In Australia the post-war years were marked by vigorous economic growth, full employment, sustained inflation, substantial population growth, much of it through an immigration programme, increases in the government, especially the Commonwealth government sector of the economy, and political stability at a national level. Each had significance for the country’s social provision.

Meeting Basic Social Needs

When in 1948 the United Nations Universal Declaration of Human Rights declared the right of everyone to a standard of living adequate for the health and well-being of himself and of his family, Australia was well on the way to achieving this. The older achievement of fair minimum living wages had been extended by the new social policy of the war years. Now, as a matter of national policy, full employment was to be maintained, and all Australians were to have some security against the financial hazards of life. When the Federal Labor Party went out of power in 1949, its main unfinished social service business was the health services. Its Liberal–Country Party successor, which was still in power in the early 1960s, introduced a number of limited health services; it also introduced child endowment for the first child, in 1950, and extended the range of other benefits.
As Table 3\(^1\) shows, federal government expenditure on social security measures grew steadily until, in 1960–61, it was more than six times that of 1945–46.

**Table 3: Commonwealth Government Consolidated Revenue Expenditure on Social Security (£m).**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Services:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age and invalid pensions</td>
<td>27.0</td>
<td>41.7</td>
<td>59.8</td>
<td>88.0</td>
<td>121.6</td>
<td>157.9</td>
</tr>
<tr>
<td>Child endowment</td>
<td>18.0</td>
<td>24.3</td>
<td>46.6</td>
<td>52.5</td>
<td>58.7</td>
<td>74.3</td>
</tr>
<tr>
<td>Widows’ pensions</td>
<td>3.2</td>
<td>4.4</td>
<td>5.6</td>
<td>6.9</td>
<td>9.8</td>
<td>13.5</td>
</tr>
<tr>
<td>Unemployment benefits, maternity allowances, sickness, special and funeral benefits, and the rehabilitation service</td>
<td>3.8</td>
<td>4.2</td>
<td>4.8</td>
<td>6.8</td>
<td>11.8</td>
<td>12.1</td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td>52.0</td>
<td>74.6</td>
<td>116.8</td>
<td>154.2</td>
<td>201.9</td>
<td>257.8</td>
</tr>
<tr>
<td><strong>Health Services:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital benefits</td>
<td>1.1</td>
<td>5.9</td>
<td>6.7</td>
<td>9.3</td>
<td>10.8</td>
<td>20.7</td>
</tr>
<tr>
<td>Medical benefits</td>
<td></td>
<td>4.2</td>
<td>7.1</td>
<td>9.4</td>
<td>12.9</td>
<td>20.5</td>
</tr>
<tr>
<td>Pharmaceutical benefits</td>
<td>0.1</td>
<td>7.3</td>
<td>9.4</td>
<td>12.9</td>
<td>20.5</td>
<td>11.5</td>
</tr>
<tr>
<td>Pharmaceutical benefits for pensioners</td>
<td>1.4</td>
<td>3.8</td>
<td>5.3</td>
<td>9.5</td>
<td>10.1</td>
<td></td>
</tr>
<tr>
<td>Nutrition of children, tuberculosis allowances and campaign,</td>
<td>0.2</td>
<td>5.4</td>
<td>8.4</td>
<td>9.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td>1.1</td>
<td>6.2</td>
<td>20.8</td>
<td>35.1</td>
<td>45.6</td>
<td>72.8</td>
</tr>
<tr>
<td>War and Service Pensions and Widows’ Allowances</td>
<td>14.1</td>
<td>20.1</td>
<td>33.6</td>
<td>44.5</td>
<td>58.9</td>
<td>73.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>67.2</td>
<td>100.9</td>
<td>171.2</td>
<td>233.8</td>
<td>306.4</td>
<td>404.1</td>
</tr>
</tbody>
</table>

In 1954–55, social security expenditure replaced payments to or for the states as the largest item in the federal budget. In 1960–61, it accounted for a quarter of the current federal expenditure and absorbed about three-tenths of total taxation, or alternatively over three-quarters of income taxes on individuals.

This vast increase in Commonwealth money payments to categories of people assumed to be in need of outside assistance reduced markedly the relief activity of state governments, non-government agencies, and of individual families and citizens; but the need was by no means eliminated. The greatly increased expenditure reflected a rising cost of

---

living and increased numbers of beneficiaries as a result of the greater population and the broader terms of eligibility, rather than increases in real benefit levels. Many beneficiaries still needed supplementary assistance to reach even an austere minimum living standard, some needed assistance while waiting for their benefit to be determined, and there were still some ineligible for Commonwealth benefits. As yet no system of supplementary assistance had been established within the Commonwealth’s social security services.

Wherever they worked in these post-war years, the qualified social workers had to be familiar with the Commonwealth’s provision and also with other sources of relief, but only occasionally was relief-giving their main function. No person with a social work qualification directly administered the Commonwealth’s social security programme. The administrators at all levels came from the general public service pool without any special educational preparation. Theirs was often difficult work and their status was not high. The main department, the Department of Social Services, was a relative newcomer among Commonwealth government departments. Its minister was not a senior one despite the size of the department’s expenditure. It tended to be political expediency and Treasury dictates rather than welfare needs which brought about social service changes, partly because the department’s senior officers were not experts in social welfare matters and the department was still somewhat remote from the rest of the social welfare services.

Although they did not administer social service benefits, qualified social workers were employed by the Commonwealth Department of Social Services in a separate social work and research section. According to the section’s head, Lyra Taylor, in 1947, they were to provide a skilled casework service for the department’s beneficiaries, to make the department’s administration as humane as possible, and to form a useful instrument for social progress by assembling evidence on social questions.² The following year, the department’s Director-General asked an experienced American social worker to report on the section’s work.

---

In the resultant report,³ it was stressed that social security measures should be of the maximum benefit to the recipient and society. It was claimed that the department’s files showed innumerable instances of beneficiaries or potential beneficiaries who could benefit from a social worker’s help, and these were not confined to just a few categories. The acceptance of social work within the department was found to range from enthusiastic cooperation to active hostility and obstruction. Difficulties cited were the failure to refer suitable cases, the denial of the existence of social problems, interference with a social worker’s handling of a case, the intrusion of others into social casework, and certain mechanical impediments such as lack of privacy for interviewing. The section was considered grossly understaffed. To play its part in the expansion of the department’s rehabilitation programme, and at the same time to maintain its existing work, at least 50 social workers, twice the existing number, were needed. Moreover, the central office of the section needed to expand to carry out its many-sided programme effectively.

About a decade later, however, the section was still much the same size. When Lyra Taylor retired in 1959, the attitude that a monetary payment was a sufficient solution for problems of social maladjustment was said to be changing.⁴ To no small extent this was the achievement of her section in the department; but many of the hopes centred around the Commonwealth Social Services Department had gone unfulfilled. In 1960, Lyra Taylor described as a major deficiency in the social services, ‘the lack of sufficient numbers of suitable people trained for social work and for social services administration’. She doubted that Australia was using her few trained social workers as effectively as possible, and in this connection mentioned the attitude towards and discrimination against women which persisted in Australia’s public life.⁵

³  Dorothy Sumner, Report on Professional Social Work and Research Activities in the Commonwealth Department of Social Services to the Director-General of Social Services, March 1948.
The increased interest by government authorities in the health of individual Australians during the post-war years took a number of forms. The Commonwealth government provided free certain lifesaving and disease-preventing drugs on medical prescription; from 1960, the range of drugs was greatly extended but a small charge was imposed. In 1948, in conjunction with the states, it began a very successful national campaign against tuberculosis. Two years later, again with the cooperation of the states, it instituted free milk for school children. In 1951, it introduced the pensioner medical service for recipients of social service, repatriation pensions, or tuberculosis allowances, which provided for them and their dependants free drugs and consultations with a general medical practitioner.

The Commonwealth government, immediately after the war, subsidised the fees of patients in approved hospitals. From 1951, there was a further payment if the patient belonged to an approved hospital insurance organisation. Reflecting the political party in power, this voluntary insurance principle was again used when the Commonwealth government introduced a medical benefits scheme, in 1953, under which it supplemented insurance payments by approved private organisations. The coverage of the hospital and medical benefits schemes was, however, far from complete, and frequently those most vulnerable were not insured.

During this post-war period a wide range of social security measures gave people some protection against the financial hazards of illness. In many cases, the vicious circle of poverty and ill-health, which had taken up so much of medical social workers’ time, was broken; but in some it remained. Moreover, many people still needed outside assistance to make full use of the new provision.

The post-war climate was generally favourable to a large expansion of medical social work. In 1949, a visiting teacher of medicine, Professor F.A.E. Crew of Edinburgh University, predicted that soon the quality of a hospital’s service would be assessed by the degree of integration between the work of its medical and almoner staff.6 The growth of medical social work in Australian hospitals was, however, comparatively slow. Opportunities were missed because qualified people were not available, or they were lost, at least temporarily.

---

6 New South Wales Institute of Hospital Almoners, Annual Report 1950.
because of the turnover of staff and the professional inexperience of social workers appointed. It is true that towards the end of the 1950s, compared with 1946, there were almost twice as many almoners in civilian hospitals in Victoria, and almost three times as many in New South Wales; but in view of the near-desperate staff position in civilian hospitals at the end of the war, and the population increase, this did not represent great development.

In 1946, eight Sydney, and six Melbourne hospitals, and hospitals at Newcastle and Geelong, employed qualified almoners. Towards the end of the period the figures were 15 in Sydney, 12 in Melbourne, two in Newcastle, and three in country districts in Victoria.

Outstanding among the new post-war almoner employers in either state was the Royal Prince Alfred Hospital in Sydney. In 1948, Joan Lupton, originally an English almoner, was appointed to establish a modern almoner department in place of its existing social service department. Despite staffing problems, the new department grew steadily until in 1958 it was employing 11 social workers. Joan Lupton’s contribution to professional social work in Australia was significant. Unlike most of the other early leaders, her influence was not so much in the training movement as in the professional field. Increasingly in these later years, practitioners of her calibre were needed for senior positions and for the adequate representation of the practising social workers with the training authorities.

In the states which had no medical social work training, social work in hospitals remained relatively undeveloped. In South Australia and Western Australia there was some extension of almoner work, but as late as 1957 no Queensland general hospital employed a social worker. Only in 1958 was the first almoner appointed at Canberra’s single hospital.

Not all the medical social work in these post-war years was done in hospitals. There were appointments with certain handicapped groups, and with ex-servicemen, and a few other social work positions primarily in a medical setting became available, but this development was not, as yet, extensive.

The fairly slow growth of Australian medical social work was both a cause and a result of the comparatively slow recognition by the Australian medical profession of social and psychological factors in
health and disease. The post-war Australian medical social workers accepted as far as they could a broad responsibility for these neglected areas of medicine, but what they were called on to do often did not match their ideal functions. One of their leaders, Alison Player, after visiting North America in 1954 reported that medical social work in America was more advanced than in Australia – in terms of knowledge, skill, and general professional maturity, and particularly in terms of its community status and recognition. It attracted people of ability, she said, who in turn demonstrated convincingly the part medical social work could play in the treatment and prevention of ill-health.7

The training of qualified social workers in Australia was designed to make them aware of the psychological, as well as social, implications of the cases they handled; but the absence of further training to equip them specifically for psychiatric work severely restricted its development. In 1951, there were only about six qualified psychiatric social workers throughout the country, as well as a few other qualified social workers in psychiatric settings. Generally, social work in the nation’s mental health services was much less developed than in its general health services.

With Victoria’s Mental Hygiene Authority leading the way, Australia’s mental health services in the 1950s began the transition ‘from custody to treatment, from asylums to hospitals and from in-patient to non-residential care’. In the mid-1950s, the Stoller Report defined the nature, size and cost of Australia’s mental health problem.8 Amongst the many deficiencies found in the mental health services was a shortage of trained professional staff. Referring to social workers, the report said that they were badly needed in all states, but the chronic shortages had led to inertia. In the later 1950s, Commonwealth government finance helped capital building projects, mental health associations became increasingly active, the general public became more aware of mental health problems, and psychological medicine gained ground in the medical profession. Some of the leaders in this new mental health movement stressed the need for social workers in a community’s mental health services. For instance, in 1959, W.H. Trethowan, Professor of Psychiatry at Sydney University,

7 Report Submitted to the Australian Association of Almoners.
8 Alan Stoller, with the assistance of K.W. Arscott, Report on Mental Health Facilities and Needs of Australia.
stated that social workers had an invaluable and essential part to play in modern psychiatric diagnosis, in working with patients’ relatives, and in carrying forward rehabilitation measures.9 Two years earlier, Dr J. E. Cawte recommended that the South Australian government consider establishing a Social Service Division in its Mental Hygiene Department. This would not only provide a social work service in the mental hospitals, but would also supervise community facilities – family care schemes, licensed nursing homes, halfway houses – for treating mentally ill patients outside the hospitals. From observation overseas, he concluded that such a division would need to have reasonable autonomy. It would work ‘in close liaison with the medical profession in the total handling of the patient population, but it should not be dominated by individuals with training in other fields’. Salaries would need to be ‘commensurate with the skill and value of the profession of psychiatric social work’.10

So far attention has been concentrated on social provision to meet the basic social needs of material welfare and health.11 Provision for five other such needs, housing, employment, education, recreation, and family welfare, will be mentioned.

Without sufficient low-cost housing, the social security programme was not only incomplete, it was likely to be jeopardised. Before World War II, both state and Commonwealth governments assisted home purchase and some states became interested in slum clearance. In the post-war period, the housing shortage, the greater emphasis on home ownership, and the numbers employed in the housing industry, all encouraged housing to be seen as ultimately a government responsibility, and increasingly a federal government responsibility. In 1945, the Commonwealth government undertook to supply state governments with finance mainly to provide more low-cost housing for people in lower income groups, and a scheme of rental rebates was introduced. When a new agreement was made in 1956, because a different political party was in power, there was greater

9  W.R. Trethowan, Report to the South Australian Association for Mental Health, p. 7.
11  What is considered ‘basic’ to human living does, of course, differ from society to society, and from time to time within the one society. Basic needs can be defined as those which are already met for the majority of the society.
emphasis on home ownership and no provision for rental rebates. The continuing housing shortage meant that slum clearance projects were delayed.

Inadequate or expensive accommodation was a frequent problem of social workers’ clients in these post-war years. Very few social workers, however, worked directly with the various government housing programmes, despite the fact that, at the beginning of the period, the Commonwealth government housing authorities had stressed the need for good management on the states’ housing estates, and for trained personnel to carry out all management. One of the problems in New South Wales was whether it was possible to combine property management and helping with individual, problems.

In the mid-1950s, the Brotherhood of St Laurence, in conjunction with the Victorian Housing Commission, began a notable social work experiment with a group of ‘problem families’ in a government temporary housing area. By 1960, through intensive social casework and group work, there was some progress in helping the families to manage their own affairs and to attain standards necessary for a Housing Commission house.

Apart from a period in 1952–53, and again early in the 1960s, the post-war full employment policy was very successful, and a useful part in this success was played by the Commonwealth Employment Service within the Department of Labour and National Service. This was a national employment exchange which tried to match men and jobs. To assist in this, it employed psychologists, whose aptitude testing had been used so extensively during the war, and at first it seemed that social workers would also be an integral part of the new agency. Social workers lent by the Australian Red Cross Society demonstrated the usefulness of social casework within the service, but hardly any social workers were appointed.

For the employment of handicapped people, the Commonwealth Employment Service did cooperate to some extent with medical social workers in hospitals and other establishments, and with the social workers engaged in the Rehabilitation Service of the Commonwealth Department of Social Services. This last service was a civilian programme which developed from ex-service rehabilitation in 1948. Its main object was to assist beneficiaries of the department to gain
employment and become economically independent. Much of the time of the social workers in the social services department was spent on its rehabilitation programme. Towards the end of the post-war period in New South Wales, it was recommended that more social workers should be employed in both government and non-government agencies concerned with the rehabilitation and employment of handicapped persons.  

Generally the post-war growth of personnel work in Australia was not closely linked with social work. The few social workers who worked in industrial environments often found themselves with a variety of functions difficult to combine. In the United States, some trade unions employed social workers and social work help was not associated with the management. In the late 1940s, the Sydney Metropolitan Branch of the Federated Ironworkers’ Association appointed a social worker, but this proved to be the only appointment.

Social workers were vitally concerned that the basic need for education be met, for on this depended so much of the community’s welfare. Often they themselves saw their task as primarily educational – to help clients, administrators and other professional people to gain insight into the forces of social and personal breakdown, and to understand how to combat them. The employment of social workers by specifically educational authorities was, however, still extremely rare. A few worked at a preschool level, but a school social work service did not develop at a primary and secondary level, nor did the growing counselling services at a tertiary level become the responsibility of social workers. That social as well as psychological factors could interfere with students’ educational progress was increasingly realised, but because there were so few social workers in schools, and psychologists had already been accepted, social factors tended to take second place.

When helping individuals and families the post-war social workers sometimes found their work hampered by a lack of suitable group recreation facilities. The Commonwealth government, through its

National Fitness scheme, stimulated government and non-government recreation programmes and brought some coordination in their work, but its main focus was the physical health of the young.

The training of social workers who specialised in group work aimed to provide them with the ability to help any group to make the best use of all its resources in running its affairs. At this stage the fully qualified group workers were still usually to be found in youth clubs, although a few did work with adult groups.

In the late 1950s, it was said in Sydney that the confused environment facing adolescents, the need to learn to take responsibility, and the need to assimilate newcomers, required youth workers ‘with a philosophy, an understanding of youth and direction in their work’. Keeping youth off the streets by merely entertaining them was not enough. Voluntary leadership training schemes had increased, but the need for paid, fully trained people was only gradually being recognised, partly because youth work agencies were poor financially. The professional youth worker’s status and salary were still fairly low, even though the work was, it was claimed, as important as teaching and often more demanding because of the long hours. In New South Wales, with the increased government and public interest, the 1960s promised to be a period of considerable development in youth work, but whether this would include a substantial growth of paid, university-trained group workers was uncertain.

In meeting the needs already considered, the post-war social provision relieved the Australian family of some of the responsibilities it had formerly carried. Yet in much of the provision, for instance, dependants’ and maternity allowances, widows’ pensions, child endowment, and housing policy, the family unit was recognised as being worthy of special maintenance. Many writers pointed to changes in the structure and functions of the family in Western society. In the first collective study of marriage and the family in Australia, it was suggested that the Australian family was becoming more specialised, but that it was no less important as a social institution. It was stressed that the newer

14  A.P. Elkin (ed.), Marriage and the Family in Australia.
democratic partnership form of marriage was more demanding than the former authoritarian form, particularly with regard to emotional maturity, responsibility and adaptability.

Wherever they worked social workers were concerned with the social relationships of their clients, especially their family relationships. The post-war growth of specifically family welfare agencies was, however, slow. Although restricted by finance, some church family agencies employed qualified social workers, in particular, the religious-inspired Brotherhood of St Laurence in Melbourne. Service and ex-service family agencies continued to employ social workers, but theirs was a special, although large, clientele. Only in Sydney and Melbourne were there non-sectarian, civilian general family agencies with fully qualified staff, and these were restricted by a shortage of funds. Immediately after the war, the services of the Sydney Family Welfare Bureau were opened to all members of the community; and the transformation of the Charity Organisation Society of Victoria into a modern family service agency, the Citizen’s Welfare Service of Victoria, began in 1948.

Among the problems family agencies handled were marital ones. Alison Player in 1952 insisted that marriage counselling could not be separated from the whole of family counselling, and that this work was, therefore, not in a field separate from social work.15 Beginning in 1948 in New South Wales, however, a marriage guidance movement largely based on British models spread throughout the country. Its counselling work was done by voluntary lay counsellors backed by an array of experts. The counsellors were trained by courses which inevitably were short, narrow, and scrappy, compared with the full professional education for social work. Some qualified social workers were concerned over the development since cases including disturbed marital relations were often as complex as any they handled. Two of them described as ‘nonsense’ the contention of Dr David Mace, the high priest of the movement in Britain, that marriage counselling was too strenuous for people to do more than a few hours of it each week.16

---

In all states there were qualified social workers associated with the Marriage Guidance Councils, but generally they remained apart from the movement. Separate from questions about the quality of the counselling activity, professional social workers, because they were almost all unmarried women, were not in any case well placed to affect the movement.

The influence of the National Marriage Guidance Council was evident when the Commonwealth Attorney-General introduced his uniform divorce legislation in 1959. When speaking of his proposal to subsidise approved marriage guidance organisations, he said the work would best be done by trained volunteers. Later, after considerable further discussion, he publicly declared\(^\text{17}\) that ideally the counsellors would be fully qualified social workers if they were available.

Agencies designed to meet the society’s basic social needs naturally found themselves dealing with categories of people who fell below accepted community standards of well-being. There were, in addition, agencies created to help particularly vulnerable groups. A few social workers were employed specifically to assist physically handicapped groups; others, in the late 1950s, to help groups of aged people. Special mention should, however, be made of employment of social workers with agencies concerned with the welfare of ex-servicemen, of migrants, of children, and of legal offenders.

**Helping Special Groups**

Much of the post-war social provision for ex-servicemen and women was administered through the Commonwealth Repatriation Department. As with the Department of Social Services, no one with a social work qualification administered the provision, but the department, with the aid of Red Cross, began employing a few medical and psychiatric social workers soon after the war. Except for the Family Welfare Bureau of the World War II Services Welfare Fund in South Australia, easily the largest social work employer among service agencies in each state was the Red Cross Society.

---

\(^\text{17}\) In a lecture on marriage guidance at St Mark’s Library, Canberra, 1960.
By 1960, Australia’s population had grown to over 10 million. The net gain from post-war migration exceeded 1.25 million, some 60 per cent of whom were of non-British European origin. The broad social implications of the post-war migration still remained largely a matter for speculation, although the subject was beginning to be studied seriously. Many of the qualified social workers, however, became aware of individual difficulties in these post-war years. Almost all worked in agencies which included migrants among their clients. In addition, from 1949, the Commonwealth Department of Immigration decided to offer its own migrant social work service in each state, and within five years it was employing almost as many social workers as the Department of Social Services; but this was not a permanent development. At the end of the period under review, the department, despite some disapproval in social welfare circles, cut back its social work staff so that migrants would use the social agencies available to the rest of the population.

Of all the state government child welfare departments, the New South Wales department enjoyed the highest public reputation during the post-war period. Yet most of its officers were still inadequately trained, and the field officers were asked to carry huge case loads, which made casework almost impossible and held in check the department’s preventive work and much-needed expansion of its foster home programme. Further, most of its few fully qualified personnel resigned during the 1950s.

The Victorian state government began to move into a progressive phase in its child welfare programme in the second half of the 1950s. A new development was the opening up of responsible administrative positions to people with a social work qualification. At the end of the period this trend was extended by the creation of a Social Welfare Department which incorporated all the existing social welfare services run by the state government. It had divisions for family welfare (covering the work of the former Children’s Welfare Department), youth welfare, prisons, research and statistics, training, and probation and parole.\(^\text{18}\)

---

Qualified social workers made little, if any, impact on government child welfare services in the smaller states. In Queensland the position was particularly underdeveloped. As late as 1957, there was no juvenile probation service, no trained social workers were employed in the state’s child welfare services, policemen often reported on adopting homes, and the majority of dependent children not suitable for adoption were kept in institutions. Generally throughout Australia, as late as 1960, government child care programmes still left much to be desired, and non-government, often church, provision, was frequently worse. The child welfare field in each state still awaited social work leadership.

Provision for the underage legal offender was usually part of each state’s child welfare system. In some states, however, voluntary probation officers were still largely used. The 1956 Barry Report\(^\text{19}\) in Victoria recommended an increase in the number of professional probation officers, and commented that the system of honorary probation officers now appeared to be outdated.

In the 1950s there was a new consideration of the treatment of adult legal offenders. In 1951, the New South Wales Adult Probation Service was established as an independent branch of the Department of the Attorney-General and of Justice. At its head was a qualified male social worker, who saw the service’s work as essentially social work, although of course in an authoritarian setting. To allow effective work to be done, caseloads were strictly limited. The continued expansion of the service outstripped the available qualified male social workers, and it was necessary to resort to in-service training.

A parallel development in the correctional field in New South Wales, as part of a series of reforms in 1951, was the appointment of parole officers in the Department of Prisons to provide a casework service for prisoners and to help them become re-established in the community after their release. In the second part of their work they were greatly assisted by widely representative civil rehabilitation committees. As with the probation service, caseloads were kept within bounds. In 1959, all seven of the parole officers were qualified social workers,

---

\(^{19}\) Report of Juvenile Delinquency Advisory Committee to Chief Secretary of Victoria, pp. 56–7, 93.
but then, faced with the need for expansion and with no qualified men available, the service was forced to accept people with less appropriate educational qualifications.

The development of professional adult probation and parole services was rather later in Victoria and took a different form. In 1957, a professional section was established within the Penal Department to perform both probation and parole functions. The section expanded quickly, and again, because there were not enough qualified male social workers, an in-service training scheme had to be instituted. The people who undertook the training were university graduates, yet the head of the section wrote in 1959 that the arrangement was in no way a substitute for a full diploma of social studies course. In particular, it failed to develop attitudes in the direction of recognised social casework principles.\(^\text{20}\) Unlike their New South Wales counterparts, the Victorian officers carried hopelessly heavy caseloads.

In addition to these developments in the two largest states, a small adult probation service headed by a qualified male social worker began in South Australia in 1954, and in 1959, an adult probation and parole service was started in Queensland.

This development of adult correctional work was important to the future of professional social work in Australia. To the heads of these new services this was very properly a field of professional social work. Yet the shortage of qualified staff was likely to restrict the work’s expansion, or alternatively it would expand with people with a lesser training which would separate the correctional field from social work, to the detriment of both. Moreover, because most of the clients were men, and salaries were relatively good, this field was likely to drain the few qualified males away from other fields where they were urgently needed; and this division of the profession on sex lines would hinder its broad development.

To this point, two main groups of social agencies have been considered – those concerned with meeting basic social needs, and those concerned with the needs of special groups. One other important group remains, the coordinating social services.

Coordinating Social Services

Through regular cooperation with colleagues in many different fields of social provision, the qualified social workers themselves acted as coordinating agents. In addition, they usually strongly encouraged agencies specifically designed to achieve coordination; but the growth of general coordinating bodies was slow. A struggle to form a national social welfare body, which amongst other things would give Australia official status with the International Conference of Social Work, occupied most of the post-war period. The main problem was that the ministers and officers of the Department of Social Services and leaders in non-government social provision held different views on what should be such a body’s role, its finances, and the degree of government participation and control in its affairs. When the Australian Social Welfare Council (later, the Australian Council of Social Service) was eventually formed in 1956, it was without full government cooperation, and in the early 1960s its existence was still precarious.

At a state level, both the New South Wales and Victorian Councils of Social Service employed qualified social workers as their executive officers, but in terms of the size of the communities they were serving, they remained comparatively weak. The similar organisations developing in the smaller states were even weaker. None of the councils of social service was connected with a community chest. As yet joint fundraising was not widely used, despite the parlous financial condition of many of the voluntary agencies, but there was increasing interest in the subject. Again, there was obvious lack of conviction about the usefulness of a Central Index.

A significant new development in the post-war years, at least in the larger states, was a rising number of limited coordinating bodies outside the framework of the councils of social service. In 1961, there were at least 22 such bodies in Victoria. This was not yet a developed employment field for qualified social workers.

Another feature of these years was the growth of general community-serving men’s organisations, such as Rotary, Lions, and Apex Clubs, and Junior Chambers of Commerce. Sydney Rotary Club set an example to these organisations when in the late 1950s it appointed a qualified social worker to make its welfare sponsorship more effective.
Another social work appointment which was partly a community organisation one was with the South Melbourne City Council immediately after the war. Towards the end of the period other municipal bodies in both Sydney and Melbourne began to follow suit, although not always with qualified people.

Generally there was some post-war movement towards coordination, but it was hampered by the lack of a tradition of government and non-government partnership in social welfare programmes, the financial weakness of most voluntary agencies, the general shortage of qualified social workers, and the particular shortage of those specifically equipped for community organisation positions.

The Broad Scene

Occasional surveys for special purposes gave a glimpse of the developing employment pattern for qualified social workers. In 1954 one such survey for a Current Affairs Bulletin revealed the overall picture shown in Table 4.

Table 4: The Employment Distribution of Qualified Social Workers in Australia, 1954.

<table>
<thead>
<tr>
<th>Commonwealth government departments:</th>
<th>56</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Services</td>
<td>25</td>
</tr>
<tr>
<td>Immigration</td>
<td>21</td>
</tr>
<tr>
<td>Repatriation</td>
<td>8</td>
</tr>
<tr>
<td>Labour and National Service</td>
<td>1</td>
</tr>
<tr>
<td>Interior</td>
<td>1</td>
</tr>
<tr>
<td>State government agencies:</td>
<td>89</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>40*</td>
</tr>
<tr>
<td>Mental hospitals or clinics</td>
<td>22</td>
</tr>
<tr>
<td>Education</td>
<td>10</td>
</tr>
<tr>
<td>Child guidance clinics</td>
<td>6</td>
</tr>
<tr>
<td>Probation and Parole</td>
<td>5</td>
</tr>
<tr>
<td>Health</td>
<td>3</td>
</tr>
<tr>
<td>Housing</td>
<td>2</td>
</tr>
<tr>
<td>Labour and Social Welfare</td>
<td>1</td>
</tr>
<tr>
<td>Local government agencies:</td>
<td>6</td>
</tr>
<tr>
<td>Total employed in government agencies:</td>
<td>151</td>
</tr>
</tbody>
</table>
It was apparent from this that since the early war years there had been a pronounced trend towards employment in government agencies, a trend which would have been much stronger if more qualified men had been available. The survey also showed that over 90 per cent of the qualified social workers were employed in the three cities with training bodies.

A much more intensive survey in New South Wales, which contained about half the qualified social workers then employed in Australia, was undertaken two years later.21 The 184 people covered by this 1956 survey worked under no less than 54 different titles. It was difficult enough, without this further impediment, to identify a social work professional group in the wide variety of social work settings. In all, they were working in 53 different agencies, 40 per cent of them in 14 government agencies.

Of the social workers who had qualified since 1940, the study found that, mainly because of marriage, only about a third of the women remained in social work employment, and, because of better opportunities for advancement elsewhere, only a half of the men. The existing group in employment was very largely unmarried women, and about half of these were 30 years of age or older.

---

Most of the men were married and the great majority of them worked in government agencies. None of them had had a professional experience of more than 10 years. The proportion in the whole group with a long professional experience was comparatively small. Two out of every five had had less than five years’ professional experience, and four out of five less than 10 years. Two-thirds of the total group had, however, had experience in other employment before taking the social work qualification.

The study revealed that the women had a much greater tendency to move from agency to agency than the men. This tendency had aggravated staff situations already unstable because of professional wastage.

Most of the social workers were shown as being primarily engaged in social casework, but it was also apparent that there was not much division of labour within areas of professional activity, and most of them were engaged in two or more of casework, administration, community relations, group work, and research.

The conditions of work were far from ideal. Most of them worked overtime, some long and often; and almost none were paid for it. In many instances, especially in government agencies, caseloads were impossibly large which made effective work difficult, and threatened the professional identity of the caseworker. Not everyone had privacy for their interviewing, and less than a half had adequate secretarial assistance.

As a group their qualifications were by no means confined to the basic two-year diploma. Almost two-fifths had an additional social work qualification, usually an almoner’s certificate, and almost a third had university degrees. Yet it was found that the additional educational qualifications counted for little in salaries received.

The salary picture provided the obvious explanation for the failure of professional social work to attract and hold large numbers of able men and women, particularly men. Almost 90 per cent received less than £1,200 a year; almost three-quarters, less than £1,000 a year; and about a third, less than £800. Male levels were higher. The state public service salaries were better than the Commonwealth’s; non-government agencies usually followed Commonwealth rates or
were lower. Of those with more than 10 years’ professional experience, only one-tenth received more than £1,050, and this was mainly when they were engaged in teaching social work.

In general, the social workers’ salaries compared unfavourably with those of teachers and psychologists, both at the beginning and after some years of service. In the late 1950s, however, the salary scene began to change, especially in Victoria where the three-year minimum professional qualification had existed for some years. There, salaries of qualified social workers in the state public service became fully competitive with those of other professional groups, and new opportunities for advancement into administrative positions greatly extended possible financial rewards. As well-paid, administrative social welfare positions became available, however, there was a danger that the more experienced qualified social workers would be drawn away from practicing and teaching casework, group work, or community organization. For balanced growth, professional social work needed roughly equal financial rewards for first-rate, experienced people in all its fields.

At the end of the post-war period qualified social workers were still very unevenly distributed both in fields of social provision and geographically. This could only be rectified if increased numbers, especially men, became available, and to some extent this depended upon employment conditions able to compete with other professions with comparable training and satisfactions. If the other states followed Victoria’s lead, and salaries became based upon the new three-year professional qualification, if salaries were no longer linked with inappropriate occupational groups like medical ancillaries, and if senior administrative positions became available, the 1960s could begin a new era for the employment of qualified social workers in Australia.

---

22 £4,000+ p.a. was quoted as a possible salary for a qualified social worker in Victoria in 1961. See ‘Summary of Salary Scales’, Proceedings of the 7th National Conference of the Australian Association of Social Workers, p. 49.