

CHAPTER 5

A New Occupational Group

After examining the pre-war fortunes of the new occupational group produced by the development of an Australian training movement, it is necessary to consider its employment, the professional activities of the qualified social workers outside their agencies, and the quality of their work.

Ready But Uneven Employment

As was to be expected from the location of the training bodies, the nature of their courses, and their students, most pre-war qualified social workers in Australia were women working in non-government agencies in Sydney and Melbourne, usually engaged in social casework, often in a medical setting. Although this was a period of general financial stringency, people qualified by the new courses had no difficulty in finding paid employment. This was because only a small number qualified each year, salaries were comparatively low, and agencies hoped that under trained guidance their resources would be used more efficiently, and the social workers' general training fitted them for a variety of jobs. In addition, the most significant group, the almoners, only slightly increased the total labour costs of the large hospitals.

It was appropriate that the first qualified social worker practising in Australia, Agnes Macintyre, was an almoner, for hospital social work was the only field of professional social work which showed any real development in the 1930s in Australia. Vital to the

employment of almoners was acceptance by hospital boards, hospital administrators, the medical profession, existing auxiliary medical services, and community welfare organisations.

The Victorian almoner institute actively promoted the employment of almoners. It sent letters to honorary medical staffs and to the Hospital Secretaries Association. It provided speakers for various groups, and its officers wrote articles for the general and medical press. Moreover, many of its members were already closely connected with some hospitals and could informally support the institute's work. A powerful ally was the Charities Board, who at least twice, in 1931 and 1934, urged Victorian hospitals to appoint almoners.

To secure the cooperation of the medical profession, the doctors already convinced of the worth of almoners had a crucial role. The report written by Dr Newman Morris in 1930 after his American tour was used extensively. So also was the strong testimony of a president of the Royal College of Surgeons that hospital almoners saved life and money and alleviated human misery.¹ Almoners' work received publicity at the Australian Medical Congress in Hobart in 1934, and at the annual meeting of the British Medical Association in Melbourne the following year.

Through these activities, a climate favourable to almoner appointments was created, and towards the end of the 1930s the demand both in Victoria and other states for qualified almoners far outstripped the supply. Sometimes special financial assistance – for example, from hospital auxiliaries at the Melbourne and Melbourne St Vincent's Hospitals, from the Junior Red Cross at the Melbourne Children's Hospital, from a private donor at the Adelaide Children's Hospital – supported almoner work until the hospital was ready to accept full responsibility. At least twice, at Hobart Hospital and at the Alfred in Melbourne, almoners worked for periods without pay to demonstrate their usefulness. Probation periods were common, but appointments almost invariably were renewed and the work snowballed.

By the mid-1930s, practically all the important public hospitals in Melbourne accepted the idea of appointing almoners. Six hospitals had taken the Melbourne Hospital's 1929 lead: the Children's in 1931,

1 Lord Moynihan, *The Importance of the Almoner's Department in the Hospital*, May 1927.

St Vincent's in 1932, and the Women's, the Alfred, Prince Henry's, and the After-Care in 1934–35. Only one full-time country appointment had been made, at the Geelong Hospital in 1934. Further hospital appointments consolidated rather than extended this position, although at the end of the 1930s, the Queen Victoria Hospital made its first appointment.

The poliomyelitis epidemics of the 1930s produced agencies to help physically handicapped children. The first non-hospital medical social work appointment in Victoria was made in 1936 by such an agency, the newly formed Victorian Society for Crippled Children. Its services extended to country areas. In the late 1930s, the Anti-Cancer Council of Victoria pressed for an immediate extension of almoner services to selected country areas, but the war intervened.

The Royal Melbourne Hospital led in the size of its almoner department. The clinic-by-clinic growth of the department was typical; as also was its early accommodation. Its office was a converted bathroom, patients had to wait in a passageway exposed to the weather, and, for privacy, interviews were often held on seats beside a tennis court.²

Largely because of the later development of almoner training in Sydney, almoner appointments there were of more recent origin, and up to 1940, less extensive than in Melbourne. Before the establishment of the New South Wales Institute in 1937, the Royal Alexandra Hospital for Children, in 1933, the Rachel Forster Hospital for Women and Children, in 1934, and Sydney and St Vincent's Hospitals, in 1936, had already appointed qualified almoners, and the Royal Prince Alfred Hospital and Royal North Shore Hospital each had a social service worker who later received partial recognition by the institute. In 1937, Lewisham, and three years later, the Prince Henry and Crown Street Women's Hospitals appointed almoners. By mid-1940, however, there was still no appointment outside Sydney or outside a hospital.

The development of medical social work in the 1930s in South Australia, Western Australia, and Tasmania, was slight; and in Queensland non-existent. The Victorian almoner institute sent information to key persons in Adelaide, and in 1935 its directress

² Dorothy Bethune, *An Historical Survey of Almoner Work in Victoria*. In 1939, prompted by the New South Wales Institute of Hospital Almoners, the Hospitals Commission asked the Public Works Department to provide proper almoner accommodation in new hospitals.

visited there. By 1937, almoners had been appointed to the South Australian Society for Crippled Children, the Adelaide Children's Hospital and the Adelaide General Hospital. The Perth General Hospital early had a social service department run by qualified nurses. One of these qualified as an almoner with the Victorian institute in 1936, and on her return successfully advocated the replacement of nurses by almoners. Shortly afterwards the Perth Children's Hospital made its first appointment. In Hobart, the only appointments were at the Hobart Hospital, 1931–35, and the Tasmanian Society for Crippled Children, for most of the 1930s.

There were difficulties in establishing an independent role for almoners. Social work authorities insisted that medical social work was distinct from nursing.³ It required higher academic attainments, knowledge that nursing did not cover, and different attitudes from the authoritarian ones often found among trained nurses. Further, it needed greater self-reliance. Almoners' social casework was a discipline in which the doctors had no special competence, and which in other communities was practised more frequently outside medical settings than in them. For this reason, social workers were not providing an ancillary service as nurses did. For convenience and to gain acceptance in the early stages, however, they frequently allowed themselves to be so classified. Their sex helped doctors and administrators to think of them as auxiliary workers, even as 'doctors' handmaidens' working under medical direction rather than with medical cooperation. This had important status and salary implications.

Some responsibility for employment standards for almoners was taken by the two almoner institutes. In 1935, the Victorian institute expressed regret to the New Zealand hospital authorities that the Wellington Hospital used the title 'almoner' for an untrained person. The next year an English visitor, untrained but with some relevant experience, was not accepted by the institute to act even temporarily as an almoner for it feared 'a dangerous precedent' would be set. In 1938, the Victorian institute suggested to employers conditions of employment which it believed would give the Australian almoner a status equivalent

3 E.g. the South Australian Board of Social Study and Training, Reply to Questionnaire of the League of Nations Social Questions Committee.

to the British almoner, and proposed a minimum salary of £250 a year. The New South Wales institute almost immediately adopted the same conditions.

Probably some of the early qualified almoners were timid about the question of payment. They and their employers were very much aware of the voluntary tradition of social service work, and for some time social workers' salaries were not realistically assessed in terms of the length and level of the training, and the responsible nature of the work. As late as 1957, one of the leaders during the 1930s spoke of social workers' privilege in being paid to do good. If by 'doing good' was meant 'performing socially desirable work', this did not distinguish social work from many other occupations; and in fact these often received special financial inducements on this account.

Both almoner institutes advised hospitals upon the scope of almoner work. In their view, the almoners' task was to study and treat social disabilities affecting the patient's health and to ensure as far as possible that he received the full benefit from his medical treatment. Although assessing patients' fees was not entirely absent in Australian almoner work, it never assumed the proportion it did in the early stages in Britain.

During the depression years much of the almoners' time was spent in trying to break, for overwhelming numbers of people, the vicious circle of poverty and disease. No less than 2,849 patients were interviewed by the almoner at the Rachel Forster Hospital from June 1934 to June 1935.⁴ Material assistance was normally the immediate need, leaving little time for intensive casework. The extensive use made by the early almoners of community resources to help their clients, quickly brought many hospitals from their comparative community isolation.

The position of the non-medical social workers during the 1930s was different from that of the almoners. They may have had considerable impact as individuals on particular agencies, but they were scattered over widely diverse fields of social provision. No special bodies like the institutes were concerned with extending their employment opportunities, defining their functions, or safeguarding their working

⁴ *Report of the Almoner Department, Rachel Forster Hospital, June 1935.*

conditions. The constitutions of the general training bodies contained no direct reference to employment, but their officers, particularly their directors, had to concern themselves with it to some extent, for the survival of the training schemes if for no other reason.

The field perhaps closest to medical social work, psychiatric social work, was, like Australia's mental health services in general, markedly underdeveloped. Two qualified social workers were appointed in 1932 to full-time positions in psychiatric clinics at the Sydney Royal Prince Alfred and the Melbourne Hospitals, and others, for example the almoner at St Vincent's Hospital in Melbourne, gave some of their time to such clinics, but no mental hospital employed a qualified social worker.

In other fields of social provision, by 1940 appointments of qualified social workers were equally rare, and most dated from the second half of the 1930s, and were single appointments. Although the development was thin and uneven, it was a beginning. The majority of the appointments were devoted to social casework, but in rudimentary form social group work, community organisation, and social research were represented.

The correctional field was still left entirely to voluntary probation officers, despite hopes to the contrary, and, more important still, was the failure of qualified workers to be employed in family welfare. General relief agencies, such as the charity organisation societies, were the traditional centres for family welfare work. Benevolent though the Melbourne Charity Organisation was to the social work training movement, it did not appoint its first qualified social worker until after World War II, and this was well before any such appointments by similar organisations in other states.

In the United States, Roosevelt's New Deal programme owed a considerable amount to qualified social workers, in its formulation and administration. Qualified social workers with long experience in the strong voluntary relief-giving agencies were available in that country to help both government social security planning and to assume leadership in its administration. In Australia this was not the case in the 1930s; nor was it so in the 1940s when a general social security scheme was eventually implemented. Not unexpectedly, in view of the nature of the Australian public service, qualified social

workers were not employed in administrative government positions – even when social security measures, relief-giving, child welfare programmes, slum clearance, and similar important fields of social policy were involved.

Professional Association

As increasing numbers of qualified social workers made a corporate existence possible, associations were formed. Matching the development of the social work training bodies, there was a general association and an association of almoners in both Melbourne and Sydney. In addition, towards the end of the 1930s, the almoners joined in a national association. The associations were products of the training bodies in two ways. From the beginning in the almoner groups, and not long after the start of the general groups, they catered for social workers qualified by the training bodies, and in each of the associations, leaders in the training movement at first took an active part.

The qualified social workers had considerable inducement to associate. They encountered similar problems even in widely different spheres of welfare work. An association provided a means of communication and also the opportunity to combine on educational activities and on social action. A further advantage of association, the possibility of collective action on conditions of employment, appears, however, to have been little considered at this stage.

In 1932, for ‘discussion on matters of general interest to the profession’, the almoners in Melbourne formed the Victorian Association of Hospital Almoners. Only persons with the certificate of a recognised institute of almoners, or its equivalent, could be members. In 1936, because a growing number of qualified almoners were likely to be lost, by marriage, or working in other fields of social work, full membership was restricted to persons ‘professionally engaged in medical social service’; others could now be only associate members.

Of the association’s 16 members at the beginning of 1934, two were in New South Wales, and one in Tasmania. This induced the Victorian association to become the Australian Association of Hospital Almoners. It was just a change of name for the Victorian group since

the Australian association's officers and meetings were to be in the state with the most members, but provision was made for local groups of not less than three members to be formed in other states.

At the end of 1936, the few qualified almoners in Sydney formed themselves into such a group, but called themselves the New South Wales Branch of the Australian Association. A Victorian sub-committee, in consultation with members in other states, later recast the association's constitution. In May 1938, the Australian Association of Hospital Almoners assumed a federal form which it retained until its absorption by the general professional association some 20 years later. The new national body aimed to foster and develop medical social work in Australia by working for adequate and uniform professional standards, by helping the interchange of information and ideas between almoners both interstate and overseas, and by taking collective action for all Australian almoners when it was required.⁵

Under its 1938 constitution, the almoners' association consisted of members of state branches and individual members in states without a branch. Its general government was placed in the hands of a central council, on which each branch was represented. Council meetings were to be at least yearly, in the state of the office bearers.

The association's membership stood at 29, 17 in Melbourne and five in Sydney, when the new constitution was adopted. By February 1940, total membership was about 40, which included 23 in the Victorian Branch and 13 in the New South Wales branch. Throughout the 1930s there were few qualified almoners who were not members of the association.

Members' attendance at the Victorian group's monthly meetings was high. It was a small, tightly knit group, for its members had much in common. Most of the early meetings were devoted to the problems of nascent almoner departments, and throughout the 1930s the main focus remained on members' own immediate work.

The Sydney almoner group met only occasionally during its brief existence in the later 1930s.

5 Australian Association of Hospital Almoners, Constitution, adopted 20 May 1938.

While the almoners were forming their association in Melbourne, the Social Workers' Association of New South Wales was formed in Sydney, on the initiative of the director of the local general training body. The declared purpose of this new general association was to bring recognised social workers together to discuss social work problems and to promote in general the coordination of social work throughout the state. Further, it was to improve the standard of social work, in particular by advocating the training of all social workers.⁶

At first, membership was open to all *bona fide* social workers and to social work students, as one of the main reasons for the association was to link the trained with the untrained. Membership conditions were later changed, however, which both reflected and caused a shift towards an association exclusively for qualified social workers. By 1940, some provision was still made for a membership of non-qualified social workers, but in fact a large majority of members was qualified. As early as the mid-1930s, a majority of the association's executive committee was qualified. A striking, though perhaps, not unexpected, feature of the association's membership was that, although at first entry was virtually unrestricted, scarcely any men became members, and none was on the executive committee.

In 1934, following the example set by the almoners in Victoria, the Social Workers' Association of New South Wales for a time considered calling itself an Australian body since there was no similar group in any other state. The next year the Victorian Association of Social Workers was formed on the initiative of S. Greig Smith. Its stated objectives were almost identical with those of its New South Wales counterpart.

The Victorian general association restricted its membership to qualified social workers and to people who had been professionally engaged as social workers for not less than five years. In the first few years, interpretation of its definition of 'a social worker' as 'any person professionally engaged in the readjustment of individuals or families in their social setting', caused some difficulty. A 1935 definition by the New South Wales association was broader – a person 'engaged in the practice of social casework, in group activities, in social administration and in social research'. As with the Sydney general group, few men

6 Social Workers' Association of New South Wales, Constitution (as amended 1939).

were members of the Victorian association, and by 1940 a growing proportion of the association's members were qualified social workers, although this trend was not as marked as in Sydney.

The two general associations each had a governing group, a committee in New South Wales and a council in Victoria, which had general control of the association's activities. They met about as often as the general meetings of the association; that is, about five times a year in Victoria from 1935 to 1940, and in New South Wales from 1933 to 1936, and about eight times a year in New South Wales from 1937 to 1940. Compared with the almoner groups, these general associations were much less tightly knit, for the span of interest, knowledge, and employment in them was far wider.

Each of the four groups discussed existing arrangements for social provision and occasionally took collective action to improve them. Usually they did this quietly and informally and they took care not to become associated in social action with irresponsible allies. How effective they were is now impossible to tell.

The Victorian group of almoners were concerned about the shoddy work of a certain relief organisation, transport difficulties of patients on sustenance payments, the financial bar to holidays for many children, the inadequacy of a particular convalescent home, the neglect of persons suffering from venereal disease, the lack of provision for chronic illness, and the need for an emergency housekeeper service.

The interests of the New South Wales group of almoners were different but again the emphasis was on provision available to their own immediate clients – dental and convalescent care for persons on sustenance payments, the admission procedure of an institution, the need for a city hostel for country patients attending deep X-ray treatment, the policy for a new convalescent home, and the provision of teaching for children in hospital for long periods.

The two general groups were rather less involved in social action, although there was still a noticeable interest in it. The New South Wales group were concerned with sewing depots for unemployed women, the central index of the Council of Social Service, the lot of the deserted wife, child welfare provisions, and the need for general educational reforms. The Victorian group were mainly interested in relief, its level and the quality of its administration, but in addition

it considered reforms in the treatment of young offenders, in housing and slum clearance, and the coordination of state social services into one department.

These discussions and actions helped the groups to become known in social welfare circles, and this process was aided by their representation on a few bodies, chosen from among the multitude of organisations because of their influence, their social usefulness, or their relevance to the group's work. There was too the community activity of individual members, and occasionally visitors were invited to the general meetings.

During the 1930s none of the associations was active in determining the nature of the professional training. The almoner groups, especially in New South Wales, were, however, well represented on the governing bodies of their local institutes. In contrast, the Sydney general group was represented only on the local training board, not its executive, and then only until 1937, and in Melbourne, there was no representation of the general association on the Victorian Council for Social Training until 1940.

The social work associations at this time were embryonic full professional associations. Their sole income was the few shillings of each member's subscription, the numbers were small, and their officers had little time to give to association affairs, but they were important. They set a pattern of educational activity and at least some social action, and they assisted the community's acceptance of trained social work. Perhaps most important of all for the recognition and development of a responsible new occupational group, they held together the products of the Australian training movement.

The Quality of the Work

Various factors influenced the quality of the work of the early qualified social workers, in their employment and in their professional associations. The personal and social characteristics of the qualified social workers clearly affected the scope and quality of their work. As a group, they contained a fairly wide range of intelligence and education, though not nearly as wide a range as their untrained predecessors. They were usually from the higher socioeconomic

groups, and almost all were unmarried women. There were a few older women, but frequently young women filled positions of heavy responsibility and carried their burdens alone.

Gradually the number and proportion of older women increased and it was they who provided the group's work with continuity and leadership. Intentionally or otherwise, they were 'career women' and as with the older unmarried female teachers and nurses were sometimes unkindly described as 'frustrated spinsters'. In society's general view, women were cast for marriage. If they did not marry they were 'failures' who had to find compensating outlets. Since social workers were so much concerned with the personal lives of other people, they were particularly vulnerable to such comment. These attitudes were a problem for the developing occupational group. How they affected the quality of the older woman's work depended upon whether she herself had fully come to terms with her professional role, and upon the degree of professional acceptance she received from those with whom she worked, both colleagues and clients.

Possibly because of their personal characteristics, the new group of qualified social workers tended to have blindspots, either imposed from without or determined from within. A detailed analysis of their cases may reveal that sexual and marital problems were bypassed, and that more time was spent in interviewing women and children than men, only partly because they were more available. Because of the marriage factor, the proportion of younger qualified social workers in employment was always considerable. Sordid tough cases were not referred to them if the person making the referral saw the social worker not as a professional person, but as a young woman who had had a sheltered existence. 'Protection' of womenfolk, particularly younger ones, was a widespread male attitude.

As yet, there had not been enough time for any of the qualified social workers to have had a long professional experience. Moreover, the basic professional training, though improving, was still inadequate in many respects. Any professional training, however, could have provided only a start on the road to professional competence. Unless experience was related to training and there was the contact with new developments in the profession, the qualification tended to be emptied of its meaning.

The lack of books on the subject set real limits to the reading of the early qualified social workers. Some special library collections became available to them and the Victorian almoners began a collection of their own. This was important because apart perhaps from those directing the training courses, and some who had been overseas, few had personal collections. Books and periodicals were difficult to obtain locally, and they were expensive. As yet no local professional literature had emerged.

During the 1930s, numbers were too small for adequate staff development programmes. For their professional stimulation, the qualified social workers therefore looked outside their agencies to the training bodies and their associations. One regular educational source within the agencies, however, was the supervision of social work students in their fieldwork. This helped the qualified social workers to examine and be explicit about their own practice, and provided some link with the current professional courses.

Occasionally the general training bodies provided educational opportunities for people in the field, but the best chance of learning more about social work came from the meetings of the social work associations. At first their members learnt merely from each other, but as the groups increased in size and confidence other specialists were invited to speak on and discuss a variety of topics. The breadth of interest of the general groups is illustrated by the topics chosen for the 1937 meetings of the Sydney group: child welfare legislation, a discussion on casework arising from this, the employment of youth in New South Wales, government relief-giving, recreation, United States casework methods compared with those used in New South Wales, the housing problem in New South Wales, and venereal disease and its social implications.⁷

To give time for closer study of problems, conferences began to be held. In 1936, the Victorian group of almoners held a one-day conference, and in 1937 and 1939 held weekend conferences. The general group in Sydney held a weekend conference in 1938, to which representatives of the training bodies were invited. The following year plans for a similar conference were stopped by the war. The general group in Melbourne were to have been invited to this. They themselves had

7 Social Workers' Association of New South Wales, Minutes, 17 March 1937.

seriously considered holding at least one conference for all interested in social welfare, but they had decided they were not well-enough established.

No national conferences of social work or of social welfare were held in the 1930s, in spite of the increased interest in social work aroused by the Depression and the existence of overseas models and historical precedents in Australia. None of the qualified social workers attended the two international conferences of social work held in the 1930s. Together the Social Workers' Association of New South Wales and the Victorian Association of Social Workers sent greetings to the third, held in London in 1936, and attended by the latter's president.

It is apparent that for the early qualified social workers in Sydney and Melbourne, and for the almoners rather more than the general social workers, educational habits were set; but as yet they were not strong and were confined within state, indeed city, boundaries.

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.