis in 1928. Thirty years later it covered two-thirds of Australia, and its radio network afforded a means of social and business intercourse as well as calls for medical help. This service, and the Country Women's Association, made family life much easier in the Australian hinterland.

A Stirring of the Social Conscience

This was the state of social provision when, in 1929, Australian society began to find itself engulfed in a major economic depression, whose misery, fear, and despair were to leave their mark on a generation of Australians, and which eventually helped to shape new social policy. At no stage during the next decade were less than 10 per cent of the workforce unemployed; at the worst period, in the early 1930s, there were more than 30 per cent.

People left the higher rental sections of cities and towns to live in shanties on the urban fringes or to overcrowd the already crowded slums. When the Brotherhood of St Laurence was established in

⁹ Compare J. Carlile Fox, *The Social Workers' Guide for Sydney and New South Wales, 1911*, with New South Wales Board of Social Study and Training, *Directory of Social Agencies*, Sydney, 1933.

Fitzroy in Melbourne during the darkest days of the Depression, it was appalled by the living conditions around it, and despaired of being able to assist even some of 'those thousands of decent Australians sleeping in parks and under bridges and walking the slum streets during the day in order to seek help from overworked and understaffed charitable organisations'.¹⁰

Australian welfare authorities were ill-equipped to cope with widespread and continuing poverty. Moreover, despite the emphasis in the early years of the century on minimum standards of individual welfare, this had not become a strongly established guide to policy. Relief during the Depression was badly handled. There was reliance on short-term emergency measures with little regard to the conservation of skills, or the maintenance of self-respect, or the preservation of families at a reasonable level of subsistence. The 'dole' was given not as a right but as a charitable gift; the view lingered that many of the unemployed could find employment if they tried.

The relief of the unemployed was still seen as a state not a Commonwealth government responsibility. Although non-government relief-giving expanded greatly, the state governments found they had to assume a far greater proportion. Yet their resources were limited, and they in turn had to look to the Commonwealth for financial assistance.

In contrast with the makeshift arrangements for relief, the economic measures adopted by the Australian governments were carefully planned and executed. They were designed, misguidedly according to modern theory, to bring about deflation and economy. Under these conditions money was not likely to be spent on new government social services, and, in fact, some of the existing provision was reduced in its scope.

In the second half of the 1930s, however, there was a little expansion in infant and child welfare services, and an awakening interest in slum-clearance and low-cost housing. In 1936, the Commonwealth government expanded its Federal Health Council into the influential National Health and Medical Research Council, which was to have a wide advisory role in public health matters, and, in 1937, the Victorian state government introduced limited non-contributory pensions for

10 Gerard Kennedy Tucker, 'Thanks Be', Melbourne, 1954, pp. 70–1.

widows. The movement towards social insurance schemes, which had been interrupted by the Depression, gathered strength during the mid-1930s but again it was without result. Reports on unemployment insurance and a health and pensions insurance by two British experts were acted upon. The first scheme, however, foundered on the question of the respective responsibilities of the Commonwealth and state governments, and a 1938 National Health and Pensions Insurance Act was abortive because many disagreed with its form; the Labor Party opposed contributory schemes, and the medical profession was hostile.

The social provision primarily concerned with mental health remained markedly underdeveloped. By the end of the 1930s, the child guidance movement had made little headway. Mental illness and mental defectiveness were frequently confused. Most of the mentally ill were still segregated from society in huge state government, prison-like custodial institutions called asylums. Psychiatry, not yet a respectable field of medical practice, was largely confined within their walls and was mainly practised by doctors with little or no psychological training. Yet the development of mental health associations in the larger states during the 1930s was a sign of an increasing awareness of the size and importance of the modern mental health problem. Unfortunately, these pre-war mental health associations lapsed and were only revived after the war.

Another noticeable trend during the 1930s was a movement towards coordinating social service effort. Many who supported the social work training movement saw this as a coordinating activity, and some saw the cooperation of the numerous agencies on the training bodies as a forerunner of wider cooperation. The Central Council of Victorian Benevolent Societies, formed in Melbourne in 1929, and the Council of Charitable Relief Organisations, formed in Adelaide in 1936, both attempted to use a central index of cases, and there was a move in 1937 to expand the Victorian Council into what was in effect to be a council of social service. Only in Sydney, however, was such a council actually established.

When compiling a directory of social agencies, the only one published in the 1930s, the Sydney general social work training body considered the time ripe for a renewed attempt to coordinate the city's 'philanthropic efforts'. In August 1935, a large gathering agreed to

launch a general coordinating body, and early in 1936, after accounts of British and American experience had been studied, the Council of Social Service of New South Wales was formed. Its aims were those of a fully developed, general coordinating council, but its resources were very small, and actually its main function at first was to keep a central index.

The Cleavage in Social Administration

By the time the social work training movement appeared on the Australian scene, a general pattern of administration of social provision had become set, and in fact it remained little changed during the 1930s. Paid Commonwealth and state male public servants, drawn from the general public service pools, were administering social legislation. There was little recognition that persons working in this or any other part of the public service needed special ability or training. Most non-government social agencies relied upon unpaid, voluntary work, which usually meant women attending to the execution of policy, and men, employed elsewhere, sitting on boards and committees in their spare time, helping with financial and general policy matters.

Attitudes to women in early twentieth-century Australian society channelled them into this work. Despite their early political recognition, women were still not expected to be active in the business world or in the affairs of the nation. The woman's place was in the home, but it was acceptable for her to undertake welfare work – indeed in some circles, membership of certain welfare organisations became a badge of social respectability. This was one of the few areas outside the home in which women could use their talents. A woman supported by her husband, or by a private income, was, from a financial viewpoint, the ideal worker for agencies short of funds. Moreover, some felt that women had greater sympathy for, and understanding of, people in trouble, particularly women and children. The general public were not excited by social problems without obvious political overtones. Their view was, as in other matters, 'there will be a government department dealing with that'. Those few problems which were not covered by government departments could well be left to the gentle ministrations of womenfolk and, to a lesser extent, clergy.

Whatever the reasons, and cause and effect are difficult to untangle in this question, the performance of non-government social work had become strongly identified with women.

There was, then, a cleavage in Australian social administration. On the one hand, there was an approach through broad legislative measures, sponsored by political parties and administered by government, largely male, officials; on the other was an approach through numerous small voluntary organisations, catering for individual needs, sponsored by a wide variety of citizen groups or churches, with detailed work largely in the hands of unpaid women in the higher income groups.

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