

CHAPTER 3

Taking up the Training Challenge

Before examining the immediate origins and early years of the Australian social work training movement, how was the case for training presented in Australia during these early years – in talks given on various occasions, in newspaper articles, and in other printed material?¹

The Case for Training Social Workers

Three main arguments were used: community trends favourable to social work training, the defects of untrained social workers, and the advantages of trained ones.

It was pointed out that social problems were becoming more complex because of industrial and urban growth, and the tensions and anxieties of industrial society were emphasised in a depression. Social service, to be service, needed a new understanding backed by continuous study. As yet, social welfare measures had not kept pace with the improvement of industrial technique. Even seemingly simple social problems were more complex than had been realised.

Matching this complexity, so it was argued, was a growing fund of knowledge, which could be used to revise older methods and experiment with new ones. The beneficial pooling of knowledge by professional people – doctors, psychologists, psychiatrists – would come about only if social work was also a profession. The realisation

¹ For detailed references, see R.J. Lawrence, *The Development of Professional Social Work in Australia*, PhD thesis, The Australian National University, Chapter 2.

that social service work could be studied systematically was recent, but not to use available knowledge was wasteful in human and monetary terms. Voluntary social workers, because they usually had other claims on their time, could not be expected to study the subject in detail or learn of modern methods and experiments overseas.

It was further asserted that the increased sense of community responsibility, which was demonstrated by the striking growth in social services over the previous 50 years, was less satisfied with 'haphazard and comparatively uninformed tinkering with problems'. This did not apply only to voluntary work. Unless public servants were trained, 'routine administration of social legislation affecting masses of lives' was likely to be detrimental to individual welfare. The growth in social provision emphasised the need for coordination and cooperation if it was to be effective. Money available for welfare purposes was limited, especially during a depression.

Arguments relating to the voluntary, untrained worker had to be handled with care, because the training movement needed the support of all people in social service work. It was stated that the untrained worker still had a part to play but it should be more restricted. Well-motivated amateurs were liable to rush in where professional people would tread with some circumspection. Untrained social workers had to learn through a system of apprenticeship and experience, which, it was claimed, was slow, haphazard, and a strain on the worker, and costly in terms of mistakes and general inefficiency; and at least a few of them were aware of this. Mistakes in social work were often paid for by human suffering – a high price for humanitarians. Put bluntly, inadequate social work was worse than none.

It was claimed that mistakes in relief-giving arose mainly from a lack of thorough investigation of the circumstances of applicants. Investigation, or study as some preferred to call it, was a necessary prerequisite for assisting people, whether with material or other help. Indiscriminate giving was likely to be harmful to applicants as well as a waste of funds. The untrained worker tended to become immersed in 'doing' and 'giving' instead of finding out the facts of the case, particularly how the client saw his own problem. Helping people to

help themselves was too little the aim and still less the achievement of untrained workers. If agencies now needed to pay their social workers, to be worthy of their hire they should be trained.

The protagonists of training further argued that general community arrangements for social welfare were not critically evaluated. A common assumption was that because social agencies were in existence, social welfare was being promoted. A closer examination of welfare programmes would lead to a greater consideration and respect for other people, and was also likely to reveal that one section of the community was inextricably involved in the social services but the rest were aloof from them. Australians needed to think more about social progress, it was asserted.

The advantages claimed for trained social workers over their untrained predecessors or colleagues were many. It was said that they had learned ways of being reasonably efficient in a complex society. They had knowledge of the community's resources for aid and relief, and were aware of the need among the multiplying remedial organisations for cooperation to prevent overlapping. This avoided imposture, but more important, it meant that handling of cases from a social casework point of view, did not have to be divided. In addition, widespread employment of trained social workers by social agencies would help to make apparent a shared general purpose for all social services and make cooperation more of a reality.

Trained social workers had had an opportunity to broaden their knowledge of social conditions, not only through academic study but through actual observation and experience. This, together with their knowledge of the social services, equipped them to be constructively critical of the community's arrangements for social welfare, and about the social welfare of the community in general.

It was stated that, instead of being content with palliative measures, trained social workers tried to find the root causes of social breakdown, and did something about them, both in individual cases and in community action. It was in this sense that their work was 'scientific'. They recognised that they had an important preventive role to play.

For their responsibilities, trained social workers were equipped with relevant knowledge about individuals and the community, and had skill in tested social work techniques. They were keenly aware

of individual differences and were alive to the multiple causes of maladjustment. They helped individuals to adjust on a psychological and social level as well as on the economic; they recognised that their work affected 'the moral and mental welfare as well as the physical well-being of people'.

It was declared that trained workers respected the personality of the client. They were not condescending, neither were they 'Nosey Parkers' nor 'Lady Bountifuls', and they did not make themselves indispensable. Apart from other considerations, their aim of helping the client to help himself precluded these things. Not only were they aware of the personality needs of their clients, but they had a heightened self-awareness which helped them to guard against fulfilling their own personality needs at the expense of their clients.

Those who supported training agreed that it was no substitute for natural aptitude for social work, but insisted that the aptitude needed to be developed fully. All trained social workers had been screened at least to some extent on the grounds of their personal suitability to do the work. They could be a powerful force for helping people with social problems, and thus reduce the cost of social provision by making it more effective.

Taken together, these various arguments constituted a strong case for social work training, provided they could be proved. Depending upon the occasion, the speaker, and the audience, only a selection of the arguments, however, were used at any one time, and in the absence of appropriate research, many of the arguments appear to have been rooted as much in opinion and hope as in fact. In general, the case was nurtured by the size of the cities, the increased difficulty of effective social provision despite ever-growing funds for the purpose, some advance in knowledge of psychology and the social sciences in Australia, and by observation of developments overseas.

In the troubled decade during which these arguments were voiced, five social work training bodies were formed in Australia. Three of them – in Sydney, Melbourne and Adelaide – were general; the other two – in Melbourne and Sydney – were concerned with training for medical social work. This was a period of struggle for the Australian training movement – to find appropriate standards, to gain community acceptance, and to remain solvent – and its tensions, especially in

Sydney, carried over into more secure times. By 1940, the product of the movement was still only 54 social workers in Sydney, 53 in Melbourne, and 12 in Adelaide; moreover, only some of these were in social work employment. But a start to an important venture had been made.

In the founding of each of the training bodies, overseas example played a significant part, and in the rather later developments so too did interstate example.

The Creation of Training Bodies

The suggestion for a general training scheme for social work in New South Wales came from the National Council of Women, a non-sectarian federation of a large number of women's organisations. The council's interest originated in October 1927 from Isabel Fidler, first tutor to women students at Sydney University and the convenor of the council's Standing Committee on Education, and later several senior members of the university's academic staff combined with representatives of the council to draw up a scheme of studies. In July 1928, 17 people representing 14 organisations interested in social work enthusiastically agreed to form a board 'to establish and control a specialised educational course for social workers'. Early in 1929 a constitution was adopted and the New South Wales Board of Social Study and Training, the first Australian general training body for social work, came into existence.

Meanwhile, in Melbourne, a series of events was leading to the establishment of a training body for medical social work. In 1927, after an overseas tour, R.J. Love, the Inspector of Charities and Secretary of the Victorian Hospitals and Charities Board, reported to the Victorian Parliament.² He had been impressed in other countries by the way a hospital was seen as part of the whole social welfare structure. Hospital almoner departments were instrumental in achieving this and he recommended their adoption in Australia; but they must be run by full-time, qualified staff. Further, each non-medical society or group of societies was urged to appoint a full-time, qualified officer.

2 *Victorian Parliamentary Paper 1927*, Vol. II, No. 45.

R.J. Love envisaged one grand scheme of social welfare in which overlapping and duplication were eliminated by a comprehensive system of referrals.

Shortly after this report appeared, the president of the Queen Victoria Hospital for Women and Children, Mrs Norman Brookes, visited several large hospitals in England. Her scepticism about 'the almoner system' changed to enthusiasm. On her return to Melbourne, she convened a meeting of representatives of charitable organisations to hear R.J. Love speak on the need to establish an almoner system in Victoria. At this meeting support was given to the idea, but there were doubts about whether the hospitals could bear the cost, and whether the state government would assist financially; also the value of hospital auxiliary workers was emphasised.

At a follow-up meeting held in the office of the Hospitals and Charities Board and presided over by an eminent doctor, Sir George Syme, a decision was made to inaugurate a scheme for training almoners. Early in May 1929 it was resolved that a Central Almoners' Council should be formed; that in organisation and development it follow the London Institute of Almoners (with modifications to meet local conditions); that it consist of representatives of interested organisations; that it confine its activities primarily to 'the education and training of almoners and to essential propaganda work'; that it try to secure the services of Anne Cummins of the British Institute; that, for efficiency, it be closely linked with the Charity Organisation Society; and, finally, that philanthropic trusts and benevolent citizens be asked for financial support (there was to be no public appeal). At the end of May, on a motion of R.J. Love, 'The Victorian Institute of Almoners' was formed.

Early in 1930, these developments joined fully with another development which had centred on the Melbourne Hospital. In 1922, an auxiliary unit run by volunteers had been formed at the hospital and this included a relief section. In 1927, Mrs Kent Hughes, a member of the unit and formerly a nursing sister at the hospital, spent a period with Anne Cummins at St Thomas's in London. On her return she urged the employment of a qualified almoner at the Melbourne Hospital. The outcome was the appointment, in June 1929, of Agnes Macintyre from St Thomas's, her boat fares and salary having been guaranteed by the hospital's auxiliary.

Soon after her arrival in Melbourne, she began training three prospective almoners within the Melbourne Hospital. Early in 1930, after the Institute of Almoners had been unsuccessful in gaining Anne Cummins's services, it invited Agnes Macintyre to become its Directress of Training, and clerical help was offered to the hospital to compensate for the time she would spend on institute affairs. She and the hospital accepted, and so training for medical social work in Melbourne became established at the Melbourne Hospital.

In 1933, 'Hospital' was inserted before 'Almoners' in the Institute's name to signify a narrower scope than that envisaged by its founders. Until then, certainly, it had trained hospital almoners only, but its two-year course had included much general social work training. Now that a general social work training of two years under another body was being developed, the institute decided to provide a one-year specialist training in medical social work following the general training.

As early as April 1930, Dr Ethel Osborne considered that the almoner training might be developed into a university School of Social Science. Shortly afterwards, the recently founded Victorian Council for Mental Hygiene approached the Melbourne University to establish a School of Social Training, but the University Council decided that it was not equipped for the purpose. The Institute of Almoners immediately wrote urging the university to develop the course as soon as possible.

In June 1931, the presidents of the Council for Mental Hygiene, the Institute of Almoners, the Charity Organisation Society, the Central Council of Benevolent Societies, and the National Young Women's Christian Association of Australia, and the Director of Education, convened a meeting at the Melbourne Town Hall. Sir Richard Stawell, president of the Council for Mental Hygiene, presided. Beforehand it was decided to use this meeting to stimulate interest and to make a fresh approach to the university through a selected committee, rather than to form a large, unwieldy body to promote training.

This Committee on Social Training was to investigate developing a general social work course, preferably in association with the university. For a year and a half it did much public relations work, at the same time consulting the university about a course and its management. The university remained firm. It was willing only to

be officially represented on an independent controlling body, for it considered it could have neither adequate nor expert control over the practical work, nor could it provide teaching in psychology.

To make a start in the 1933 academic year, the Committee on Social Training appointed a Board of Studies to supervise a course. It also decided to have a direct link with many more organisations than those originally responsible for its own formation. So at a meeting in the Melbourne Town Hall in June 1933, a widely representative Victorian Council for Social Training was formed, and Australia's second general social work training body came into existence.

Meanwhile, events in Sydney were moving towards the founding of Australia's second specialist training body for medical social work. In October 1931, the Directress of Training and the secretary of the Victorian Institute of Almoners joined representatives of the Rachel Forster Hospital,³ and the Board of Social Study and Training to discuss the establishment of medical social work training in Sydney. The discussion ended with a meeting attended by 'many prominent citizens' who were addressed by the board's president, Professor Tasman Lovell, and Dr R.B. Wade.⁴

Soon after this the Royal Alexandra Hospital for Children sent Stella Davies, one of the first people trained by the board, to do the British Institute of Hospital Almoners' course. In 1932, the Rachel Forster Hospital also sent its former secretary, Katharine Ogilvie. In 1934, both these women, now qualified almoners, assisted in the training of three students who were taking a specialist course in medical social work established by the board. This followed the board's general course and was organised by a sub-committee. Its management was severely criticised by the two qualified almoners, Katharine Ogilvie in particular, and an impressive case was made for setting up a separate Institute of Hospital Almoners, as in Melbourne and in London. The board's director expressed disapproval of the English-type apprenticeship almoner courses run by independent specialist bodies, but the move for a separate institute gathered strength.

3 This hospital, situated in the Sydney suburb of Redfern, provided 'medical care by medical women for necessitous women and children'.

4 In 1932, Dr R.B. Wade became president, Royal Alexandra Hospital for Children; 1935–37, president, Royal Australasian College of Surgeons; 1937–44, president, New South Wales Institute of Hospital Almoners.

In October 1935, the Hospitals Commission appointed a committee to explore the possibilities of forming an institute, to make preliminary arrangements, and to appoint an experienced almoner in charge of training who was to work in a general hospital.

The Medical Superintendent of the Sydney Hospital, Dr C.A. Telfer, had recently returned from abroad and was keen to have an almoner department in his hospital. Mainly through him, the Sydney Hospital and the Hospitals Commission appointed Helen Rees, an experienced English almoner who had been the Directress of Training at the Victorian Institute of Hospital Almoners, to open an almoner department at the Sydney Hospital and to establish a training scheme. She took up her post in June 1936.

In November of that year, the Minister for Health presided over a meeting of 60 people – representatives of the Sydney University, the Board of Social Study and Training, the hospitals and public health services, prominent members of the medical profession, and people interested in social work. Dr R.B. Wade, after tracing the growth of the almoner movement in Britain, successfully moved that the New South Wales Institute of Hospital Almoners be formed, to act as a training body, and, like the Victorian Institute, to keep a register of trained almoners and to develop their work and opportunities for employment. In April 1937, a constitution was adopted.

The Board of Social Study and Training was not happy about this development, but it gave the institute grudging cooperation when it saw there was no real alternative. Relations between certain members of the two training bodies remained very strained however.

The immediate reason for the appearance of a training body in Adelaide, a city much smaller than Sydney or Melbourne, was the energetic promoting by Stella Pines.⁵ In April 1935, she began to enlist

5 A nursing sister of World War I, Stella Pines spent some years in North America, including a period in Ida Cannon's social service department at the Massachusetts General Hospital. In the early 1930s she was in Sydney, then was connected with the beginning of the Victorian Centenary College of Nursing in Melbourne. In 1934 she was not accepted as a trained almoner by the Victorian Institute. She was unsuccessful in her application to become the Director of the South Australian training body she did so much to create. Her next move was to Brisbane where again she attempted to promote social work training, but this time without success. In 1943 she was connected with the forming of an Institute of Occupational Therapists in Melbourne.

the interest of people connected with philanthropic and educational organisations. In September, on her prompting, the Lord Mayor presided over a meeting at the Adelaide Town Hall, and the 25 people present formed themselves into a committee, to be called a Board of Social Service Training, to draw up a constitution (which was adopted in November) and a curriculum. A sub-committee later successfully approached the University of Adelaide for its cooperation; although Sir William Mitchell, its influential Vice-Chancellor, was particularly interested in the idea he declined to become the president of the board because of his university position. In April 1937, the name of the training body was changed to 'Board of Social Study and Training'.

During the early period of these training bodies, occasional correspondence passed between them, and their officers met unofficially, but they had no formal machinery for cooperation. In 1937, a suggestion came from Sydney that an 'Australian Council of Social Studies', similar to the British Joint University Council for Social Studies, be formed, and also that an Australian Conference of Social Work might be sponsored by the general social work schools the following year as part of the 150th anniversary celebrations of Australia's founding. The Sydney Board eventually dropped the latter suggestion, but organised a conference of the three schools in May 1938 to discuss common problems and consider a federal organisation. By the end of 1938, after considerable debate on the most appropriate name, a constitution had been decided upon, and the 'Australian Council of Schools of Social Work', formally came into existence. It was to promote the education and training of social workers, to provide for cooperation between members, to encourage them to attain standards which would ensure reciprocity with recognised schools abroad, and to act on an interstate, Commonwealth and international level with these objects in mind. Before the Australian council had had time to become more than just a name, the war came.

Financial Insecurity

A strong factor in the formation of the council was hope of financial assistance from the federal government. The general training bodies experienced extreme financial insecurity in their early years. A comment of the director of the Melbourne school in 1935, that the

work was being crippled by poverty, and that the constant anxiety about money sapped the energies of the staff,⁶ could well have been made on all three general training bodies in the 1930s.

The Melbourne director quickly saw that another professional staff member was needed. Not until 1939, however, was a second appointment made, and even then it was financed not by the training body but, through the almoners' institute, by the Anti-Cancer Council which wanted to increase the number of trained almoners. A second staff member was appointed in Sydney in 1939, although there was no money available, because of the insistence of the local almoners' institute. In Adelaide, additional staff was completely out of the question because of the cost.

For most of the 1930s, the general training bodies employed only a director with some secretarial assistance. Yet even so, salaries were still the largest item of expenditure. For a brief period, the Sydney and Melbourne training bodies did rely upon voluntary directors, but in 1932 and 1934 respectively, each paid its director a full salary. The Adelaide Board offered only £100 for its director's starting salary, and eventually did little more than double it, which meant that the Adelaide director gave the greater part of her time voluntarily. All three training bodies depended on voluntary assistance in the overall planning and supervision of the course, in some of the general office work, and in the supervision of students doing fieldwork inside social agencies. In Sydney and Melbourne much of the office accommodation was free of rent.

Although costs were kept to a minimum, students' fees usually covered only between a third and a half of the total expenses. This meant that outside financial assistance was vital. In Adelaide, the state government provided a small subsidy, but state government financial assistance was not forthcoming in either Melbourne or Sydney, despite deputations seeking it.

Each of the training bodies had thus to rely on private contributions, and this was made the more difficult because already abnormal claims were being made upon such sources. As a rule they did not make

6 Victorian Council for Social Training, *Annual Report 1935*.

appeals to the general public. A recurrent theme in written approaches to possible donors was that the work had little emotional or general appeal, but that 'it must touch the imagination of thoughtful citizens'.

Only one really substantial gift came the way of any of the training bodies, and this was to the Sydney board from outside the country. In 1932, the Carnegie Corporation of New York provided \$10,500 and \$2,000 for an overseas tour by its director. Three years later, it gave an additional but final \$15,000. Shortly after this, the Melbourne council applied to the corporation for help but was told the policy now was to make grants only to university training bodies. From 1936 to 1940, the Sydney board's accumulated funds dwindled rapidly. Not even a Finance Committee sponsored by the General Manager of the Bank of New South Wales could find support, and by 1940, the board was faced with imminent insolvency.

The Melbourne council had a more constant struggle for funds. The salary of the director for the first three years was guaranteed by a few people prominent in the business and industrial world. The Council's officers had to continue to approach trusts, estates, industrial concerns, and individuals, to keep the body in existence, yet by 1940 its donor list was still small and, though individual contributions were usually much larger than in Sydney, it was still only just remaining solvent.

The Adelaide board, in a much smaller city, faced an even more difficult situation and almost certainly, without the state government grant, and the honorary services given to it, especially by the director, it would have collapsed. Its donors were mainly people connected directly with it.

Compared with the general training bodies, the two almoner institutes were more financially secure. The director of training was employed in and paid mainly by a hospital. The Melbourne institute made a small contribution to the Melbourne Hospital for her services; a similar though larger contribution was made direct to the Sydney Hospital by the Hospitals' Commission. Students' fees again did not cover total costs, but usually the deficit was covered fairly comfortably – mainly by gifts from charitable trusts and similar bodies in Melbourne, and by private individuals and one trust in Sydney.

The character of these early training bodies – their structure, the way they functioned, and the people with influence in them – was as important as any financial limitations they experienced.

The Nature of the Training Bodies

Each of the general training bodies consisted mainly of representatives of a large number of organisations. For example, the Sydney board had 21 organisations represented on it in 1929, and 53 in 1935; the Melbourne council 61 in 1937, 81 in 1940; and the Adelaide board 24 in 1936, and 32 in 1941. The organisations varied greatly in aim, scope, and resources. Together they covered a wide range of educational, health, and welfare services. For the most part, the representatives held senior positions in their organisations, and they came from various walks of life: the church, teaching, medicine, psychiatry, psychology, law, the army, nursing, the public service, social work, home duties.

With such large and diverse membership, general membership meetings were unsuited for effective policy making, and in fact they were not held frequently. The Sydney board held, roughly, quarterly meetings, the Adelaide board and the Melbourne council rarely met other than annually. Why, then, have the unwieldy membership? For survival, the training needed to gain widespread acceptance and support, particularly in social service circles. Membership of a training body at least implied support of the idea of training, and a large membership had a public relations value. Further, it was thought that existing agencies should have at least some say in the training.

The main work of each body, and the actual control over its affairs, was in the hands of an executive group. No executive group exceeded 20 in number, and was more often about 12. In Sydney and Melbourne, meetings were normally monthly, supplemented occasionally by meetings of sub-committees. In Adelaide, the executive group really consisted of two groups with overlapping membership, the Executive proper which met rather less than monthly, and a Committee for Studies which met about seven times a year.

People in the executive groups of the training bodies were often as much the interested parties as any organisations they happened to be connected with. They fell into four categories: university staff members

who usually taught in the course, members of other professions, office-bearers of welfare organisations, and people actually practising social work.

Particular emphasis was placed upon the first category. This was primarily an educational venture, and connection with the highest educational authority had a prestige value. Moreover, the more that university people of good standing were closely associated with the course, the greater the chance of it being taken over by the university. Arguments to support training for social work had a strong intellectual appeal, and this activity gave university people an appropriate opportunity for fairly direct community service.

Some members of the established professions had become aware of the importance of social conditions in the health and welfare of their patients or clients, and had recognised that neither they nor other existing professional people were equipped to cope with this aspect. Apart from bringing knowledge from contingent fields, members of the accepted professions, especially doctors, were high in community standing. In the early years, it was essential that social work training be connected with people respected for their integrity and ability in an established discipline.

The main purpose of the training bodies was of course to produce qualified social workers. At first the executive groups contained no qualified social workers, but later in Adelaide and Melbourne, though not in Sydney, there were a few, mainly almoners.

Within the executive group, the chairman, a person of community standing, and the training body's director, the person with the greatest knowledge of social work education, played the most influential parts. Because there were so few others with specialised knowledge of social work education, a particular responsibility rested with the director.

Inside the executive groups of the two almoner institutes, again special influence lay with the director of training and the chairman, and again the real work and control of the bodies was in the hands of the executive group. Naturally the character of these specialist training bodies differed from that of the general bodies, but also, reflecting the times and nature of their origin, they were different from each other.

Few on the Victorian institute's executive of about 12 members had medical qualifications; many, including a number of married women, were lay members of hospital and other boards. In contrast, the New South Wales institute's executive group, its council, had a high proportion of medical practitioners in its 17 members. It was, however, the training sub-committee of this council which controlled the training in detail, and this was dominated by qualified almoners.

In general, the New South Wales institute placed a much greater emphasis on the participation of qualified almoners than did the older Victorian institute. The almoners' professional association was entitled to a third of the New South Wales institute's total membership, and the other members were representatives of the Hospitals' Commission, the Board of Social Study and Training, the BMA, and Sydney University, and interested persons elected by the executive council. At first the Victorian institute's council had 21 separate organisations represented on it – eight hospitals, a further four organisations medical in character, four sectarian welfare bodies, two central relief-giving agencies, two educational institutions, and a professional association. In 1933, a few general welfare organisations, now represented on the new general training body, relinquished membership of the council. In almost every instance, the institute found organisations willing to be represented, but there was one important early exception, the Alfred Hospital. Largely because of its long-standing rivalry with the Melbourne Hospital, this large general teaching hospital did not agree to cooperate fully until 1936.

Except for a short period at the beginning of the Victorian institute, both institutes had at their head a medical man prominent in his profession and in the community. The identification of these and several other influential members of the medical profession with the institutes helped to give the movement for training medical social workers respectability in the eyes of other members of the medical profession, and of related professions, hospital administrators, and the general public.

Perhaps one of the greatest assets in the Australian training movement's early struggle for recognition was the association of men of community standing with all the training bodies. Significantly, at the head of the training bodies were men; equally significantly, the directors were

women. This was a serious activity for these men, but it was a spare-time one. They could not be expected to be experts in social work education.

The Pioneers

In any small, new development, especially when it is concerned so much with human relations, individual personalities tend to play a dominant role. A very small number of people carried the main burdens of the Australian training movement in its early years; and some of them had a long association with it.

Individuals who may be singled out for the part they played are Professors H. Tasman Lovell and Harvey Sutton, Aileen Fitzpatrick, and Katharine Ogilvie in Sydney; Helen Rees in Melbourne and Sydney, and Dr John Newman Morris, Professors G.L. Wood and A. Boyce Gibson, S. Greig Smith, Jocelyn Hyslop, Agnes Macintyre, Joan Brett, and Dorothy Bethune in Melbourne; and Amy Wheaton in Adelaide. All these people had at least some overseas experience – in either Britain, North America, or both.

For the first nine years of the Sydney board, Professor Tasman Lovell⁷ was its president. Its accommodation and most of its money came from his efforts, and in 1937 when pressure of other work forced him to resign, he was warmly thanked by the board.⁸ The child guidance movement in the United States had captured his imagination, and child welfare in general was one of his keenest interests. In 1934, while president of the board, he visited the United States.

7 Professor Tasman Lovell was educated at the universities of Sydney and Jena; lectured in philosophy, Associate Professor of Psychology, Sydney University, 1920–29; appointed to Australia's first Chair of Psychology, Sydney University, 1929; President, NSW Council of Social Service, 1943–50.

8 NSW Board of Social Study and Training, *Annual Report 1937*.

Professor Harvey Sutton⁹ was the Sydney board's president in the difficult period 1937–40. His professional experience had made him well aware of the influence of social conditions on public health. Both Professors Sutton and Lovell continued until 1947 as members of the body controlling the general training in Sydney.

Professor G.L. Wood¹⁰ was the first chairman of the Board of Social Studies of the Melbourne general training body, and had taken an active part in the discussions leading to its formation. He spent a period in 1934–35 visiting centres of social work in the United States. Shortly afterwards, pressure of university affairs forced him to resign his position as chairman, but at his death in 1953 tribute was made to 'his interest in training for social work, undimmed by the expanding calls of his other University and governmental duties'.¹¹ He believed in close ties between the university and the community and saw this exemplified in the social studies course. His own close relationships with the commercial life of Melbourne proved of financial advantage to the early training body.

Professor Boyce Gibson,¹² his successor as the board's chairman, had been associated with the social studies course at Birmingham University. He was chairman for six years, and his skill in negotiation was an important factor in the eventual decision of the university to absorb the Melbourne training. From 1943–47, he was again the training body's chairman, and not until 1958 did he sever connection with it.

In a special position of influence was Dr John Newman Morris. After observing hospital social work in the United States in 1930, he declared himself convinced of its worth, provided the workers were carefully selected and trained.¹³ In the following years, he worked to

9 Professor Harvey Sutton was educated at universities of Melbourne and Oxford; Chief School Medical Officer, Victorian Education Department, 1910–15; Principal Medical Officer, NSW Education Department, 1920–29; appointed Director, School of Public Health and Preventive Medicine, Sydney University, 1929, and Professor of Preventive Medicine, 1930.

10 Professor G.L. Wood was educated at the University of Tasmania; school teaching; Commerce Faculty, Melbourne University, 1925; appointed Commonwealth Grants Committee, 1936; Myer Chair of Commerce, 1944.

11 Melbourne University, Board of Social Studies, Minutes, 10 August 1953.

12 Professor Boyce Gibson was educated at the universities of Melbourne and Oxford; lecturing, Glasgow, Oxford, Birmingham, 1923–35; succeeded to his father's Chair of Philosophy at Melbourne University, 1935.

13 J. Newman Morris, *Social Work in Hospitals – Some American Investigations*, p. 23.

support not only medical social work but all qualified social work. In 1931, he became president of the Victorian Institute of Almoners and remained in this position until the end of the institute in 1950. From 1933, he was also president of the Victorian Council for Social Training until its end 10 years later, when it was said:

He has done so much to put social work on the map, here and in other States, to get its value recognised by State and voluntary bodies, and to bring its usefulness before the Commonwealth Government. He has lost no opportunity of assisting a very young profession, safeguarding its salary scales, interpreting its aims, and giving always that understanding and encouragement which are so needful in the early stages.¹⁴

He was a member of the university general training body 1941–56, also the first (and only) president of the Australian Council of Schools of Social Work. A man of high community and professional standing, he was deeply involved in community affairs.¹⁵ To have his sustained active interest meant a great deal to the training movement in its early years.

In 1932, on one of his many trips abroad, Dr Newman Morris attended the Second International Conference of Social Work held at Frankfurt in Germany. In 1936, S. Greig Smith, who was also closely connected with both the general and the medical social work training movement in Melbourne, attended the Third International Conference of Social Work held in London. Like Dr Newman Morris, he was in a special position of influence although of a different kind.

Greig Smith was Secretary of the Melbourne Charity Organisation Society (Citizens' Welfare Service from 1947), 1908–57. Throughout the 21 years of the almoners' institute, he was its secretary. He was the first treasurer of the Victorian Council for Social Training, and was on

¹⁴ Victorian Council for Social Training, *Annual Report 1942* and *Annual Report 1943*.

¹⁵ In 1931, Dr Newman Morris was, *inter alia*, Vice-Chairman of Federal Committee of the BMA; former President, BMA (Victorian Branch); Chairman, Queen's Memorial Infectious Diseases Hospital; member of Victorian Committee of Royal Australasian College of Surgeons Charities Board, Executive Committee of Lord Mayor's Fund, Standing Committee on Convocation of Melbourne University. In the following seven years, he became a member of the National Health and Medical Research Council, Medical Board of Victoria, and Council of Australian Red Cross (Victorian Branch); President, Federal Council of Australian Aerial Medical Services, and the Council of St John Ambulance Association; and Vice-President, Victorian Society for Crippled Children. In 1948 he received a knighthood.

the governing body of the general training course until 1958. In 1935, he convened the meeting which led to the formation of the Victorian Association of Social Workers and was its first president.

Early in 1929, Greig Smith considered that the appointment of an experienced English almoner was not necessary,¹⁶ yet he gave unswerving and vital support to the three English-qualified almoners who were in turn appointed as Chief Almoner and Directress of Training of the Victorian Institute. The success of these three appointments – Agnes Macintyre, 1930–31;¹⁷ Joan Brett, 1931–33;¹⁸ and Helen Rees, 1933–35¹⁹ – in the hospital, the institute, and the community, laid solid foundations for medical social work in Melbourne. Their experience and personal qualities were different, but what they shared was an effective public presence. Agnes Macintyre was the first qualified social worker appointed in Australia, and she proved a worthy ambassador of the British training movement. Her two successors, particularly Joan Brett, played important parts in founding the general training course in Melbourne.

The Victorian institute passed a notable milestone when, in 1935, one of its former students succeeded Helen Rees after a year's experience in England arranged through the British Institute of Hospital Almoners. For the next 10 years Dorothy Bethune²⁰ steered the fortunes of medical social work in Victoria. On her resignation early in 1945, because of ill-health, she was made a vice-president of the Victorian institute. She was highly regarded personally, although a few thought of her early tendency to see medical social work as quite distinct from social work in other settings, and her disinclination to press for higher salaries and status for almoners as retarding a broad professional growth. She did, however, serve on the university training body's board from its inception, and was still taking an active interest in general social work developments in the late 1950s.

16 S. Greig Smith, Notes on Hospital Almoner System, submitted to the Charity Organisation Society Executive Committee, 11 February 1929.

17 AIHA. From St Thomas's, London. In her 40s.

18 MA (Cantab.), AIHA. In her 20s. Left to be married; had three children; was a war widow. Later returned to almoner work in England.

19 MA (Cantab.), AIHA. Methodist minister's daughter; in her early 30s; an excellent training course; almoner, City General Hospital, Sheffield.

20 Directed a kindergarten; qualified almoner, 1932; Registrar of Public Assistance, Bendigo; assistant almoner, Melbourne Hospital, 1934.

In 1936, Helen Rees opened the Almoner Department at the Sydney Hospital and became Almoner-in-Charge of Training for the New South Wales Institute of Hospital Almoners. She returned to England in 1941 at the request of the English Association of Hospital Almoners to undertake a survey of their work under wartime conditions. The fact that she later became Director of Training for the British Institute of Almoners gives an indication of her quality. She was influential in the move to establish a university training body in Sydney, and her knowledge of general training schemes was invaluable. Associated with her in this, and in the Institute's affairs, was Katharine Ogilvie who became a close friend.

The dominant part played by Katharine Ogilvie²¹ in the foundation of the New South Wales institute has been mentioned. In 1941, she left the Rachel Forster Hospital to succeed Helen Rees as the institute's Almoner-in-Charge of Training and Head Almoner of Sydney Hospital. In 1954, when Sydney University took over medical social work training from the institute, she became a member of the university staff. Just two years before, she became president of the New South Wales Council of Social Service and was still in this position in 1959. She was at the same time also a leader in the New South Wales Old People's Welfare Council.

Before she opened, in 1934, the Almoner Department of the Rachel Forster Hospital after training at the British Institute of Hospital Almoners, she had already established herself as a community leader by her work, while still in her 20s, as the hospital's secretary. For the next quarter of a century her community and professional standing was extremely high. Her personal qualities and education made her a forceful leader, a formidable champion of a cause which had won her favour, and a compassionate understanding of sick people permeated her social casework. In 1950–51, she revisited England and strengthened further her ties with the British almoners.

The directors of the three general training bodies – Aileen Fitzpatrick in Sydney 1931–40; an English woman, Jocelyn Hyslop in Melbourne 1934–44; and Amy Wheaton in Adelaide 1936–58 – held key positions

21 From a well-known country family; BA (History), Sydney University; prominent in international hockey circles; Secretary, Rachel Forster Hospital; observation of hospital administration in UK and USA (this aroused her interest in almoners' work); an MBE; member of the Senate of Sydney University, 1943–49 (a Fellow elected by graduates).

in the Australian training movement. The first and last of these were not qualified social workers. This did not matter very much with Amy Wheaton because she was so well-qualified in other directions.

It has been said that Aileen Fitzpatrick coloured the whole of the pre-war period in Sydney. There exists a strange letter written by her early in 1940. In it she speaks of the New York School of Social Work as having been her 'own old school of social work', and later says, 'It has been no light responsibility to have had the background of a good school in beginning training for social work here'.²² It is difficult to reconcile this with other evidence. Nothing suggests that she had been to the United States before her appointment as director of the Sydney board in 1931.²³ From September 1932, on money provided by the Carnegie Corporation, she did spend nine months observing schools of social work in the United States, Canada, the United Kingdom, and Europe; and in the long vacation of 1934–35, again with Carnegie assistance, she visited, in charge of a group of Australian students, many centres in North America. But she did not hold a social work qualification, and the quality of her professional teaching was one of the main points at issue with the almoners. She managed, however, to make good professional contacts with American social workers, and until the almoner group challenged her training standards she secured a lot of support for the board's work.

If the board had been under different direction, the separate training body for medical social work in Sydney might never have come into existence, and the intrigue and bitterness which characterised the training movement in the late 1930s might never have developed. Her directorship was not without positive accomplishment – she was influential in forming an association of social workers, in founding the New South Wales Council of Social Service, and in establishing the Australian Council of Schools of Social Work – but, on balance, her appointment was a mistake.

22 Aileen Fitzpatrick to Dr Wallace, Vice-Chancellor, Sydney University, 16 February 1940. (Fisher Library Archives.)

23 Aileen Fitzpatrick. In her early 30s; BA (Classics), a contemporary of Katharine Ogilvie at Sydney University; teaching classics in a high school; voluntary church work; trip to UK and Europe; member of National Council of Women; General Secretary of Country Women's Association of NSW for three years. The position of Director was not advertised before an appointment was made.

Jocelyn Hyslop was a very distinctive person. Highly intelligent and energetic, she could hold the attention of any audience, but her fluctuations in mood and cutting wit did occasionally cause difficulties with students and agencies. She was a psychiatric social worker, well-qualified academically and professionally.²⁴ Her experience included work with children and this remained one of her keenest interests.

With Carnegie assistance, she travelled to her Melbourne post in 1934 via the United States, and noted there the accepted professional status of social work, the large proportion of men, particularly in administrative positions in federal agencies, the extension of social work beyond relief-giving and into the middle classes, and the community chests whose funds were distributed by qualified social workers. On her arrival in Australia she was well aware of the different patterns of training in America and Britain, and said:

Perhaps a better form of training than either may be yet evolved in Australia, but much must depend upon the attitude of the public and whether it demands a professional standard in the field of social administration, whether voluntary or State.²⁵

An important factor in the transference of the general training course to Melbourne University in 1941 was the high academic standing of its director. When she resigned in 1944 to enter a religious order, Australian social work lost one of its most colourful and effective figures.

24 Jocelyn Hyslop. Educated at St Andrews and London University; BSc (Econ.), Acad. Dipl. of Sociol., Cert. of Soc. Sc.; Cert. of Mental Health; school teaching; lecturer, teachers' training college; organiser, school care committees for London County Council; psychiatric social worker, child guidance clinic, Liverpool, and the Babies Welcome Association, Leeds. Was in Melbourne in 1933, on a world tour.

25 *Argus*, 8 December 1934.

Amy Wheaton returned from London to her home city Adelaide in 1936 to direct the newly established training body, with an up-to-date knowledge of the social sciences.²⁶ She managed to maintain her broad academic interests, but the excessive teaching and administrative load she carried for so long allowed her no time to publish. For the greater part of the 21 years she was director of the Adelaide training body she did most of the teaching in the course, and it is perhaps little exaggeration to say she was the training movement. Yet she was also active in women's organisations and reared three children. Her academic ability was highly regarded by her former university teachers, Sir William Mitchell in particular, and this was a strong influence towards the full acceptance of training by the Adelaide University in 1943.

After carrying the course almost single-handed and being underpaid for it, in the immediate post-war years as well as earlier, she found herself confronted with an unsympathetic Vice-Chancellor and a few young professors ignorant of social work and the local past. She had no bent for university politics and her health broke. In the last years of her directorship, increased staff and a belated rise in her status made some recompense.

In 1950, she returned to England for a visit. She did not go to the United States until after she finished in Adelaide, but from the beginning was aware of the different training patterns of Britain and the United States.

These, then, were the people who were mainly responsible for breathing life into the training bodies which took up the challenge in the 1930s. Different in experience, age, sex, and temperament, each played a significant part in these formative years. They were in fact the pioneers of a new profession in Australia.

26 Amy Wheaton. In her late 30s; MA, Adelaide University; father's death diverted her from medicine; eldest of six children; school teaching; BSc, majoring in sociology and social psychology, London School of Economics; periods in Europe, especially in France and Germany (she was fluent in German); 1931 went to live in Melbourne; 1935, Women's International Conference at Istanbul, observed social services and social conditions in Germany and UK, did part of the Mental Health Course in London. An MBE in 1939. In 1950 she attended the first World Congress of the International Sociological Association at Zurich; elected to the Association's Council; studied at the London School of Economics and the Tavistock Clinic. After visiting North America in 1957–58 she became a Professor of Social Work, a temporary United Nations Advisor, in the Department of Social Work of the University of the Punjab, Lahore.

While Australian communities were founding social work training bodies, so too were other communities. An international survey of social work schools and training schemes in 1936 covered 179 schools and 63 non-academic training schemes in 32 countries.²⁷ Increasingly, social work training was becoming a world movement.

27 Alice Salomon, *Education for Social Work*. Zurich, 1937. This study was sponsored by the International Committee of Schools of Social Work and the Russell Sage Foundation.

This text is taken from *Professional Social Work in Australia*,
by R. J. Lawrence, published 2016 by ANU eView,
The Australian National University, Canberra, Australia.