

Living at Scarba Home for Children

A history of the Scarba Welfare House for Children (1917–1986)
in the context of child welfare practice in New South Wales



the benevolent society

initiating change



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The Benevolent Society
Level 1, 188 Oxford Street
Paddington, NSW 2021 Australia

Telephone: +61 2 9339 8000

Fax +61 2 9360 2319

Email: mailben@bensoc.org.au

Website: www.bensoc.org.au

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Authors: Kathryn Squires and Dr Lisa Slater

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Cover photo: Nurses 'airing' babies in the grounds of Scarba Home, circa 1925

Foreword

Doing good can be surprisingly difficult. If you come across someone injured in the street and try to sit them up, you might inadvertently cause them further harm; perhaps damage their spine. Your well-meant intervention might end in tears, even a negligence claim. One option, especially if no one is watching, might be to pass by on the other side of the street...

That easy option was not the choice The Benevolent Society took when it came across young children who had experienced family crises and required someone to step in and help. Over a period of 70 years, The Benevolent Society provided accommodation and care for the children at Scarba Welfare House for Children, in the Sydney suburb of Bondi. This is the story of Scarba House, as best we can tell it, based on available records and recollections.

You will see that it is not entirely a happy story: some of what happened we regret. The Benevolent Society has issued a public apology in relation to these matters: it is set out as an appendix to this history.

Why have we told the story, and why now? It is part of our response to a major report on Australian children in institutional care, *Forgotten Australians*. That report documented tragic consequences that resulted from that process, and recommended ways in which we can now try to deal with those consequences and prevent such things happening in the future.

There are, perhaps, two major themes in the recommendations, expressed as follows in our published apology:

“We believe that it is crucial that such histories are known, heard and acknowledged; and that such practices are never again experienced by any Australian child.”

This history is our attempt to respond to the first theme: we have tried to set out what happened at Scarba House, both good and bad, successes and failures.

The second theme is that we should learn from our mistakes and never let such things happen again. In a narrow sense, this should not be too difficult. Scarba House closed in 1986. As this history reveals, much has changed since the Scarba period about our understanding of children and their needs. Current policies and practices relating to children are very different. As we said in our public apology:

“It is now recognised that out-of-home care for children needs to include regular and meaningful family contact, placement with siblings, consistent care givers, opportunities for children to emotionally process what they have experienced and freedom to express their views and wishes for their future care. The Benevolent Society feels deep sadness and regret for the children in our care who did not receive the consistent, loving care that they needed and deserved.”

Knowing what we now know, we are unlikely to make the same mistakes again. But in a broader sense the challenge remains whenever we try to help: to minimise the risk of inadvertent damage, whether of broken spines or broken hearts. Can the history of Scarba House help us to respond to the challenge of intervening in a way that helps people and does not harm them?

No doubt each of us will react differently to this question. My own thoughts are these. Firstly, the Scarba story tells us to be modest and careful in what we do, always alert to the risk of doing unintended harm. Secondly, and rather obviously, we should ensure that our policies and practices are as good as we can make them, reflecting the best available thinking and information about children and their needs.

These things will go a long way, but are no guarantee of success. Even if we succeed in acting in accordance with today's best available information, will future generations, presumably better informed, look back with sadness at the harm we inadvertently caused?

For me, the story of Scarba House suggests some measures that might reduce the risk. I will mention just one: openness. Openness has two aspects. The first is that what we do, and why, should be apparent to everyone at the time, and documented so it can be known to those who come later. One of the problems the Scarba history reveals is that at certain periods much of what happened was not made known at the time, and the paucity of documentation makes it difficult for us now to find out.

The other aspect is that we (those who choose not to pass by on the other side of the road) should be respectful and attentive to those we try to help. While we do not know much about the lived experience at Scarba House, the focus of some of the remaining records on things like buildings and facilities may suggest that not enough attention was paid to the experience of the children and families involved. Confronting the immediate experience of the children and families, listening to what they say and treating them with respect, can help to avoid inadvertent harm. More broadly, respecting people's right to dignity and respect may be as important as the delivery of professional, informed and skilled services.

Whatever the answer to these difficult questions, I am glad of the opportunity to ask them in this Foreword. The story of Scarba House needed to be written. We have learned from it and we hope that its publication will assist others, especially those whose lives have been affected, directly or indirectly, by what happened.

Professor Richard Chisholm

Board Member

The Benevolent Society

Contents

Summary	6
1. Introduction and context	9
2. Child welfare practice in NSW: 1800–1920s	11
2.1 Colonial child removal practices	12
2.2 Child migration to Australia	12
3. Childcare policies in NSW: 1920s–60s	13
3.1 Provision of residential care	13
3.2 Why children were placed in care	15
4. Scarba Home: the early years 1917–20	17
5. Children in residential care in NSW: 1930s–60s	19
5.1 Treatment and care of children in institutions	19
5.2 Life in institutional care	19
6. Scarba Home under Matron Chapman: 1920–63	21
7. A changing framework for child welfare: 1960s–70s	25
8. Scarba Home: a period of change 1960–67	27
9. Scarba Home: in crisis 1967 onwards	29
10. Out-of-home care in NSW: 1980s to the present	36
11. Scarba Home: Reform and closure 1980–90s	38
12. Lessons from the past	41
13. Conclusion	43
Bibliography	44
Appendices	47
Appendix 1: Letter of Apology from The Benevolent Society	47
Appendix 2: The Benevolent Society’s response to the <i>Forgotten Australians</i> report	47
Appendix 3: Components of the research process	48
Appendix 4: Records available by year	50
Appendix 5: Further information and seeking help	51
Appendix 6: Accessing files from the Mitchell Library	52
Notes	53

Summary

Scarba Welfare House for Children at Bondi in Sydney provided short-term accommodation for approximately 30,000–40,000 children between 1917 and 1986. This history provides information about institutional life at Scarba Welfare House for Children (referred to throughout and variously known as Scarba, Scarba Home or Scarba House) against a background of the welfare policies and practices of 20th century New South Wales (NSW).

Living at Scarba Home for Children is part of The Benevolent Society's response to the Senate Committee report *Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children*¹, which documents the experiences of children in institutional care in Australia in the last century. The Committee made a number of recommendations, one of which was that organisations that formerly ran institutions make their records and histories available.

The Benevolent Society has responded to the recommendations of the Senate Inquiry in a number of ways: by issuing a public apology, developing improved mechanisms to respond to former residents of Scarba Home, and writing this history to document what we know about life at Scarba Home.

In researching Scarba's history we aimed to document and make public what we found about the running of Scarba Home; to provide some 'closure' for those who experienced care at the Home; to set the history of Scarba Home against the backdrop of care practices in NSW; contribute to knowledge about past care practices; and use the lessons from past mistakes to guide our current practice and make sure such mistakes are not repeated.

Living at Scarba Home for Children traces the history of care practices in Australia and NSW and looks at how the trends were reflected in practices at Scarba. Care practices in the first 90 years of the colony featured institutionalising destitute and vagrant children in barrack-like industrial or reform schools. A Royal Commission in 1888 was the catalyst for a period of de-institutionalisation with boarding-out (foster) care as the desired alternative. This heralded the beginning of foster care and of valuing the family as a socialising agent. The separation of Aboriginal children from their families was an early and (still) continuing feature of colonial practices, as was the migration of thousands of unaccompanied children to Australia, predominantly from Britain, Ireland and Malta.

Despite the late 19th century recognition of the value of the family, which was reflected in social policy, care practices in Australia have tended to replace the family with out-of-home care, rather than provide the support needed for a child to remain at home. In 20th century NSW, the majority of State wards were removed into foster care rather than institutions, however hundreds of institutions both government and non-government existed. The non-government institutions housed children placed by their parents in times of crisis and hardship; the government institutions housed State wards.



*Children playing
outside Scarba Home, 1928*

There is little evidence of how children experienced life in children's Homes. The evidence suggests that physical rather than emotional care was the main marker of good practice and a well regarded institution would have been regimented and clean, with well disciplined children. The combination of the invisibility of the children living in institutions and their insularity meant that as theories of child development shifted in the 1950s and 1960s, institutions were slow to shift their practices to understand and accommodate children's emotional and attachment needs.



The kindergarten at Scarba, 1951

The past 40 years has seen a dramatic change in what is considered acceptable child welfare and childcare practice. From the 1950s, developments in psychology radically altered parental advice and drew attention to the

adverse effects of institutionalisation. The late 1960s saw the closure of some large institutions and the introduction of family group homes, with smaller numbers of children cared for by *house mothers* and *fathers*. This trend continued in the 1970s, with the mounting criticism of institutionalisation by peak bodies such as the Association of Childrens Welfare Agencies and the social work profession.

Major policy initiatives such as the introduction of income support for sole parents, the increased availability of effective birth control and the beginning of services to support families and prevent child removal, represented perhaps the most significant contribution to the decline of institutional care.

The history of Scarba Home is set against and reflects this backdrop. Unfortunately few records were kept at Scarba Home prior to 1965, which means we are limited in what we can definitively say about the Home's operations prior to this date. However a search of records both at The Benevolent Society and the Mitchell Library at the State Library of NSW yielded some useful information. We also spoke with a number of former residents, staff and Board Members to get their firsthand accounts. A literature review into institutional care policies and practices provides useful context to Scarba Home's operations and the likely experiences of the children who spent time there.

Living at Scarba Home for Children looks at Scarba Home's history over a number of different phases: the establishment and early years (1917–20); the period of stability under Matron Chapman ending in the early 1960s; a period of change in the mid-1960s influenced by the changing framework of child welfare practices; and increasing instability and crisis in the later 1960s and 1970s as the Society grappled with the shift away from the institutional care of children.

Scarba Home was operationally different from most Homes in that it provided short-term care for very young children and was funded and operated more like a hospital than a typical Home. Despite this, practices at Scarba Home appear to be grounded in the broader context of social policy development and welfare provision over the 19th and 20th centuries.

For most of Scarba Home's operation from 1920–63, Matron Chapman was in charge. We know little about practices at the Home under her management, but the indications are that the Society was happy with her administration. Unfortunately we have been unable to find any children's records for this period and although Matron Chapman reported numbers of children accommodated annually we have no historical records other than what is documented in Annual Reports. The few reports we have from residents during this time reflect a harsh regime with little attention paid to their social and emotional needs.

Practices revealed by the research and consistent with what we know of the times included: separation of siblings with dormitory-style congregate care arrangements; removal of personal clothing and toys; attention to physical rather than emotional needs; instances of kindness and care

shown by individual staff; prop feeding of infants as well as instances of harsh physical punishment which would have been beyond the corporal punishment practices common to the times.

The 1960s saw an increased interest in the psychological needs of children in care. A number of organisations were changing their practices in line with new thinking and, by the mid 1960s, The Benevolent Society was starting to implement some of these changes. This is reflected in the Society's increased interest and scrutiny of the Home, improved documentation and the employment of social workers to work with families. Despite these changes and a number of reviews recommending reform, The Benevolent Society was slow to implement a number of important reforms and lagged behind in a number of areas considered to be good practice at the time.

By the early 1980s, Scarba Home was winding back its residential services and The Benevolent Society had increasingly moved away from residential care to a model of family support, outreach and day care services. The Home ceased operations in 1986.

This history has lessons for The Benevolent Society and the broader social welfare sector. The history illustrates the importance of ensuring that vulnerable people who come to us for help get an open and collaborative response to their request. It illustrates the need to ensure that clients and their families are central to any decision-making processes about their lives. It also highlights how critical it is that new evidence and knowledge about working with people and their communities gets rapidly translated into good practice on the ground.

Today, The Benevolent Society runs a range of services for children and their families. Our focus is on creating inclusive, child-friendly communities in which parents and children can develop strong and supportive relationships, not only with each other but with their local community. We have a number of initiatives that focus on early childhood intervention, through which we aim to help families before they reach a crisis, as well as child protection services, where we work closely with parents to prevent their children being placed into care. We play a role in advocating for policies that will protect and enhance the wellbeing of children and families, and we are involved in State and national initiatives to make Australia a better place for children in the future.



Children playing at a 'Play Shop' at Scarba erected by volunteers from the Bondi Parents and Citizens Association, circa 1955.

1. Introduction and context

Scarba Welfare House for Children (referred to throughout and variously known as Scarba, Scarba Home or Scarba House), operated by The Benevolent Society and located at Bondi in Sydney's eastern suburbs, provided short-term residential crisis care for 30,000 to 40,000 children (0–8 years)² in the 70 year period from 1917 to 1986.

Living at Scarba Home for Children is an attempt to provide some context to the experiences of people who spent time at Scarba and to put the operations of the Home in the context of the history of institutional care for children in NSW.

The impetus for writing this history was provided by the Senate Inquiry into Children in Institutional Care, conducted by the Community Affairs References Committee from 2003 to 2005. The first report of that Inquiry, *Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children*, was published in 2004.³ The Committee made a number of recommendations, including that former care providers acknowledge and apologise for any harm caused, put in place complaints procedures, and preserve their records and make them available to former clients.

This history forms part of The Benevolent Society's overall response to the recommendations of the Senate Inquiry (see Appendix 2) and stems from our commitment to learning from the mistakes of the past and ensuring they are never repeated.

For this reason we apologise to anyone who experienced negative consequences from being in our care. The Society has publicly apologised in a formal statement, included here as Appendix 1. This history is an extension of that apology and a way for the Society to extend its sympathy and regret for any harm that may have been caused by contact with Scarba Home. While we cannot amend the errors of the past, we hope this will help provide a way for us to move forward.

In considering the history of Scarba Home, it should be noted that it was not typical of residential care facilities of the time. Scarba had a mandate to provide only short-term

care, whereas many Homes operated as orphanages and housed children until they reached legal adulthood. In addition, Scarba was funded by the Hospitals Commission and run by nurses for much of its operation. It also provided accommodation for newborn babies – some only days old – which was not the usual practice. For these reasons we must be careful when drawing general conclusions about institutional care for children by using Scarba as the example.

This is not to say, however, that the care provided at Scarba was significantly different to that of other Homes. Some personal accounts of experiences of care at Scarba that have been brought to our attention speak of trauma and continuing adverse consequences.

This is consistent with the themes of the many personal submissions to the Senate Inquiry, which detail numerous and lasting negative effects of having been in care in harsh, institutional regimes. The Senate Committee stated in its report: "Without doubt, this Inquiry has generated the largest volume of highly personal, emotive and significant evidence of any Senate Inquiry."⁴

It must be acknowledged that some people found the experience of living in out-of-home care as a child to be a positive one. For at least some children, institutional life provided an escape from family conflict and traumatic life circumstances and a more secure environment than their families could provide.

In writing this history, we do not seek in any way to invalidate or contradict the memories of anyone who spent time at Scarba or any other institution; experiences of care were different for every individual.

The history does, however, concentrate on the adverse experiences of individuals because it is these experiences that have been hidden from view for a long time. We believe it is important to acknowledge the memories of those who have felt unable to tell their stories previously or to have them believed, so that these stories can become part of our public history.

It is also important to acknowledge that contemporary perspectives on institutional care for children are vastly different to those of the

early and mid 20th century. From our current viewpoint, care practices can seem harsh and difficult to understand, as can the sheer number of children who experienced out-of-home care. However, we must view this in the context of the attitudes and realities of the time, such as the lack of social security provisions and alternative services for families in crisis.



'Parade of the prams' at Scarba, circa 1951

For many children, residential care provided stability and security that was unavailable in their families.

Professor Dorothy Scott, a leading child welfare academic in Australia, advised us to take care when passing judgment on the past by the standards of the present. She reminded us that “those who worked to provide care for children were generally dedicated, forward-thinking, and had the vision and commitment to bring about changes to child welfare provision, long before this was of concern to the wider community.”⁵

In writing this history we sought to find out as much as possible about this period so we could assist people seeking information about their personal histories and time in care.

We examined original records of The Benevolent Society held by the Society at its various offices and by the Mitchell Library at the State Library of NSW, where all significant surviving documents of the Society since inception are held. We also contacted people who were involved with the Home in a professional capacity at various times, as well as former residents of Scarba Home. To all these individuals we extend our thanks and gratitude for their generosity and courage in sharing their stories and memories.

Ultimately, we discovered that few records of individuals who spent time at Scarba Home now exist for the period prior to the mid-1960s. Availability of individual records by years is in Appendix 4. The process for accessing Scarba records is given in Appendix 5. The Society will make every effort to provide interested parties with as much information on their personal history as exists.

Some evidence has survived, suggesting that systematic records were not kept at Scarba Home until 1965. In 1971, the Executive Officer of the Society, Reginald Della Bosca, in response to a request from the Department of Child Welfare for information on a child's history, wrote: “I regret that up until six years ago the records required by you in relation to the date of birth, address of the natural parents were not kept at Scarba House for Children. This matter has since been corrected by a permanent recording [system]....”⁶ This is the most definitive statement uncovered about the lack of records, although several other pieces of correspondence from other staff of the Society mention records not being retained, or being inaccessible.

This lack of record-keeping means this history is at least partly speculative in nature and for much of Scarba Home's time of operation there are few definite conclusions we can reach about care practices and children's experiences. However the surviving evidence indicates that Scarba's practices were broadly consistent with practices at other Homes. The use of evidence and methodology used in compiling this report is examined in detail in Appendix 3.

2. Child welfare practice in NSW: 1800–1920s

The structure of the Australian child welfare system was established, at least in outline, in the earliest days of the colony.⁷ The convict colony of NSW was troubled by major social, economic and health problems which affected the ability of many parents to support their children, and many children were orphaned. An initial response to child welfare was based upon British Poor Law, which distinguished between the deserving and undeserving poor.⁸ Children were placed in institutions – reformatories, workhouses and industrial schools – where they were trained in the habits of industry and order.⁹

The Benevolent Society, founded in 1813, provided assistance and support to the disadvantaged and actively responded to the colony's social needs. However, it was not until the 20th century that the Society opened a residential institution specifically for children.

The first orphanage in NSW was opened in 1801. Children were given a limited education, usually until the age of 12 years, and trained to be industrious domestic or farm labourers.¹⁰ The responsibility for child welfare was divided between charities, government and individuals. However, the largely convict origins of the colony and the small population left little room for philanthropy, so charities were heavily reliant on government funding.¹¹

A feature of early approaches to child welfare was the rescue and reform of children of 'deficient' parents – most often convicts – who were understood by the colonial administration to be immoral or socially inadequate.¹² In 1866, the *Reformatory Schools Act* led to the establishment of reformatory schools and the provision of government funding for industrial schools. Under the *Destitute Child Act 1866* (also known as the *Industrial Schools Act*), destitute and vagrant children could be sent to work as apprentices or institutionalised in barrack-like industrial or reform schools.¹³ These institutions were over-crowded, poorly managed and funded, and punitive.¹⁴ Thus, child welfare operated within a criminal justice framework. Notably, only economically and

socially disadvantaged and non-white children came under child welfare control.¹⁵ It has been suggested that the government's primary concern was that children from particular homes posed a threat to social stability, rather than the effect of neglect on children's lives.¹⁶ Children were institutionalised in the hope of reforming poor families and supplying a cheap, well trained, industrious work force.

A cultural shift occurred in the late 19th century when the State, which had previously maintained a limited role in the private domain of the family, began to intervene to protect children from what was perceived to be victimisation by their families.¹⁷ This introduced the "first wave of a long and contested process which transformed the child from parental property to potential citizen and a holder of human rights".¹⁸ Arguably, the State's concern for child protection was in response to the establishment of local branches of the Society for the Prevention of Cruelty to Children, social reformers and rescuing societies – often referred to as 'child savers'. The 'child savers' believed that children needed to be rescued and removed from the contamination of deviant and morally dangerous homes and transplanted into 'healthier' environments.¹⁹ There was, however, little attention paid to parental problems or class and cultural differences. The focus of child 'care' was on raising disciplined, moral, good and useful men and women, who would take their place within an established social order.

In the late 19th century, residential institutions were condemned as dehumanising. Lobbying by 'child savers', a Royal Commission into the care of children in barracks and industrial schools and a Royal Commission into Charitable Institutions (1888), led to de-institutionalisation, in the form of 'boarding out' or foster care, becoming the desired alternative to institutional care.²⁰ The Royal Commissions, child reform groups and the NSW Public Charities Commission were scathing in their criticism of institutional life for children.²¹ Boarding out was regarded as offering children opportunities to

enjoy a healthier environment, both physically and morally, and enabling them to better integrate into society. The shift away from institutionalisation ushered in a renewed focus on ‘rehabilitating deficient parents’, compelling them to take up their moral duty to become responsible parents and citizens.²² This was the beginning of both foster care and valuing of the (normative) family as a socialising agent.

2.1 Colonial child removal practices

The separation of Aboriginal children from their parents and communities was an early and continuing dimension of colonial practices. In 1883, the NSW Aboriginal Protection Board was established to manage reserves and govern the lives of Aboriginal people. Although it had no statutory authority over Aboriginal children, many were removed under mainstream child welfare legislation for educational purposes or because they were perceived as being neglected. Aboriginal communities, by virtue of being Aboriginal, were considered physically and morally dangerous and a threat to white Australia. The *Aborigines Protection Act (1909)* increased the power of the Board to take custody of Aboriginal children. Aboriginal children, particularly children of ‘mixed descent’, were removed from their families in a considered effort to assimilate them into white society and, quite literally, breed out Aboriginality. It was widely believed that Aboriginal children would benefit from European education. The educational system was used as a colonising tool to inculcate Aboriginal children into the ‘white nation’, teaching them to take up their place in mainstream society as subservient workers.²³ The 1997 report *Bringing Them Home*, from the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families, calculated that from 1910 to 1970 “[between] one in three and one in 10 Indigenous children were forcibly removed from their families and communities”.²⁴ The report suggests that no Indigenous family escaped the effects of child removal policies and practices.

2.2 Child migration to Australia

From the mid 1800s until the 1960s, Australia received thousands of unaccompanied child migrants, predominantly from Britain, Ireland and Malta. These children were termed orphans, although many still had living parents. Before being shipped to Australia, the typical child migrant was in the care of a major charitable institution (primarily Christian) and received in Australia by a charitable organisation. It has been asserted that child migration was a way of ‘seeding the empire’ with white children and a way of solving a British social problem.²⁵ The children, aged between five and 12 years, were fostered out to families across the country, or remained in institutional care. Although many child migrants report positive experiences, there have been serious allegations concerning physical, sexual and psychological abuse.²⁶ Many of the children were given limited education, were considered a cheap source of labour, and were deprived of love and parenting, leaving them ill-equipped for adult life and severely diminishing their career opportunities. In a 1996 speech to State parliament, Western Australian MP and former child migrant, Mike Barnett, suggested that the overall exploitation of the children was so severe that the administration of the child migration scheme may have constituted a breach of international law.²⁷

3. Childcare policies in NSW: 1920s–60s

Australian society, through its social policy, has traditionally affirmed the value of the home and family as its basic institution. In practice, however, there has been a tendency to judge and replace the family with out-of-home care, rather than support, protect and ensure future development. (Thinee, 1998: 19)

Economic and social changes experienced in the 20th century, particularly the effects of two World Wars and the Depression, were catalysts for major changes in child welfare practices and policies.²⁸ World War I reinforced Australia's sense of vulnerability. Children, now prized as the future of Australia, were essential to the safety of a nation in need of population growth, triggering a focus on promoting the health and welfare of children and infants. This period is marked by an ideological desire to produce 'good citizens', which was now understood to be largely achievable through educating mothers and establishing children as the responsibility of the community and the State.

Early 20th century childcare theory and practice was marked by a desire to 'grow superior children'.²⁹ In the early 1920s the theories of Frederic Truby King (New Zealand) and John B. Watson (USA), who were both initially involved in the study of animals, dominated infant care theory. In general their theories encouraged parents or carers to train children to become independent, self-reliant, self-controlled and unemotional.³⁰ It was thought that the removal of love and affection would enable children to become industrious, enterprising and resourceful. Both Truby King's and Watson's theories were based on a scientific model of child rearing; child rearing presented problems that could be solved through a rigorous physical and psychological program.

Individuality was discounted and child development was expected to progress through a standardised and prescriptive framework. Children were trained to become socially competent, yet relatively free of emotional and family ties.³¹ Truby King advocated for children to have strict routines and regimented lives – habit training – which included regular, if not obsessive, times for feeding, exercise and sleeping. Furthermore, Truby King, along with other child experts, believed babies both preferred and benefited from solitude.³² These regimented child rearing practices actively encouraged children to be independent. Scarba House care leavers have reported experiences consistent with these practices: their emotional needs going largely unmet and being subjected to harsh regimes. Dr Joanna Penglase, who herself grew up in a non-government children's Home in Sydney between 1940 and 1960, and who co-founded the Care Leavers of Australia Network (CLAN) in 2000, suggests that this was a puritanical, resolutely hierarchical and emotionally deprived model of childcare. This model persisted well into the 1960s, beyond changes in childcare theories and thinking, until the retirement of senior management trained in pre-war childcare attitudes.³³

3.1 Provision of residential care

World War I left many families impoverished and hundreds of children without fathers, leading to an increased demand for welfare services. Child Welfare Centres, such as the Lady Gowrie Centre in Sydney, were established in response to concerns about the effects of the Depression and inner city slums upon the health and welfare of children. They focused on childcare, instruction and nutrition.³⁴ While other States were phasing out foster care – boarding out – NSW continued its preferred policy of fostering out State wards.³⁵ Furthermore, Penglase suggests that post-World War II there was a clear distinction between NSW and other States' out-of-home care practices. Other States subsidised non-government

organisations to provide institutional care to State wards and only a small percentage of wards were placed in foster care. However, in NSW the majority of wards continued to be fostered out. If it was deemed necessary for the ward to be placed in institutional care, the State preferred to use government institutions. According to Penglase there was a clear demarcation between the State and charitable sectors in NSW.³⁶

Alongside the NSW State system there were hundreds of non-government institutions that housed children who had been voluntarily placed by their families in times of crisis. Non-government institutional care was largely provided by charitable and church organisations. Although other States subsidised non-government Homes, until around the 1960s the NSW Government only paid allowances for State wards.

Institutional care involved a variety of different living arrangements, including short and long-term stays, smaller privately run establishments, cottage homes that housed approximately 30 children, and institutions that housed large groups of children in a communal environment.³⁷ All residential care facilities that housed children under the age of seven years were required to be licensed and routinely inspected by the Child Welfare Department (NSW).³⁸

The primary condition for being awarded a licence was that one was deemed 'respectable'. However, the regulations in the *Child Welfare Act (1939)* did not require any personal or professional qualifications. Each Home was required to keep a record of every child's personal details, which included admission and discharge details. Any Home that housed more than five children was required by the Act to submit a doctor's report to the Child Welfare Department, assessing the Home's sanitary conditions and whether the children were receiving proper physical care – bedding, clothing, food, schooling and medical treatment.³⁹ Babies' homes – institutions housing infants and run on nursing principles – were generally understood to be both efficient and best for the babies' health and development. As Penglase notes, apart from the provision of suitable schooling, all other regulations referred to the physical needs of the children, reflecting an era in which emotional and psychological needs of children were largely undervalued.⁴⁰ The *Forgotten Australians* report notes that until the 1960s, little thought was given to the emotional needs of children and the effects of institutionalisation.⁴¹ Instead, out-of-home care was, in itself, perceived as the most appropriate response from a liberal, humanitarian society to concerns for the welfare of vulnerable citizens. There is no evidence to suggest that The Benevolent Society's attitude was any different.



Children playing at Scarba, 1936



A child at Scarba Home, circa 1951

3.2 Why children were placed in care

Children were placed in institutional care for a range of reasons. In NSW the majority of State wards were removed into foster care rather than to institutions. The *Forgotten Australians* report found that a major reason children were placed in residential care was family hardship or crisis – the death or illness of a parent, job loss or desertion by a spouse.⁴² As well as providing a temporary home for foundlings, orphans and other State wards, an important aspect of Scarba's work was the temporary accommodation of children whose mothers were in hospital, gaol or psychiatric establishments.⁴³ It was an era in which there was little support for struggling families. Until the Whitlam Government (1972–75), there was very limited financial assistance for single mothers. The *Deserted Wives' and Widows' Pension* was unavailable to unmarried mothers, wives of prisoners, women deserted by their de facto husbands and women who had been deserted by their husbands or agreed to a separation.⁴⁴ Fathers were not regarded as appropriate sole carers and received no financial support as single parents. This left many poverty stricken parents with few options other than to rely on church or charitable

organisations to take care of their children. Furthermore, the lack of financial support for unmarried mothers, and the associated social stigma, meant many women had little choice but to place their child for adoption.

Under the NSW *Child Welfare Act (1939)* children considered to be 'neglected' or 'uncontrollable' could be made wards of the State.⁴⁵ The reasons for children being made wards of the State ranged from extreme levels of sexual and physical abuse to neglect, family breakdown and parental death, unemployment, mental illness or hardship. A parent without any visible means of support or fixed place of residence could be deemed neglectful, which could result in their children being forcibly removed and made wards of the State.⁴⁶ As the *Forgotten Australians* report notes, "the legislation underpinning the Children's Court actions punished children for being neglected rather than the parents for being unfit guardians, and it did not make provisions to assist the child-family situation".⁴⁷

Child welfare agencies and organisations, then as now, played an important role in removing children from chaotic and abusive homes, with the intention of placing them in safer and more stable environments. Many care leavers have reported that out-of-home care offered opportunities, security and comforts that were not available to them in their family life and for which they continue to be most grateful.

Notably, parental behaviour and child rearing practices were judged against normalised and idealised family and community values. Non-white family structures, value systems and child rearing practices were often seen as improper and therefore deemed neglectful, which could lead to the removal of children from their family.⁴⁸ Many children were placed in institutional care who were not orphans or from destitute families.⁴⁹ The normal and proper family situation was considered a two-parent family, in which the husband was the primary breadwinner, and there was little support or compassion for parents experiencing problems.

While State wards were awaiting foster placement they were housed in a receiving depot. Although these institutions were intended as short-term processing centres, some care leavers have reported that they remained for long periods in receiving depots.⁵⁰ If foster placements failed, wards might be then

removed into State institutions. A child charged with being 'uncontrollable' could be placed in a training institution, usually, but not always, after having been made a State ward. As Penglase explains, training schools (once known as reform schools and now called juvenile correction centres) were intentionally punitive; set up with the specific purpose of *retraining* or disciplining children into more acceptable modes of behaviour. By contrast, residential Homes, however punitive their atmosphere may have been, were not intentionally punitive, but rather meant to provide care.⁵¹ Furthermore, Penglase notes that many children who went into State care as neglected, 'graduated' into training school if their behaviour was deemed unacceptable.

Parents also placed their children voluntarily into institutional care – on a temporary or long-term basis – because of illness or hardship and to avoid the risk of welfare intervention. Children were also temporarily placed in short-term residential care due to the birth of another child. There were few childcare centres and little after-school care, so single parents working in low income jobs with no family support had few options but to place their children in residential care. Certainly, the surviving admissions records and policies of Scarba Home show that children were admitted for all of these reasons. Penglase suggests that some parents thought that, in times of hardship, their children would be better off in a Home.⁵² She writes:

“Parental acceptance of Homes, and even the type of Homes which were available as a viable option, must be seen within a particular constellation of beliefs about children. The order and discipline of a routinised existence with regular meals and bedtime, church on Sundays and ‘a lot of other children to play with’ could be construed as the best thing for a child whose family was under pressure.”⁵³

As Penglase notes, it is important to consider the attitudes of the time; it was assumed that if children received physical care and were socialised into mainstream values, they would lead happy and functional adult lives.⁵⁴



An afternoon tea party at Scarba Home, circa 1952

4. Scarba Home: the early years 1917–20

To relieve the Poor, the Distressed, the Aged, the Infirm, and thereby to discountenance as much as possible Mendicity and Vagrancy, and to encourage industrious habits amongst the indigent Poor as well as to afford them Religious instruction and Consolation in their distress. (Benevolent Society aims, 1818, Rathbone, 1994: 20)

In 1917, when Scarba House was opened as a residential care facility, The Benevolent Society was already over 100 years old. The Society had concerned itself with what were considered to be the burning social issues of the 19th and early 20th centuries, and had concentrated on such activities as providing ‘outdoor relief’ and accommodation for those in need, including at the Benevolent Society Asylum which operated from 1821 to 1901 on the site of what is now Central Railway Station. The Society had always focused on providing services for women and children.



Children receiving outdoor relief parcels, 1906

At the beginning of the 20th century it opened the Thomas Street Asylum in Ultimo, which provided accommodation for destitute women and their infant children, as well as foundlings and orphans, and dispensed outdoor relief.⁵⁵ In 1901 the Royal Hospital for Women at Paddington began taking patients and in 1911 the Society opened the Renwick Hospital for Infants at Summer Hill.

The mandate of the Society from its outset was “to relieve the Poor, the Distressed, the Aged, the Infirm”. During the years of World War I, the Board of the Society felt that a need existed for temporary care for homeless women and their children. To that end the Scarba Welfare House for Women and Children opened in September 1917 to provide care for mothers and their dependent children, as well as children aged less than two years without other accommodation. After several years it was decided that this type of care did not represent the area of greatest need, particularly as several other shelters for homeless women had since begun operating, and from February 1920 the renamed Scarba Welfare House for Children provided short-term accommodation for unaccompanied children only.

The earliest records held by the Society about Scarba frequently refer to ‘foundlings’ who were named by the staff of the Society. In the first 18 months of its operation, the Scarba House Committee minutes record the naming of 25 foundlings.⁵⁶ In 1919, 28 foundlings were cared for at Scarba.⁵⁷ Foundlings were those children, usually young infants, who were abandoned by parents unable to cope with caring for a child. The records show that many of these children were left during the night under the large tree that still stands at the front of the building, presumably because it was believed they would be soon found and cared for. Others were abandoned elsewhere and taken to Scarba when found by police or members of the public.



The official opening of Scarba Home, 26 September 1917

The infants were usually taken to the Society's Renwick Hospital for Infants for medical care, before being returned to Scarba.⁵⁸ While no reasons for the large number of these children being found in the early years are given in the records, it can be assumed that many were illegitimate births, a situation that carried great stigma at this time (and arguably until the 1970s). Others may have been born to women widowed in World War I, who found they were unable to care for a child on their own, especially in an era before child endowment or widows' pensions (introduced in NSW in 1926 and 1927 respectively).⁵⁹

The management of the day-to-day operations of the Home was the responsibility of the matron. Matron Oldham filled this role to 1920, succeeded for a couple of months by Matron Chappell. In 1920, just prior to the change from housing mothers with their children to unaccompanied children only (a change requiring reorganisation of the Home), the matron's position was filled by Aileen Chapman.⁶⁰ Matron Chapman served in this role for the next 43 years, retiring in April 1963.

We know little of care practices in these early years. However the records note that even prior

to the Home's opening, the President of the Society stated that the preferred method for the long-term care of unaccompanied children was to arrange their adoption.⁶¹ Adoption and long-term boarding out of children was common practice at this time. However there was no legislation in NSW covering adoption or conferring any legal rights on adoptive parents until the introduction of the NSW *Child Welfare Act (1923)*. Initially, two nurses were employed at the Home to care for the children (Nurse Oldham was later promoted to matron). The direction of the Home by nursing sisters was carried through until the end of the 1960s, and nurses were retained on staff until the closure of residential care in 1986. Initially there were three gardeners/general hands and no domestic staff at the Home. The Home's initial function was to cater for mothers with their children, and it is probable these women were expected to perform some domestic tasks themselves, minimising the need for additional staff in the first couple of years. A medical officer was appointed after a few months and the Home continued to provide medical care via visiting doctors throughout its history.

5. Children in residential care in NSW: 1930s–60s

Up until World War II and for some time later child welfare policy was concerned primarily with the decisions about the responsibilities of parents, particularly the legal procedures to be followed in the removal of children and the proper authority to be exercised by those to whom legal or de facto guardianship had been transferred. Concern with legal accountability was reflected in the administration and staffing of child welfare institutions. As a result, minimal attention was paid to developing creative programs for childcare. (Senate Standing Committee on Social Welfare, 1985)

5.1 Treatment and care of children in institutions

Penglase notes that she became aware while conducting research for her doctoral thesis on care leavers that there was very little information about how children *experienced* the Homes.⁶² This is also true of Scarba's remaining records; it is only from adults' recollections that we can get any sense of their childhood experiences.

As a care leaver herself, Penglase describes the environment of the Home she grew up in as a 'landscape of desolation'.⁶³ Many care leavers have stated that the most distressing and damaging feature of life in institutional care was an absence of love and emotional care.⁶⁴ This was an era in which physical care was the marker of good childcare and little consideration was given to children's emotional and psychological needs. Children were required to be well disciplined, appropriately behaved and to become integrated into society.

It has been suggested that, in contrast with the approach of present-day childcare, children were not thought to be subjective beings; rather it was understood that their identity was conferred upon them by adults.⁶⁵ They were objects of adult concern and it was considered 'natural' that adults not only had the power, but also that they had the right, to impose their will upon children. This resulted in little awareness of children's developmental needs and a general lack of respect for children's individual identities.⁶⁶ For many care leavers the lack of emotional and psychological care resulted in low self esteem, loss of identity and problems forming healthy, meaningful adult relationships.

5.2 Life in institutional care

Most residential childcare institutions were austere, often crowded, regimented and impersonal. In 1969 a social worker reported that Scarba had a severe atmosphere, playrooms were absent of toys and there was little stimulus and comfort available to the children.⁶⁷ Due to the number of children in care and the expectation that good childcare demanded order and discipline, the children's lives consisted of strict and unvarying routines and training in manners. It was standard practice for children to have their personal effects, including toys, taken from them when they entered the Home. Toys were usually kept in a communal area, becoming shared property, and children were issued with standardised, communal clothing, which many care leavers have reported as ill fitting, insufficient and stigmatising.⁶⁸

In the 1960s some organisations converted to smaller cottage homes that were modelled upon a 'normal' family home. These changes were a direct response to child welfare practitioners' and theorists' concerns for the damaging effects of congregate care. Each Home had house parents, siblings lived together and the children shared bedrooms with a small number of other children. However, in the larger institutions prior to the late 1960s,

children slept in same sex and age group dormitories, often separated from their siblings. Although no specific training was required by law, it was generally accepted that nursing training was the most appropriate training for childcare workers. Thus, as already mentioned, a medical model was applied to child rearing, whereby hygiene and standardised treatment took precedence over the children's emotional and psychological needs. Notably, Scarba's management and childcare was administered by nursing staff and it also had hospital status. It was standard procedure in most institutions for children to be given, without explanation, rectal swabs and other medical treatment, further denying their personal integrity. Strict routines and expectations of conformity resulted in children effectively being under surveillance, without enough opportunities to play freely and develop a sense of self.

A basic social arrangement in modern society is that the individual tends to sleep, play and work in different places, with different co-participants, under different authorities and without an overall rational plan. The central feature of total institutions can be described as a breakdown of the barriers ordinarily separating these three spheres of life. (Goffmann, 1961: cited in Community Affairs References Committee, 2004: 17)

Although children generally attended community schools, institutions were often isolated from broader participation in society. Activities were generally carried out in large groups and most children could not enjoy standard childhood practices such as visiting friends after-school or staying overnight.⁶⁹ Many care leavers have reported that it was an isolated and insular life, in which emotions were to be repressed and personalities curtailed.⁷⁰ The impersonal and regimented style of care offered few opportunities for the children to develop personal relationships with significant adults, predisposing children to abuse.⁷¹

Furthermore, the formulaic way of dealing with children denied them any sense of contributing to the creation of their own environment, leaving many ill equipped for an independent adult life.

Inadequate resources, and a lack of regard for children's family ties and specific needs, arguably resulted in systemic neglect and abuse. Residences were often overcrowded and recent reports into childcare residences note that staff were inadequately trained for childcare, which placed extreme constraints on their capacity to care for children. Some staff not only lacked training but also the social support and personal capacity to build healthy relationships and provide children with nurturing.⁷² Penglase argues that what was characteristic of all the Homes in her research was that the personality of the matron, manager and care giving staff determined to a disproportionate degree the atmosphere of the Home and the children's experiences.⁷³ While it was an aspect of the time and permissible under law to use corporal punishment, care leavers have reported excessive punishment. There have been many reports of sexual, psychological and emotional abuse.

There were of course nurturing, caring adults who established significant and healthy relationships with the children. Care leavers who have positive experiences of out-of-home care tell of affectionate, meaningful and supportive relationships with responsible care givers and other children, some of which have continued into their adult life. Nevertheless, the overwhelming evidence is that there was little awareness of the developmental and emotional needs of children and a lack of respect for children and childhood. The powerlessness and invisibility of the children and the insularity of the institutions often resulted in abusive staff being protected by the institution, rather than being brought to account. Penglase suggests children in institutions were viewed as being both in need of reform and training and also, because of their 'inadequate' parents, as inherently valueless and a possible 'threat to society'. This resulted in children receiving inadequate care and education and made them particularly vulnerable to abuse.⁷⁴ This assessment is partly why, despite major shifts in child welfare theories from the 1960s and even earlier, institutional childcare practices were slow to change.

6. Scarba Home under Matron Chapman: 1920–63

Matron Chapman ran the day-to-day operations of Scarba Home from 1920, when she was promoted from the nursing staff, until her retirement in 1963. This period accounts for more than half the time of the Home's operation and is when the vast majority of children passed through its halls. It is a period we know very little about.

By all accounts, the Board of The Benevolent Society was happy with Matron Chapman's administration of the Home and in fact named the nurses' quarters (later to become an aged care facility) built in the grounds of Scarba House after her – Chapman House. She had also received an M.B.E. in the Queen's Birthday Honours List of 1959, her 40th year in the job.⁷⁵

We have very little evidence to help us understand the experiences of the children in Matron Chapman's care. The few individuals who have shared their memories of Scarba during the 1940s and 1950s speak of a harsh regime in which there was little room for children's social or emotional needs to be met or their individuality expressed.

We now recognise that many care practices at Scarba and other Homes were detrimental to children. However, it needs to be acknowledged that current perspectives on child development and childcare are very different from those of the early and mid 20th century.

In spite of this, however, some practices at Scarba were either outside the bounds of contemporary acceptable child welfare policy and practice or were continued into the 1960s and 1970s, far beyond the point at which they had been discredited.

The separation of siblings is a common theme and was particularly distressing for older siblings, who felt responsible for their younger brothers and sisters. Diana⁷⁶, who was in Scarba in 1945, stated:

“When we arrived... [my sister and I] were immediately separated and I was not allowed to play with her or go near her to comfort her, even when I could see her crying.”

Beverley, who was in Scarba a couple of years later, shared a similar experience of separation from her younger sister:

“...dad said that he wanted us to stay together – Fay was frightened and I was trying to comfort her. I think they agreed to that, but when he left they separated us”.

She recalls being unhappy and worried about her sister for the duration of her stay of [probably] several weeks, and being prevented from seeing her on a regular basis. In a submission to the Senate Inquiry, Pippa, who was at Scarba in 1957, tells a similar story:

“My brother was put into a separate area away from us. I could only watch him from behind a glass window lying in a cot. He was never held or picked up and I used to yell ‘Give me my brother’ constantly.”

The lack of love and affection shown to children at the Home is another common theme in these stories. “I feel resentful that the people in charge were nasty to us, not caring and kind. They never held us or spoke kindly to us. We felt very vulnerable,” Diana has said. Beverley remembers the nurses as “tough”, but also remembers “...the kindness of one of the nurses who sometimes sat by me when I was scared in bed,” showing how valuable such contact was to the children.

The *Forgotten Australians* report emphasises how important the lack of affection was to children's development and experiences later in life:

“The most fundamental need for the emotional development of a young child is to be shown love and affection, to be nurtured and wanted. The lack of these essential human qualities was pervasive in institutions and was commented upon or referred to in literally every submission and story. Growing up and developing as a person without receiving love and affection has possibly been the single most influential and tragic legacy of life in institutional care for every care leaver.”⁷⁷

The practice of ‘prop’ feeding infants was carried out at Scarba as a matter of policy until the end of the 1960s. Prop feeding involved placing babies in their cots with a bottle – propping them up so they could feed themselves, rather than being nursed while feeding. Prop feeding was seen as efficient, as it meant nurses were not occupied with individual infants and could instead feed a large number of babies simultaneously. As awareness of the needs of young infants grew, the practice was discredited, however it was used at Scarba for many years after that point. The legacy of a lack of human contact for babies over a sustained period is now known to severely disrupt development and can lead to issues with trust and attachment in later life. The majority of babies were at the Home for a few weeks or less, however it is possible that some Scarba residents were affected by the legacy of this practice.



Matron Chapman and nurses outside Scarba Home’s front door, 1928

Using corporal punishment to discipline children was acceptable practice in schools and institutions during this period. However, two allegations of particularly harsh punishment at Scarba have been brought to our attention by care leavers. One allegation is of having been hit repeatedly with a stick, being made to eat food from floors and being forced to stand outside at night with inadequate clothing. The other allegation is of being locked in a dark room as punishment. The fear caused by threats of punishment was also brought up in a separate

allegation as intensifying the distress of children who were resident at the Home.

Other practices brought to light in adults’ recollections of time spent at Scarba point to harsh treatment and conditions. Diana remembers:

“We were made to go to bed straight after dinner and forbidden to talk. The lights were turned off and I cried every night, with no-one to comfort me... Breakfast consisted of cold porridge and brown sugar and we were given cold baths without any warm water, despite the weather.”

She also remembers there were few opportunities for play:

“There was a rocking horse on the verandah, but we were not allowed to play on it unless we had members of the family visiting.”

Pippa recollects being “...made to eat this dreadful tasting lumpy porridge.” Beverley remembers being “...mortified to have to get undressed in front of the boys... and being really distressed.”

These recollections, while providing only a few isolated examples from this period, are consistent in their accounts of deprivation and of cold and distant treatment by the majority of staff, the effects of which are still felt by these individuals so many years later.

While it is difficult to draw conclusions from these examples, it is worth noting they are consistent with findings in *Forgotten Australians*, based on a vast number of submissions covering all of Australia for a century of institutional care:

“In all institutions over all periods of time, the lack of love was a fundamental constant. Stories emerged that in some instances there were different levels of treatment in care over different eras at the same Home. Even in those few submissions that had positive comments about childhood experiences in care there were still comments about the lack of love and warm human emotion.”⁷⁸

The social context of parenting and of care practices in the mid 20th century must be underlined at this point. Few options were available to families in need and those without strong support structures or with limited financial means were particularly vulnerable.

Parents often saw institutions such as Scarba as providing the best solution for the care of their children in periods of crisis, and the existence of an institution like Scarba could sometimes prevent permanent removal of children from their families. In another personal story, Susan recollects having to place her infant daughter in Scarba for six months while she was ill and her husband was working, as “there was no-one to look after the baby.” She remembers feeling relieved that her daughter was being cared for, and that the difficulty of separation and reunion was eased because “...the people at Scarba let [my husband] visit at whatever time he could come by. So he was able to see her almost every day...” This story shows the lack of options available for families, as well as the positive aspects of the regime at Scarba.

While the personal stories outlined give us an idea of care practices at Scarba, we have little other evidence with which to provide an understanding of the experiences of the children who spent time at the Home. Unfortunately, after extensively examining the remaining records, we have been unable to uncover any that pertain to individual children housed during

these decades. While occasional mentions of children’s names are made in minutes and correspondence, they are only referred to in passing, do not relate to the care of children, and are not made with any consistency.

The evidence suggests that systematic records on individual children were simply not kept prior to 1965.

Matron Chapman herself may have kept records on individuals, but no such details were ever officially recorded in The Benevolent Society’s records. In discussing Matron Chapman’s retirement, Rathbone states: “During her 42 years as matron of Scarba House, she had cared for a total of 21,146 children.”⁷⁹ However he does not indicate how such a specific number was arrived at. Annual Reports throughout the period also give figures on the number of children cared for at Scarba during the year, but without any other detail or reference to how these figures were calculated, or even whether these figures represented individuals (who may have resided at Scarba on more than one occasion) or instances of care. This level of specificity suggests some type of record keeping, at least of numbers of



Matron Chapman and the Scarba Ladies Auxiliary, 1928

children in and out of the Home, but again we have no evidence to understand the types of records kept or by whom these numbers were recorded.

The lack of records for this period perhaps reflects the attitudes of the Society to Scarba at this time, both their apparent confidence in Matron Chapman and their lack of attention to care practices at the Home. It may also reflect a general neglect of, or lack of interest in, child welfare practices by Australian society during this period. The records of this period that remain in existence are primarily Board and committee minutes and Annual Reports. These types of documents only tell us about such things as the building, the maintenance undertaken and the working conditions of the staff, but almost nothing about the children cared for. The little information we do have from these documents, for example posed photos of children in Annual Reports, does not give any sense of the children's points of view. The records are also unable to give us much of a sense of Matron Chapman's personality and character, factors that would have greatly influenced Scarba. As noted earlier, staff personalities had a great influence on children's experiences of Homes, and Matron Chapman's longevity of service and unchallenged control over Scarba's operations were likely to have given her even greater influence.



A child at Scarba in one of many privately donated cots, circa 1954

7. A changing framework for child welfare: 1960s–70s

Reliance upon substitute care for children has resulted in the removal of many children from their families, communities, and often their cultural heritage. Over the last 20 years, in particular, it has been noted that ‘problems created by prolonged separation from families were often deeper and more permanent than those that led to placement. (Thinee, 1998)

The nature of what is considered acceptable child welfare and childcare practices has dramatically changed over the last 40 years.⁸⁰ From the 1950s, developments in psychology radically altered parental advice and child welfare practices and drew attention to the adverse effects of institutionalisation. The model of a happy, wholesome baby as clean, self-sufficient and emotionless was debunked and replaced by the idea of a healthy baby as affectionate, impulsive and dependent. Developmental psychology emphasised the effect of children’s early experiences on their intellectual development, and this has been further understood by more recent research on early brain development. The influential work of early childhood experts such as Erikson, Bowlby, and later Rutter, stressed the importance of children having a stimulating and emotionally secure environment and establishing strong bonds with significant others. The idea that the family environment was the most appropriate for child rearing was not new, but highly regarded psychologists gave it respectability and influence.⁸¹ Children were ‘discovered’ to be emotionally and psychologically complex individuals who needed and had affective ties with others.

In the late 1960s the theoretical shifts in childcare, and lobbying by practitioners and

welfare organisations, initiated significant reforms in child welfare policy and practice. Family group homes were established that housed four to six children in a ‘family’ environment with a house mother and father. During the 1970s, institutionalisation was again heavily criticised by social workers and peak bodies, such as the Association of Child Care Agencies (now the Association of Childrens Welfare Agencies), as an inappropriate and damaging form of substitute care. The process of de-institutionalisation intensified, and foster care and adoption again became the preferred options for out-of-home care. Child welfare services began to be mainstreamed and localised on the principle that this would allow children greater integration into the community and offer broader protection and support to families. To professionalise services, social workers were appointed to public service boards and employed widely by child welfare agencies. Both State and non-government service providers began to develop a concern for parental and family problems and to work to prevent children being removed from their families.

The number of children available for adoption peaked in 1971–72.⁸² From 1969 until the early 1970s, Scarba experienced an increase in the number of infants admitted and also in the length of their stay. In the 1970s, financial support became available for single parents and shifts in community attitudes reduced the stigma associated with being an unmarried mother. These factors, combined with the availability of effective birth control and women’s increasing financial independence, resulted in the need for fewer babies’ homes and a decline in adoptions. Institutions that were traditionally babies’ homes diversified their services to include day care, parenting services and crisis centres.⁸³ For example, in 1969 the Ashfield Babies Home ended 100 years of dormitory style residential care, replacing it with small group homes for mothers and their babies.⁸⁴ Annual reviews of wardship were introduced to try to prevent wards of the State becoming lost in the welfare system.⁸⁵

Furthermore, the late 1960s saw the cessation of child migration. The abolition of the NSW Aborigines Welfare Board brought with it an end to the assimilation practice of systematically removing Aboriginal children from their families. However, Indigenous children are still over represented in both the child welfare and criminal justice systems.⁸⁶ In the early 1970s a recognition of the social inequalities faced by Indigenous people led to the establishment of Aboriginal childcare agencies. Aboriginal people were included in decision-making processes affecting Aboriginal children and those in need of substitute care were to be placed with their extended family or within their own community.⁸⁷

The major child welfare legislation of the 20th century was the *Child Welfare Act (1939)* (NSW). The Act allowed departmental officers and police to take children before the court on the ‘complaint’ that they were neglected or ill treated.⁸⁸ If the complaint was established the child could be made a ward of the State and removed into care. Ill treatment referred specifically to physical injuries; whilst neglect was a far more subjective and ill-defined category. In the mid 1980s the then Minister for Youth and Community Services, Frank Walker, ruled that departmental officers could no longer take children or young people before the court under ‘complaints’ of being ‘uncontrollable’ or ‘exposed to moral danger’. This ended a period of more than 30 years during which time it was possible for children or young people to be held in custody for these reasons, when no offence had been committed by the child.⁸⁹

The NSW Government’s lack of interest in changing child welfare during this period is most tellingly revealed by the fact that it had not reviewed the law for nearly 40 years. The 1978 Green Paper – a report tabled on proposed child and welfare legislation – was the first comprehensive review of child and community laws since 1939.⁹⁰ The 1978 report initiated significant changes in policy and practice. There was an emphasis on promoting family and community welfare through community development and locally run initiatives and providing support to families to enable children to remain at home. Where substitute care was required, it was recommended that it be in small group or family homes, that it involve shorter stays in care and that the family, child and community be involved in the decision-making process.⁹¹ These significant changes to child welfare practices were promoted under the policy of de-institutionalisation.



Nurses and children at Scarba watch the installation of a tram car donated by the Transport Department as play equipment, circa 1957

8. Scarba Home: a period of change 1960–67

Events at Scarba in the 1960s reflect many of the changes to child welfare policy and practice outlined previously. In 1961, The Benevolent Society established the Scarba Committee to oversee the operations of the Home, indicating a renewed interest by the Society's management. It is unclear whether this was due to a sense of uncertainty created by the impending retirement of Matron Chapman, events taking place at the Home itself, or the changing notions of child welfare practice that were beginning to affect practitioners' and wider community views on childcare and the needs of developing children. It is likely to have been for a combination of reasons.

Until 1963, the minutes of the Scarba Committee do not mention the children in residence at Scarba Home, even in a general sense. Instead, there is discussion of maintenance issues and repairs to the buildings, staff amenities and public donations. An inspection of the Home in February 1963 by the Hospitals Commission is noted only for process issues, such as the need for meat to be weighed and the issuing of staff pays to be witnessed. Although committee minutes from any era are unlikely to tell us much about clients' experiences of a service, it is interesting to note that the Scarba Committee started to focus more on the residents around the time of Matron Chapman's retirement.

Matron Chapman's retirement in 1963 roughly coincided with a renewed interest in child welfare practices and residential care. Matron Chapman's successor, Eleanor Ware, was asked to provide statistics on children in the Home and, from mid-1963, monthly reports recorded the number of children at Scarba as well as admissions and discharges. The fact that these statistics were not sought during the first two years of the Scarba Committee's operation can be seen as evidence of the Society's willingness to allow Matron Chapman a large amount of independence in her operation of the Home. It can also be viewed as evidence of a lack of consistent record keeping.

The statistics provided by Matron Ware give us a sense of the brevity of most children's stays at Scarba. Most reports show between 70 and 100 children in residence in any given month, with 20 to 45 children there at any one time. This was often well below capacity, although all indications are that the demand for care was high. The primary reason for the low occupancy was the frequency with which Scarba was in isolation due to infectious diseases, which would have spread quickly among the children. Multiple outbreaks of chicken pox, measles and mumps among both children and staff are mentioned. In 1967, concern about illnesses prompted the Society to seek an investigation into the issue, which led to the recommendation that the Home be reorganised to allow for better separation of children with infectious diseases. At this time it also became part of admission policy to obtain consent from parents for medical treatment of children.

In addition to frequent epidemics, the records show several children died in the Home during the late 1960s and early 1970s. It is likely that deaths were not infrequent in earlier times, particularly as the Home cared for many newborns, however there are few records to verify this. One of the earliest deaths recorded, in 1963, indicates there was little supervision of children overnight. While records emphasise the view that "This death [was] not attributable to the lack of trained staff..." it nonetheless prompted the introduction of a Night Sister and a policy of transferring sick children from Scarba to the Society's Renwick Hospital for Infants.⁹²

One of the most significant changes in this period was the introduction of (relatively) systematic record keeping at the Home. From 1965 personal records were kept on children at Scarba and have been retained (see Appendix 4). While we cannot definitively state that no records were kept prior to this period, none have survived, and it is fairly clear that the records kept from 1965 onwards constituted a break with any previous system. In 1968 the system of record keeping was refined

to become consistent with government policy and with the policy of the Royal Hospital for Women.⁹³

As the 1960s progressed, there is evidence of renewed interest by the Society and its Board in the operations of the Home and in child and general welfare practice. This is shown by the establishment of a Social Work Department in early 1968 and the introduction of a social worker to Scarba in November of that year (although not initially based at the Home).

By the end of the 1960s, the Society's involvement was far more frequent and direct. Although care practices did not change significantly there was a clear shift of intentions. For example, from the mid 1960s there was a focus on "the desirability of preserving a home-like atmosphere..." at Scarba.⁹⁴ Attempts were made under Matron Ware to make the Home more comfortable for children, however these were mainly cosmetic changes to things like curtains and wallpaper. In 1967 a booklet produced for prospective referrals stated: "Although a typical old Sydney mansion, the building itself has been changed and renovated to provide a home-like atmosphere by housing children in small family groups."⁹⁵

There is no evidence of changes to the nature of the care given to children during this period. Siblings were separated and children housed with others of their age group throughout the 1960s and 1970s and it was not until 1980 that family group care was introduced.

Other practices that denied children their individuality and a sense of continuity were also continued throughout this period. For example, children were not allowed to bring any of their own clothes with them to the Home, including the clothes they were wearing on admission:

"To facilitate cleanliness, the Home provides clothing for the children for the whole time they are domiciled so that you are asked to take home the clothing which the child wore to the Home and also, at the time of discharge, to bring his own clothing back."⁹⁶

Scarba's policy was to allow children to bring one toy, "with which they are very familiar and which, for them, represents happy family connections. The child if he so wishes, may keep this toy by him for the whole period he is at the Home." In practice, however, children

were generally not allowed to keep their own toys, "...because [of] the possibility of them being lost or destroyed by the large number of other children."⁹⁷ It was felt that the children's access to communal toys would alleviate their need for personal items. This highlights a lack of understanding of the emotional needs of children and a pragmatic view of care: the difficulties presented by the possibility of a lost toy were seen as outweighing the child's need for attachment and a sense of familiarity and safety.



A child at Scarba, circa 1956

While these practices seem harsh from our perspective, there are indications that the staff, under Matron Ware, believed they were acting in the best interests of the children. Matron Ware kept a diary from 1964 onwards, in which she often mentions being worried about individual children and the overall health of the residents. Matron Ware resigned in May 1967 to take up a position elsewhere, and the Society's management provided her a letter of recommendation, indicating their confidence in her work.

9. Scarba Home: in crisis 1967 onwards

On Matron Ware's resignation in 1967 one of the nursing staff, Sister Leach, was promoted. Although Matron Leach was in this position for only two years, the Home underwent many changes during this period and in 1969 it reached a crisis point.

The Society's level of interest in the operations of Scarba intensified almost from the outset of Matron Leach's term. She was asked to provide the Scarba Committee with details of admissions policies almost immediately and this led to a broader admissions policy from 1968. This policy included allowing stays of greater than six weeks and the admission of "Any cases in which social trauma to children might occur through unavailability of suitable accommodation."⁹⁸ The new policy also sought to restore children to a better family situation than they had left and a social worker was appointed for the primary purpose of working towards this goal. The changes were noted favourably by the Scarba Committee as they increased occupancy rates to nearly 100 per cent.⁹⁹

This period also marked an increase of stays of longer than three months; most of these children were State wards or were awaiting adoption. This reflected both the changes in admissions policy and the establishment of The Benevolent Society Adoption Agency in 1969. The Adoption Agency, which the Society operated for four years, was established primarily due to changes in legislation that necessitated an end to the involvement of the Royal Hospital for Women and other hospitals in arranging adoptions via external agencies, as well as the increasing number of adoptions in this period. It also meant, in practice, that babies awaiting adoption were immediately transferred from the Hospital to Scarba, increasing the long-term stays of very young infants.¹⁰⁰

In January 1969, the Society's Senior Social Worker wrote a damning report on breakdowns in care practices and administration at the Home, which is worth noting in some detail.¹⁰¹ It opens by stating, "Structured administration

is non-existent – the policy of the Society is hardly known, let alone carried out." The report goes on to state, "The records of the Home are quite inadequate and are inefficiently kept, and are not even consulted when information is required. Information given out by officers is usually by guesswork."

The report is scathing of staff supervision practices: "At no time does matron do the rounds of her staff to check on the work they are doing nor to encourage them in the work." There was also a lack of supervision of children, and "many childcare staff have to do domestic duties and so, in fact are not caring for the children." Additionally, "There is usually no staff on duty in the cottage between 5 and 7 p.m. This cottage houses 40 children over one year of age and usually between these two hours bedlam reigns."

Staff attitudes to the children were also concerning: "The staff as a whole have no knowledge of a child's needs and when knowledge of a child is given to them, it is used as gossip and not as an aid to understanding the child better and helping the child. On the whole, the staff impose their will on the child and the Home is geared to the programme and comfort of the staff rather than the needs of the children." There was little interaction with the children in any more than a cursory way: "The attitude of staff to children is one of passive watcher – reminiscent of the old shepherd minding a flock of sheep."

Most concerning, particularly from a present perspective, are the care practices in operation at the time, as the following extract shows:

"The atmosphere of this Home is sterile and silent – like a prison. The playrooms that exist are naked of toys and add to the feeling of sterility. There is no, or little, stimulation available, either by voice or music, organised games, staff interest, etc. There are many toys in the Home but they are always kept tidy in their boxes and never dragged out by the staff for the enjoyment of the children. The only organised stimulation these children

have is to watch television. This is only used for it's [sic] soporific value. No use is made of home comforts to soften the severe and austere atmosphere of the Home – no mats, bright curtains. There is very little effort to make for warm intimate family living. Important intimacies in the life of a child, e.g. meal times, bath times, bedtimes and dressing, are quite depersonalised.”

Admission procedures and attitudes to the parents were also disturbing:

“The children are stripped from their own clothes immediately on arrival and they are not allowed to bring any intimate toy into the Home at all. This strips the child immediately from any individuality and identification and it is not surprising they are very frightened and upset. The mother's [sic] are not shown where the child is to be domiciled and she in turn is somewhat apprehensive of the service that the Home offers. There is no preparation of the child to leave it's [sic] mother and be taken into care by staff. There is no through week visiting... Parents are not allowed to take children out at the weekend yet this same child might be put to the care of a foster parent without the parent's permission...”

The quality of the food is also noted with concern, “For the staff, the diet and catering is exceptional... Contrastingly, children's meals are un-nutritious, unattractive and repetition occurs frequently. There is no regular daily fruit given to the children. There is no morning or afternoon milk...” The process of mealtimes were also depersonalising and showed a lack of concern for the children, who were made to “...line up for their meals as if in a concentration camp rather than sit down in a family group,” and were “...encouraged to use a spoon rather than a knife and fork because this is easier for the staff.”

Other long discredited practices were found to be operating in the Home at this time, including sending children to bed in the afternoons, so they would not need supervision: “the staff are keen to get away on time and so all children are usually bathed and bedded by 4:30 even in mid-summer.” Feeding of infants still used antiquated practices:

“Contrary to all modern thought, babies are ‘prop’ fed. This means that the bottle is placed on the pillow beside the child and the baby sucks it as best it can. There are no warm, enfolding arms to offer security and stability.”

The report places much of the blame at the feet of Matron Leach: “there is a great ignorance of child welfare policy that needs to be corrected. For example, many children are fostered out at the weekend to those people which matron feels are suitable. This is usually done without the parent's permission, contrary to the *Child Welfare Act*.” The report also states concerns that “matron is very possessive both of children and of staff and feels that she can do a much better job than any parents. She feels that her role is to protect the children from the parents,” an attitude that had fallen from favour by this time.

The report was presented to the Scarba Committee in April 1969 and Matron Leach was dismissed immediately. Conditions in the Home were probably not ideal when Matron Leach took over, however indications are that the influence of her management style was detrimental and led the Home to a point where problems could no longer be ignored. It can also be inferred that at least some of the reasons for intervention into the operations of the Home were prompted by the renewed interest in Scarba by the management of the Society, as well as the influence of social workers, who were a relatively new addition to the staff of the Society at this time.

The report seemed to shake up the Society's senior management and an interim administrator, Charlie Tuckwell, was seconded from the Royal Hospital for Women to oversee Scarba. An Administrator and Deputy Administrator were soon appointed and a reorganisation of the administrative structure of the Home was undertaken. These changes started to bring the care of children in line with the thinking of the time, and prop feeding, unauthorised fostering and the quality of meals were all promptly addressed. Change was nonetheless a gradual process, and the significant reform of moving to family group care was not introduced for 10 more years.

Changing notions of children's emotional and social development needs were filtering through

the Society by this time (1969). One of the first measures taken by the interim administrator was to document contemporary thinking in child welfare practice for the education of the nurses and nursing aides, who made up Scarba's caring staff, and as a basis for new policies and procedures for the Home. This document shows clearly the shifts in thinking occurring at this time and the increasing awareness of the impact of institutionalisation on children:

“After all, Scarba, to the child, is a strange, rather frightening place, with cold iron cots, polished floors, staff in uniform, needles and often nasty medicines – all very confusing and worrying to the infant. Doctors and nurses caring for other people’s children at Scarba have a grave responsibility to see that children do not suffer physically or mentally from merely being at Scarba.”¹⁰²

The idea that children's presence in the Home could be damaging was a new one at this time and indicates a substantial shift in thinking about the emotional needs of children.

Children's need to form secure relationships with adult caregivers is also recognised:

“[Nurses] must realise that love and security is essential to [the child] and that he needs occupational opportunities to encourage self-expression and a development of independence... discipline should be given with a great deal of caution and judgment.”¹⁰³

Changes to practices are also flagged, such as the admission procedure. In contrast to the practice just months before, it states that “it would be ideal for the mother to be allowed to undress the child and prepare him for admission. If a child has brought along his favourite toy or a piece of blanket or some such item to which he is attached and which gives him comfort, it should be left with him.”¹⁰⁴ The draft policy for care that was included in this document also clearly shows a changed attitude. The first rule for staff was now to “Accept children as they are,” and the subsequent rules detailed aspects of this attitude in practice, from the more general, such as taking an interest in and getting to know the children, to more specific instructions, such as

learning their “words for various things and their food preferences,” and tucking all children into bed at night.¹⁰⁵

During 1969, another committee was convened to specifically examine the role and future of Scarba. The report put forward the view that, for children unable to remain with their parents, adoption was still the best alternative, followed by foster care, with institutional care a last resort. The report also presented a statement of principles for childcare that acknowledged the importance of secure relationships for children: “The greater the reduction of institutional relationship[s], the greater the degree of predictability the child had, and consequently the greater degree of security.”¹⁰⁶ This is a significant departure from the traditional methods of childcare at Scarba, where the number of carers experienced by a child was not taken into consideration, and reflects a new understanding of children's attachment needs.

The new policies were disseminated to staff prior to the commencement of the first Administrative Officer, John Callaghan, in July 1969. It is unclear, however, how quickly they filtered through to the day-to-day care practices of staff at the Home. The changes to practice were causing some stress by the following year, and in his report of September 1970 John Callaghan stated: “The staff are having great difficulty in meeting the demands placed on them by the children since the introduction of a new concept of childcare,” and warned that dissatisfaction with the situation, especially the high ratios of staff to children, would lead to “mass resignations”.¹⁰⁷

Presumably, the administrative reorganisation was also causing some concerns for staff, especially as the Home was now under greater scrutiny by the senior management of the Society and more control was being exerted. For example, Charlie Tuckwell, the interim administrator, formalised administrative control of bed allocation and ordering supplies, tasks that had previously been undertaken by the nursing staff.

Changes to care practices also saw spiralling costs at Scarba. It was noted that both daily and annual occupancies had decreased, while costs per child had nearly doubled, “following approvals of staff and reductions in the numbers of children cared for.”¹⁰⁸

There were concerns that the new practices were too expensive and were more suitable for long-term care.¹⁰⁹

More significant changes to the care provided were delayed, primarily due to cost. Throughout the decade, calls for the introduction of family group care were raised frequently, along with the desirability of establishing community [group] homes as an alternative to institutional living for long stayers at Scarba.¹¹⁰

In 1970 Scarba gained some financial security through its registration as a third schedule hospital. While Scarba had traditionally been funded by the Hospitals Commission, the formalisation of its status as a hospital allowed capital works to be undertaken and changes made to policies and types of care offered without the threat of removal of funding. It is also possible that formalising its status as a hospital allowed it to remain outside of childcare legislation and practices, allowing both a lack of scrutiny and legitimising its clinical care focus, which included the central role of nursing sisters.

The change to its funding status and the introduction of government subsidies for childcare providers for the care of children under five years allowed the introduction of day care to Scarba. The Society had already taken the view that institutional care for children was a last resort, and day care provided another

option to parents. The 1973 Annual Report stated: "It is increasingly realised that despite the introduction of educative and stimulatory features within the residential situation, the period of residential stay could be greatly shortened or overcome altogether, if day care facilities for both children under five and over five, were available."¹¹¹ The Board of the Society had also recognised "a trend throughout the community towards parents preferring, wherever possible, to leave their children in day care accommodation rather than in full time residential accommodation," showing a shift in thinking in the broader community about children's needs.¹¹² For these reasons, day care was primarily for the children of single parent families and families in which both parents worked.

A pilot day care scheme for 15 children began operating in 1973 using the existing kindergarten facilities at Scarba. Plans were made to build a new centre on another part of the Bondi site with places for 60 children, and government approval was given in 1974.¹¹³ An adventure playground was also built at Scarba in 1973, an innovative concept at the time. Expanded in 1981, it featured a log house, tyre bridges, concrete caves and a cycle track.¹¹⁴ The Maurice O'Sullivan Day Care Centre opened in 1977. The new centre replaced the kindergarten, and in doing so also separated the day care and resident children. After-school care for 'latchkey' children was introduced in 1977 after several years' planning, also with the aim of assisting working parents. Initially it provided an after-school activities program for 15 primary school aged children, including those residing at Scarba.¹¹⁵ These new services began a shift in focus away from residential care at Scarba that was to continue and gain momentum for the next decade.

The introduction of day care and after-school care also meant that, until the Maurice O'Sullivan Day Care Centre was opened, there was more interaction between local children and children resident at Scarba. However, it appears there was a distinction made by the children themselves between the groups. A student report written in 1975 noted: "Most of the children from the home played with each other but very few played with the children



Children playing in the adventure playground at Scarba, 1975

from outside the home who attended the kindergarten... 'we don't want to play with them Scarba kids'."¹¹⁶

Students on placement at Scarba in the mid-1970s also noted the behavioural differences between resident and day care children: "The day care children demanded less attention than the others and were generally more independent... [they] desired less contact with a worker than the Scarba children."¹¹⁷ Another student noticed that "the Scarba children wanted to be nursed and carried more than other children. They also seemed to notice bangles, brooches and even coloured nail polish that they had on, more so than other children. The children would be thrilled if you let them wear your bangle for a while."¹¹⁸ This need for attention and contact was frequently noted by students. A group report stated that:

"The group which has expressed its needs [for relationships with adults] the most has been the schoolies [school age children at Scarba]... [who] crowd around and ask for a story to be read to them or seek special attention. Others are quite content to sit and talk or draw in the security of adult company. Overt pleasure at the adult's arrival and the reassurance sought of her return the next day indicates the need is great."¹¹⁹

These student reports also highlight some of the changes that had occurred in the provision of care at Scarba by this time, as well as practices that had barely altered during the history of the Home. As mentioned previously, children were still routinely separated from their siblings, and "many of the children do not see their siblings for more than an hour a day."¹²⁰ Children were also dressed in communal clothing through the 1970s and "did not possess anything they could call their own."¹²¹ Staff also brought this up as a problem in a 1973 survey and many felt children should have a personal storage area: "This would break down the feeling of 'institutionalisation' and strangeness on arrival."¹²² Bathing was still regimented at this time, "each child was undressed, bathed and dressed by a different person," in a manner another student likened to a "sheep dip".¹²³ Others noted that meal times did not allow for individuality to be expressed

and consideration was not given to children who were fussy or ate slowly.

Overall, however, the students saw Scarba quite positively, and their main criticisms stemmed from there being an inadequate number of staff to give children enough individual attention and the difficulties with institutionalisation generally. As one student put it, "...[Scarba] is trying to relate to the larger social pattern of society, but it is impossible because it cannot possibly give the children a normal family life."¹²⁴

In the late 1970s, Sister Burrows at the Home conducted a feasibility study on introducing family group care. This was followed in 1979 by a further detailed report on its introduction by Morri Young, who was then the staff member responsible for assessing admissions (and subsequently became Manager of Scarba in 1985 and a member of the Board). This report also acknowledged the inherent difficulties with replicating family life in residential care: "some would argue that an institution of Scarba's size, could not by definition, completely fulfil the requirements of being 'surrogate parents'."¹²⁵

The trauma children experience on being institutionalised was now recognised and family group care was seen as a way of minimising this.



Children playing in the adventure playground at Scarba, 1975

As Young says in his report:

“Children leave their parents, friends, school, backyard, pets, toys, etc. They come to Scarba, are changed into unfamiliar clothes, sleep in strange beds, eat with unknown people. Traumatic enough events even for adults, but especially for children who do not fully understand why they have come into care, who are fearful as to what is happening to their parents and guilty that they have done something themselves to cause them to be ‘taken away’.”¹²⁶

Young goes on to say, “the need to keep [sibling] bonds cannot be underestimated. [The children] struggle to keep a continuity with their past lives and further separations are catastrophic.”¹²⁷ Family group care was also seen as a way of recognising children’s need for fewer, more significant relationships.

Staff turnover at the Home was high during this period, at least partly because of tensions between staff trained under a medical model of care and newer staff from a childcare background. A reorganisation of Scarba was seen as one way to intervene and stabilise staff dynamics.

The report recommended that staff be moved to permanent shifts and that children of different ages be cared for together. These changes were seen as being both beneficial for the children and a way of increasing staff satisfaction. In discussing the need for changes at the Home, the report also noted the changes occurring in child welfare practice more broadly, including ongoing moves by government and other service providers away from institutional residential care and towards foster care and group homes.¹²⁸ Family group care was viewed as a way of meeting a community need for short-term residential care while incorporating aspects of deinstitutionalisation policies.

The issues raised in the Young report added to the Board’s growing concerns with the operations of the Home, and with “...the need to clarify the Society’s objectives in its various welfare activities.”¹²⁹ In July 1979, partly in response to the report, the Board of the Society decided to embark on a comprehensive review of the Scarba service.

Another important impetus for the review was the uncertainty surrounding the future

of Scarba’s hospital status, the basis of its funding. The Health Commission had initiated a consultation process with the Society in 1977 about the best use of the facility in the future, as a condition of retaining its hospital funding. Just prior to the internal review of Scarba, the Commission “...clearly indicated that it would be reviewing its policy on funding Scarba as a hospital.”¹³⁰

The Board convened the Scarba Review Committee, chaired by Professor John Lawrence, to conduct the review and make recommendations about the future of Scarba and its role as a residential care provider. The Committee was asked specifically to “assess whether the type of service presently offered through Scarba is appropriate and desirable...” and to identify and evaluate possible alternative services to “...benefit the kinds of children and families involved in Scarba.”¹³¹ They were asked then to advise the Board as to what role the Society should have in the future in providing services for children and families in the local area, and what the Society would need to do to implement the recommended changes. The terms of reference also included a ‘general objective’ that “the Review Committee is to maintain a prime focus on providing an appropriate and effective service to children and their families. All work of the Society must be seen as serving members of the community.”¹³² The Committee was given four months to complete the review process and reported back to the Board in November 1979.

The Committee ultimately made three main recommendations to the Board: that the Society substantially scale down and possibly phase out the present Scarba facility; that appropriate alternative services for children and families were developed at the same time; and that a Director of Welfare Services be appointed to head a newly-organised Welfare Department to coordinate this process and develop the long-term welfare capacity of the Society. “These recommendations are inter-dependent, with the appointment of a Director of Welfare Services being an immediate priority since this is crucial to achieve what the Committee believes needs to be done.”¹³³

The Committee noted that its recommendations were based on a number of outcomes of the review process, most significantly that Scarba

should cease to operate as a large, statewide “hospital”, “for welfare reasons.” They also felt that funding from the Hospitals Commission was likely to be withdrawn and the Society should seek funding for another type or types of services. In addition, their view was that the welfare services of the Society were inadequate and lacking coordination.

In assessing what services were needed in the area, the Review Committee identified “the need for integrated and comprehensive community service systems, the need for locally and regionally based services, and the importance of locally based mutual help groups and local community participation in social service systems.”¹³⁴

The Committee suggested 44 different service types as possible replacements for the current Scarba service. From these, three broad service types were suggested for consideration by the Board. These were family support services and short-term foster care targeted at local families; the provision of temporary residential care for a small number of children at a time, either with the aim of keeping siblings from large families together or to assess children with physical or emotional problems; or the provision of non-residential services, such as a neighbourhood centre, from the site.

Although the Review did not immediately change the situation at Scarba, and no immediate plans were made to close the Home, the process did initiate changes to the types of care provided. Most significant was the decision to introduce family group care in 1980, as recommended in Morri Young’s 1979 report, and to thereby reduce the maximum occupancy at Scarba and accommodate sibling groups together. It would be several more years before the possibility of closing Scarba was revisited by the Society’s Board.

10. Out-of-home care in NSW: 1980s to the present

The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice. (United Nations, Convention on the Rights of the Child, 1989, Article 13, ratified by Australia in 1990)

The landmark 1982 Dalton Report on residential and alternate care in NSW, commissioned by Premier Neville Wran, instigated major changes in the allocation of funds and delivery of services in NSW. Importantly, the government accepted, at the Minister's discretion, responsibility to part fund non-government services.¹³⁵ The 1939 Act was replaced by the *Children (Care & Protection) Act (1987)*, which placed greater emphasis on supporting a child's natural family and avoiding, where possible, the removal of children into substitute care. However, despite both advocacy and legislative changes that aimed to promote and protect families' ability to care for their children, there was an increase in the number and complexity of child protection cases during this period. There was also growth in an adversarial legalistic approach to child welfare and problem resolution. From the late 1970s, child abuse notification came to dominate the work of the NSW Department of Community Services, which is still the case today.¹³⁶

In the early 1990s the NSW Government commissioned a review of substitute care services in NSW. The Review Committee, chaired by the Director of Centacare, Father John Usher, released its report to the Minister for Health and Community Services in 1992.

The Usher Report was a watershed for child welfare. It recommended that there be a separation between service providers and bodies that fund and monitor services. Thus the government should cease to be a service provider, sub-contract service provision to non-profit organisations, and instead take responsibility for funding and inspection. However, these aims were not achieved until 1999 when State residential facilities were closed. The Department of Community Services now operates only foster care and a range of specialist care and protection services.

The Usher Report also found, as did previous reports, that too many children were staying too long within the 'system'; there was an overemphasis on substitute care rather than family support; services were ad hoc; problems abounded in standards of care; there were conflicting philosophies, policies and practice between government and non-government sectors; young people in care were seen as victims or offenders; and decisions continued to be made by adults, with little opportunity for children to participate in decision-making. Furthermore, the report found that there were serious deficiencies in after-care support and little attention was given to children actually *in* care.

In 1994 the NSW Child Protection Council released a report *Systems Abuse: Problems and Solutions*, which highlighted the extent to which the protection system itself increased abused children's vulnerability to further abuse.¹³⁷

Other researchers have asserted that children's vulnerability to abuse within the child welfare system is closely associated with their lack of opportunity to be heard and to participate in decision-making processes.¹³⁸

The increased recognition of the inadequacies of substitute care and policies of de-institutionalisation resulted in a move away from congregate care to foster, kinship or community care; small cottage homes; supporting the family to allow the children to return to a safe

environment; and an appreciation and valuing of children's key relationships. The Association of Children's Welfare Agencies reports that in 2004 there were about 70 funded non-government out-of-home care programs run by around 35 agencies, consisting of residential care, foster care and other multi-purpose programs aimed at supporting families, children and adolescents.¹³⁹ There is recognition, however, that residential care facilities are still needed to provide a stable environment for children and young people with very challenging behaviours.

Australian child welfare agencies have become increasingly aware of the need to support and strengthen families and to provide early intervention services to prevent the removal of children from their families and communities. There is a focus on the current needs of children and the promotion of a child-centred approach: listening to children, facilitating their participation in decision-making processes and recognising their needs as individuals who have rights.

However, the system continues to be unable to provide sufficient early intervention and family support to strengthen and stabilise some homes to allow children to stay in their family unit. The child welfare focus on child protection investigation and the documentation of problems and abuse does not necessarily correspond with the policy of preventing child removal.¹⁴⁰ Despite the sector being subject to intense policy activity, new initiatives and substantial improvements in family and child welfare and out-of-home care, the number of children entering care continues to increase.

11. Scarba Home: Reform and closure 1980–90s

Scarba Home was reorganised to provide family group care in 1980 in response to a changing understanding of the best ways to meet children's care needs. Children were no longer housed together by age group, but were now looked after in four (later reduced to three) groups of up to eight children each, based around siblings and with consistent care givers.¹⁴¹ This vastly reduced the number of children who could be accommodated, from 48 at the beginning of 1980 to only 21 by the end of the year.¹⁴² A staff member remembers that the reorganisation also meant the removal of some children to other institutions and a reduction in staff numbers. The ratio of staff to children was now much higher, even with fewer staff overall. The increased staff to child ratios and the consistency of carers achieved by introducing regular shifts meant that children were given more individual attention by staff and had a greater sense of security. Group leaders managed the day-to-day operations of each group, and weekly meetings were held between each group's support staff, clinical staff and childcare staff, as well as the regular management meetings, further increasing the support and attention given to the children.¹⁴³

After-school care had now been running alongside the residential care at Scarba for

several years, and the places available were increased again in 1980 to a total of 30. Day care was re-introduced at Scarba with places for 18 children, and before school care was provided for seven children.¹⁴⁴ This meant that many more children were now coming to Scarba for day care or before or after-school care than were resident in the Home. It also meant that resident and non-resident children were again mixing with each other and often sharing the same activities.

Renae was at Scarba on a number of occasions during her childhood in the 1970s and early 1980s and has fond memories of her time there:

“Scarba to me was better than home. I liked the security and the discipline and the activities. There were lots of things to do, especially sport which I loved. I remember cricket and baseball on the lawn, and being taken to the local municipal centre. And Bondi beach in summer. As a younger child I remember the adventure playground... In the afternoons when we came back from school, we could join the after-school-care kids doing craft or other activities... George... was a great cook from a child's perspective... I was a great reader. At Scarba I was encouraged to read as well and I went with the other children to the local library every week.”

This experience of care stands in marked contrast to the accounts we have of the experiences of those who spent time at Scarba in the 1940s and 1950s. An increased focus on childcare practices and therapeutic work with the children, higher staff to child ratios allowing greater individual attention and more formal interaction between staff who were caring for the same child all helped to improve the quality of care provided by this time. There also seemed to be a greater emphasis on creating a sense of normality for the children and breaking down the barriers between Scarba children and others. This occurred via the family group care system, as well as the mixing of resident children and those attending out-of-school-



*Children playing on a trampoline
outside Scarba House*

hours or day care. Regular local excursions and organised activities also helped improve the experience of living at Scarba for children in this period.

Childcare practices and admissions procedures had also vastly improved by the early 1980s. Internal staff documents from the early 1980s place an emphasis on children's emotional as well as physical comfort while at the Home. For example, instructions for childcare staff on bathing children opens with the instruction to "Make bath times for the child a happy time."¹⁴⁵ Detailed measures to ensure the child's physical safety and comfort are given, but instructions are also given to talk to frightened children about why they were scared of bathing, and not to force them to bathe if upset.¹⁴⁶ Admissions policies and procedures focused on minimising the distress of separation for both children and parents. The importance of the transition was recognised: "The manner in which the child is handled at the time of admission, can be a significant factor in determining his behaviour and attitude towards the staff and the new environment for the rest of his stay."¹⁴⁷ Admission procedures emphasised such things as explaining the situation and the reasons for the stay to the child, familiarising parent and child with the Home and the caring staff, not rushing the admissions process, and encouraging the parent to engage in physical contact with the child during admission and when visiting by activities like changing their clothes or bathing them.¹⁴⁸ The 1980s thus completed the transition from a staff efficiency focused model of care to a child and family focused model, a gradual shift that had been occurring since the mid 1960s.

The early 1980s were also marked by the Society's Board examining the future of Scarba's residential care role "...with the aim of providing services that are most relevant in terms of the current needs of the community... The Society wishes to provide services which will be essentially flexible and are able to be adapted, altered or deleted as needs in the community change."¹⁴⁹ The Board also decided to commence annual reviews of the service from 1980, after the review process of 1979 that had resulted in the introduction of family group care and the expansion of day and out-of-school-hours care. 1980 also saw the introduction of accommodation for parents

with their children (a service that experienced immediate demand), the provision of 24-hour emergency care for children, and plans for playgroups for families at risk.¹⁵⁰ Scarba's role was again examined in 1981 as part of a NSW Government review of community services. The review noted the rising number of cases of child abuse and identified a need for a service for abused and 'at risk' children and their families. This service was to be provided alongside early intervention and therapeutic programs, with a gradual reduction of residential care places.¹⁵¹

The number of children in residence at Scarba continued to decrease throughout the early 1980s, with non-residential services given increasing priority: "These services are flexible and are modified as community needs change. In considering how the needs of a child may be best met, every effort is made to help children remain in their home and environment whilst utilising the supportive services of Scarba."¹⁵²

The care provided at Scarba became increasingly focused on therapy for children and their families and working towards long-term change. For the final year of its operation as a residential facility, Scarba accepted a maximum of only five children at a time, for stays of between three months and a year. This policy marked a significant departure from Scarba's traditional role as a provider of residential crisis care. It also marked a greater emphasis on working with the child's family to resolve underlying problems with a view to returning the child to a better situation at home (although recognition was given that not all children would be able to return to their family). Admission was primarily of children who had been abused or neglected, showing a policy shift towards an emphasis on child protection services with the aim of meeting the need identified in earlier reviews. The program offered individual and group work with the children, counselling of parents, family therapy and working on the relationship between parent and child, parent education and supervised visits.¹⁵³ Staff worked permanent shifts and the ratio of staff to children was two to five, providing almost individual attention, and a range of professionals were involved in the child's care.¹⁵⁴ These factors also made it expensive to operate, and this factored into decisions about the future of Scarba's residential care role during 1985 and 1986.

During 1985, there was a great deal of discussion about the future role of Scarba and whether the provision of residential care should be continued. Several options were considered by management, including continuing the residential care service as it was, establishing group homes and setting up a unit for emotionally disturbed children.¹⁵⁵ The future of the day care and support services at Scarba were also discussed. There was debate about the focus and approach the services should take among both management and staff.

The uncertainty surrounding the Home's future direction caused some staff tensions and staff turnover was high during this period. In early 1986, the Society decided to phase out residential care and concentrate on further developing day care and support services. On 31 December 1986, Scarba Welfare House for Children officially closed after nearly 70 years of providing residential care for children.

In its place, the Society began operating the Scarba Family Centre from the site at Bondi and the Early Intervention Program based at the Royal Hospital for Women, both of which worked with children and their families to promote long-term change. The Early Intervention Program provided help with the relationship between parent and child in the first 12 months of life in order to prevent child abuse and other problems occurring. The Scarba Family Centre hosted a range of programs for families at risk, including counselling, family support and day care, and "...brought together previously discrete programmes to form a more integrated service focusing on the families it works with. Existing programmes have been strengthened and new programs created... small interdisciplinary teams across programmes have been formed to work with each family according to need."¹⁵⁶ The programs were funded by the Department of Health, an arrangement that continued the long established connection between the Department and Scarba. The Scarba Family Centre was reviewed in 1991 and the report recommended "a clearer focus on 'high risk' families," after it found that many clients of the service were moderate or low risk families, and only 18 percent were high risk, according to an assessment tool developed by the staff.¹⁵⁷ 'High risk' families were defined as those in which child abuse or neglect had occurred or was likely to, and welfare intervention and child

removal was a real possibility. The review found that the programs were particularly successful at working with clients where there were drug and alcohol issues, domestic violence and with families with complex issues that made them ineligible for services from other agencies.

Scarba House continues to host a range of the Society's child and family services, including the Early Intervention Program, the Eastern Sydney Scarba Service focused on child protection, the Post Adoption Resource Centre, Eastern Sydney Volunteer Home Visiting and PlayPower, a parenting program based on play. The Maurice O'Sullivan Day Care Centre has also continued to operate on the site. The Benevolent Society now runs a range of child and family services across greater Sydney and is committed to providing innovative, evidence-based programs that emphasise the importance of children's participation in decisions about their lives.



Scarba House as it is today

12. Lessons from the past

The process of researching and documenting Scarba's history has raised a number of important policy questions for us. Reflecting on the past to inform the present is a vitally important part of responding to our history and ensuring that we learn and change. The particular challenge for us, now, is to attempt to answer some of the questions raised by the research in the context of the current landscape of service provision.

Can institutional care ever be good enough?

The Benevolent Society still runs residential care facilities for older people. We also operate long day care centres for children aged 0–5 years. Obviously, these are different types of institutions to Scarba, however the issues confronting today's residential care providers do bear some similarities to those of the past.

Institutions are fundamentally different to general life experiences because they collapse the natural barriers between different parts of life – such as work, school and home. This is especially relevant for child protection, as institutional care for children has now been mostly replaced by foster care arrangements, with a small proportion of children in small group residential care. However, there are problems with foster care, such as frequent placement changes for many children and a lack of coordination between service providers, particularly for case work.

There are concerns about the number of children in out-of-home care with very disturbed behaviours who are 'difficult' for the system to cope with, and there is perhaps some need to provide residential care for this group. The number of children in out-of-home care continues to rise, bringing a greater level of urgency in addressing these children's needs. Interestingly, our research showed how the preferred policy for children's out-of-home care has moved between foster care and institutional care and has varied greatly between States since the very beginning of welfare provision for children in this country. It is also clear that our modern child abuse prevention system is still a long way from resolving the issues relating to child maltreatment and is still grappling with

the need to intervene before things reach crisis point for families.

The importance of good policies and procedures

The Benevolent Society was prompted to develop a number of policies and procedures relating to former residents of Scarba Home as a result of the *Forgotten Australians* report. It also prompted a review of our current complaint and client feedback mechanisms.

The research and lack of records highlights the responsibility organisations have to be open and to correctly document, retain and archive their records so that people can find out about their past and gain context for their experience of a service. It also means that organisational histories cannot be accurately understood if records are incomplete.

The importance of frequent reflections on practice

Procedures at Scarba Home seemed to be a factor in delaying new knowledge becoming practice. This meant that some practices, like the separation of siblings, lagged behind the acceptable practices of the day. This can be seen partly as a product of pressure to operate the Home efficiently and a lack of time to reflect. This highlights the importance of service evaluations that incorporate client views, good staff supervision and reflection time – practices that are based on good research and an openness to external scrutiny.

The importance of valuing staff

This history shows during the period of Scarba Home's operation, childcare work was low status, low paid and demanding. This combination can impact negatively on care practices and is equally relevant when we look at pay, value and conditions for the care workers we employ today.

The importance of recognising the vulnerability of particular groups of people

The Benevolent Society continues to work with disadvantaged children and with vulnerable older people, in particular those with dementia. Both these groups are growing in size and are expected to continue to do so over the coming decades, and both are unable to effectively advocate for themselves. We are currently involved in a number of projects to better involve people using our services in decision-making processes.

The importance of children's participation in decision-making about their lives

This history shows some of the consequences of not giving information to children or including them and their families in decisions. We now believe that client views are central to the services provided to them and that it is important to try to include children in decision-making about their lives. This has led us to develop some participation principles, which are being built into our practice, policies and procedures.

The importance of examining the concept of childhood

Children are vulnerable by nature because of their dependence on adults. The way childhood is 'constructed' has an impact on children's rights and their pathways through childhood. Children are often seen as 'becoming' not 'being' and as such their views are not considered as being as important as those of adults. They are also seen as 'owned' rather than as citizens in their own right. This makes it difficult to record the views and experiences of children and value these for what they are.

The importance of combating poverty and disadvantage

Being a child, or living in poverty or disadvantaged circumstances, means that you are more vulnerable to exploitation, more likely to end up in care and more invisible in society. This combination of factors means that organisations like The Benevolent Society must find ways to combat the big issues confronting the communities in which we work.

13. Conclusion

The Benevolent Society provided residential care services for children for nearly 70 years at Scarba House and for over 100 years before that at its various other institutions. Scarba primarily provided short-term residential crisis care for babies and young children, although the focus of the Home changed at various times throughout its operation in response to changing needs in the community. The decision to cease providing residential care in 1986 was taken primarily because of changed community needs and the recognition that residential care was no longer considered, in policy or by the community, to be the best solution to family difficulties.

Care practices at Scarba also changed considerably over the course of the Home's operation. Our research process discovered large gaps in the records relating to care practices at the Home, although remaining documents show that, at least from the mid-1960s onwards, the care practices at the Home were regularly examined and updated to reflect changing understandings of children's care needs. This process did not always occur smoothly and some necessary changes took a long time to implement, such as the introduction of family group care.

It is now recognised that out-of-home care for children needs to include regular and meaningful family contact; placement with siblings; consistent care givers; opportunities for children to emotionally process what they have experienced; and freedom to express their views and wishes for their future care. The Benevolent Society feels deep sadness and regret for the children in our care who did not receive the consistent, loving care that they needed and deserved. While the Society no longer operates residential care for children, the organisation is committed to supporting care leavers by providing information and support to those who spent time at Scarba and by financially assisting the Care Leavers Australia Network (CLAN).

The Benevolent Society now operates a range of programs for families and children in many areas of greater Sydney. All programs

are committed to a taking a child and family centred approach, applying evidence-based approaches, continually evaluating services and altering them where necessary to provide a responsive service tailored to the needs of clients. We have endeavoured to learn from the past and to apply these lessons to current and future programs. This will ensure the Society is working alongside the families and communities it serves to promote sustainable change and build on existing strengths.

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Appendices

Appendix 1: Letter of Apology from The Benevolent Society

15 October 2004

The Benevolent Society today responded to the Senate Committee's Report, *Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children*.

The Benevolent Society has been providing services to children and families since 1813. Part of our role was to provide residential care for children at Scarba House in Bondi from 1917 until 1986.

The Benevolent Society has a strong commitment to working with children and their families in need of support. It is because of this commitment that we wish to make a public statement of apology about past practices in our provision of residential care. The Board and staff feel strongly that we should acknowledge our history and the role that we played in providing any inadequate care for children placed with us.

The Benevolent Society apologises unreservedly for any abuse, mistreatment or harm experienced by children in our care.

The report of the Senate Committee, *Forgotten Australians*, gives us a clear, highly distressing picture of what life was like for tens of thousands of children who spent all or part of their childhoods in an orphanage or children's home. We believe that it is crucial that such histories are known, heard and acknowledged; and that such practices are never again experienced by any Australian child.

It is now recognised that out-of-home care for children needs to include regular and meaningful family contact, placement with siblings, consistent care givers, opportunities for children to emotionally process what they have

experienced and freedom to express their views and wishes for their future care. The Benevolent Society feels deep sadness and regret for the children in our care who did not receive the consistent, loving care that they needed and deserved.

We welcome the Senate Inquiry into Institutional Care and its recommendations. It gives agencies such as our own the opportunity to acknowledge past wrongs and to try to address them appropriately. In particular, we are putting in place services to ensure that we will respond promptly, compassionately and respectfully to anyone who wishes to approach us to talk about their time in Scarba House as children.

Appendix 2: The Benevolent Society's response to the Forgotten Australians report

The Benevolent Society is endeavouring to respond comprehensively to the recommendations from the *Forgotten Australians* report. We have considered the Committee's recommendations and assessed what action we could take to make amends for the past and ensure we are acting with integrity and openness today. Outlined below are the main actions and strategies we have undertaken since the report's publication:

Public apology

When the report was first released and we became aware of the extent of trauma experienced by former residents of children's homes, we promptly released a public apology (Appendix 1, opposite).

Documenting Scarba Home's history

- We have written this history in an attempt to make public accurate, historical information on care practices at Scarba Home in the context of institutional care provision in the 20th century.

Responding to former Scarba residents

- **Policies:** we have developed new policies and procedures to guide us in appropriately responding to former residents of Scarba Home who approach us with concerns about past care practices.
- **Support:** working with The Care Leavers of Australia Network (CLAN), we have sought advice on how best to reach out to and support former residents of Scarba Home. Our Post Adoption Resource Centre has been extended to provide counselling and support for former residents and we can also refer people on to external counselling services if they prefer independent support.
- **Information:** we have entered our existing client records into a database to help us easily access client files and records when approached by former residents. We have also published a brochure for former residents and their families outlining how they can access the history of the Home, client records and how they can make a complaint about past care practices.

Staff training

Our Post Adoption Resource Centre staff have been trained to help them sensitively assist former residents who wish to make inquiries about their time at Scarba Home.

Appendix 3: Components of the research process

The research project was undertaken as part of The Benevolent Society's response to the recommendations of the *Forgotten Australians* report, with a view to more fully understanding the history of Scarba's welfare role. There was already material written on the history of Scarba, however much of this concentrated on the history of the building rather than the children in residence or the way the Home operated. The research focus was to find out as much as possible about the experiences of children who spent time at Scarba, the care practices at the Home and the way the Home fitted into the broader child welfare system, particularly in NSW.

Organisational knowledge held that there were no client records for children in care at Scarba prior to the late 1960s. This was confirmed during the research process, as far as was possible to do so (see Appendix 4 for a full list of available records and their locations). Additionally, there was some question about whether files may have been destroyed in the late 1960s, deliberately or otherwise. No evidence was found to support a comprehensive destruction of records, however the possibility cannot be ruled out.

Three primary areas of research were undertaken to try to investigate the Home as fully as possible and to fill some of the extensive gaps in the records.

A literature review on the history of child welfare practices in NSW was completed by Dr Lisa Slater. This research became the contextual historical material in this report. It was undertaken with the purpose of understanding more fully the social context in which Scarba operated and what care practices were like at other types of institutions.

Primary research was done at the Mitchell Library at the State Library of NSW, where the original records of the Society are kept. The research drew heavily on the Guide to the Records of The Benevolent Society of NSW, detailing all of the records held at the library, an invaluable publication for targeting relevant files to be searched.

The project had a limited timeframe and thus not all records could be examined. The records that were checked are listed in the Bibliography. Every effort was made to check all records pertaining to Scarba, as well as minutes of various committees peripheral to the operation of the Home.

Other internal Benevolent Society records held at various offices were also checked for any records in addition to those client records stored at the Society's Bondi site. Unfortunately, no additional records or historical materials were uncovered. A selection of the Society's Annual Reports was also drawn on extensively and were the only source of information for a number of years, especially during the 1940s and 1950s. A previously unpublished history written by Beverley Hillsdon was an invaluable resource, and several personal stories from that piece are extracted here.

The limited amount of information on the children at the Home for a large bulk of the period of the operation of the Home, particularly the period of Matron Chapman's management (1920–63), meant it was difficult to draw conclusions about the nature of care. The few personal stories detailed provide a similar pattern of experiences to each other. They are also consistent with many of the themes of personal submissions to the *Forgotten Australians* Inquiry. Nonetheless, it was necessary to be aware of generalising people's experiences from very limited information, even within the context of the broader historical research on children's experiences in welfare homes across NSW and Australia. It is also necessary to note the large amount of time that had passed in most cases between children's experiences at the Home and their retelling.

Attempts were also made to contact former staff at the Home, both via standard research methods and personal inquiries. Some former staff were willing to provide information that would otherwise have been unavailable. Morri Young and Professor John Lawrence provided valuable written material from the 1970s that was no longer held in the Society's records. Other former staff at Scarba and at The Benevolent Society's head office were able to share personal recollections of the Home's operations. Unfortunately, however, the majority of former staff members we attempted to contact, particularly in the period for when there are few or no records, were unable to be contacted, unwilling to speak, or deceased. Matron Chapman is deceased; and we were unable to locate Matron Leach.

The absence of records or details of the Home's operations has obviously affected the ability to give a comprehensive history of the Home's care practices and operations. Nonetheless, all effort has been made to present an accurate and balanced account of those 70 years Scarba housed young children, using the information available.

Appendix 4: Records available by year

Year	Client records held by Post Adoption Resource Centre	Client records held at the State Library of NSW	Other (client) records held at the State Library of NSW
1917–1921			
1922–1926			
1927–1931			
1932–1936		Admissions and discharges indexes	
1937–1941		Admissions and discharges indexes for 1937 only	
1942–1946			
1947–1951			
1952–1956			
1957–1961			
1962–1966		Index card files 1965–66 only	Matron's Diary 1964–66 Register 1965–66
1967–1971	Client database Client files	Index card files 1967–68 only	Matron's Diary 1967–69 Report books Register 1967–70
1971–1976	Client database Client files	Index card files 1972–74 only	Report books 1971–74
1977–1981	Client database Client files		
1982–1986	Client database Client files		

Appendix 5: Further information and seeking help

Why contact The Benevolent Society about your past care at Scarba House?

1. You may be interested in knowing about the history of residential care at Scarba House.
2. You may be interested in accessing any information about your time at Scarba that is held by The Benevolent Society.
3. Everyone who stayed at Scarba House has a right to complain and you may want to contact us with any concerns about your time in care.

1. Finding out more about the history of residential care at Scarba House

Each year a number of ex-residents contact us wanting to know more about the history of residential care at Scarba House. You are welcome to visit Scarba House and to talk to staff who are familiar with aspects of the history.

Unfortunately there are some significant gaps in our records but we are happy to make available to you the information that we do have.

2. Accessing files and other personal information

We do still have many files from the period 1967 onwards. If you would like to review your file this can be arranged. You will need to apply in writing and enclose copies of ID which will prove your identity and also explain any name changes. If you have been adopted, please call us so that we can explain what additional documentation you will need.

Apply in writing to:

Manager, Post Adoption Resource Centre
Scarba House, PO Box 239, Bondi 2026
Or call us on 02 9365 3444

3. Complaints: What is a complaint about past practices at Scarba House?

Everyone who stayed at Scarba House has a right to complain if they have concerns about anything that happened while they were in care.

A complaint is an expression of dissatisfaction with The Benevolent Society's past practices at Scarba House and may include allegations of past abuse, mistreatment or harm, concerns about the behaviour of former staff or concerns about organisational decisions, policies and procedures.

Will my complaint be taken seriously?

The Benevolent Society takes all complaints seriously and we have policies and procedures in place that mean:

- All complaints are accepted, registered and considered.
- You will be treated respectfully and kept fully informed and supported when making a complaint.
- Information relating to the complaint will be kept confidential.
- Your complaint will be dealt with as quickly as possible.
- Any investigation will be carried out by someone independent of The Benevolent Society.

How do I make a complaint about past care at Scarba House?

Please telephone or write to us with your complaint. Initially your call or letter will be responded to by our staff, who are trained to deal with complaints sensitively and respectfully.

Contact details

Duty Counsellor
Post Adoption Resource Centre (PARC)
Scarba House, PO Box 239, Bondi NSW 2026
Tel 02 9365 3444
Email parc@bensoc.org.au
www.bensoc.org.au

Please note that PARC also offers support to those affected by family separation but you do not need to have been adopted to contact us.

Care Leavers of Australia Network (CLAN)
CLAN is an independent support group for adult care leavers
Tel 02 9709 4520
www.clan.org.au

Appendix 6: Accessing files from the Mitchell Library

The Benevolent Society employs an archivist who can assist people to access Benevolent Society records that are located in the Mitchell Library, State Library of NSW.

Interested parties should send a letter to The Benevolent Society requesting approval to access our records. We are required to maintain a record of all persons who have been granted access, so your letter should specify the name and address of the person who will be attending the Library for the research (couples should include both their names as this will allow either or both to access The Society's records). When approval is granted it is on the condition that access is within the normal Controls, Guidelines and Security of the staff of the Mitchell Library.

In cases where people are seeking to access Benevolent Society records for academic or other purposes a fee is applicable, as outlined below, and a cheque or money order made payable to The Benevolent Society should be included with your letter. *The Benevolent Society will cover these costs for former Scarba Home residents who are seeking information about their personal history.*

Option 1: \$25.00 fee will allow you access to The Benevolent Society records for 10 years from the date on the letter of approval

or

Option 2: \$55.00 fee (includes GST) will allow you access to The Benevolent Society records for 10 years from the date on the letter of approval plus a copy of The Society's publication Guide to the Records of the Benevolent Society of New South Wales in the Mitchell Library, State Library of NSW.

The Benevolent Society will provide as much support and advice as possible, however in general we do not have sufficient staff to attend the Library to search our records on people's behalf. For those unable to attend and search the records in person, the Library, on request, will supply a list of researchers (there is a fee applicable).

Former Scarba Home residents who are not able to search the records themselves should contact The Benevolent Society and we will provide assistance or cover the cost of a Library researcher to help you.

Notes

1. Community Affairs References Committee, 2004
2. The maximum age of children admitted to Scarba Home changed at various times between six years and 12 years and there were often different maximum ages for girls and boys.
3. A second report on foster care was published in 2005.
4. Community Affairs References Committee, 2004: 4
5. Personal correspondence with Professor Dorothy Scott, 17 March 2005
6. Secretary's correspondence, 1971
7. Community Services Commission, 2000: 25; Van Krieken, 1991: 3
8. In 1563 the poor were categorised for the first time into the deserving (the elderly and the very young, the infirm, and families who occasionally found themselves in financial difficulties due to a change in circumstance), who were considered worthy of social support and the undeserving (who often turned to crime to make a living, such as highwaymen or pickpockets, migrant workers who roamed the country looking for work, and individuals who begged for a living), who were to be treated harshly. The Act of 1572 introduced the first compulsory poor law tax, an important step towards acknowledging that alleviating poverty was the responsibility of local communities. In 1576 the concept of the 'workhouse' was born and in 1597 the post of 'Overseer of the Poor' was created. The Elizabethan Poor Law of 1601 consolidated all the previous Acts and set the benchmark for at least the next 200 years. (Briscoe, 2001).
9. Goddard 1993: 5
10. Goddard, 1993: 37
11. Community Services Commission, 2000: 25
12. Community Services Commission, 2000: 25; Goddard, 1993: 32
13. Thinee, 1998: 11
14. Goddard, 1993: 31
15. van Krieken, 1991: 29
16. Scott & Swain, 2002: 2
17. Scott, 2002: xi
18. Scott & Swain, 2002: xi
19. Scott, 2002: 1
20. Community Services Commission, 2000: 26
21. Community Affairs References Committee, 2004: 19
22. Mason, 1993: 29
23. Community Services Commission, 2000: 25
24. Human Rights and Equal Opportunity Commission, 1997, cited in Community Affairs References Committee, 2004:10
25. Gill, 1998: 5
26. Gill, 1998
27. Gill, 1998: 705
28. Goddard, 1993: 40
29. Hardyment, 1983: 165
30. Hardyment, 1983: 166
31. Hardyment, 1983: 173
32. Hardyment, 1983: 173
33. Penglase, 1999: 185
34. Goddard, 1993: 46
35. Personal correspondence with Joanna Penglase, 9 March 2005.
36. Personal correspondence with Joanna Penglase, 9 March 2005.
37. Community Affairs References Committee, 2004: 17
38. Only homes with children under seven years were required to be licensed, resulting not only in Homes being unregulated but children being lost in the system (Penglase, 1999: 145).
39. Penglase, 1999: 145
40. Penglase, 1999: 228
41. Community Affairs References Committee, 2004: 25
42. Community Affairs References Committee, 2004: 65

43. Rathbone, 1994: 168
44. Community Affairs References Committee, 2004: 78
45. Community Affairs References Committee, 2004: 67
46. Community Affairs References Committee, 2004: 68
47. Community Affairs References Committee, 2004: 67
48. Thinee, 1998: 14-15
49. Thinee, 1998: 13
50. Community Affairs References Committee, 2004: 86
51. Personal correspondence with Joanna Penglase, 9 March 2005
52. Penglase, 1999: 130
53. Penglase, 1999: 130
54. Penglase, 1999: 120
55. The Thomas Street Asylum was opened in 1904, after the resumption of the Pitt Street site to build Central Railway Station, and an interim period using another temporary site in Ultimo. *Guide to the Records*, p19
56. House Committee Minutes, Vol A7216, May 1915–Dec 1918: 209–347
57. Rathbone, 1994: 168
58. Rathbone, 1994: 168
59. ABS, 1971
60. Rathbone, 1994: 168
61. House Committee Minutes, Vol A7216, 3 May 1917: 201
62. Penglase, 1999: 155
63. Penglase, 1999: 2
64. Community Affairs References Committee, 2004: xv; Gill, 1998: 26-27; Penglase, 1999: 2
65. Penglase, 1999: 228
66. Forde, 1999: iv
67. Senior Social Worker's Report to the Board, January, 1969
68. Community Affairs References Committee, 2004: 87; Forde, 1999: vi
69. Penglase, 1999: 208
70. Community Affairs References Committee, 2004: 93-95; Forde, 1999: xii; Penglase, 1999: 221–225
71. Community Affairs References Committee, 2004: 105-107; Penglase, 1999: 191
72. Community Affairs References Committee, 2004: 131-139; Forde, 1999: vii
73. Penglase, 1999: 168
74. Penglase, 1999: 2
75. Rathbone, 1994: 171
76. Some of the names used in the personal accounts have been changed upon request; others are real names, used either on request or because the accounts are on the public record.
77. Community Affairs References Committee, 2004: 92
78. Community Affairs References Committee, 2004: 93
79. Rathbone, 1994: 171
80. Australian Institute of Health and Welfare, 2001: 103
81. Mellor, 1990: 143
82. Australian Institute of Health and Welfare, 2001: 129
83. Mellor, 1990: 142
84. Lorne-Johnson, 2001: 105
85. Goddard, 1993
86. Association of Childrens Welfare Agencies
87. Goddard, 1993: 42
88. Association of Childrens Welfare Agencies, 2003: 2
89. Association of Childrens Welfare Agencies, 2003: 3
90. Thinee, 1998: 18
91. Committee Services Committee, 2000: 22; Thinee, 1998: 18
92. Scarba Committee Minutes, 14 May 1963
93. Scarba Committee Minutes, 3 April 1968
94. Scarba Committee Minutes, 7 December 1965
95. Scarba Handbook, 1967: 2
96. Scarba Handbook, 1967: 4-5

97. Scarba Committee Minutes, Social Worker's Report, 3 April 1968
98. The Benevolent Society Annual Report, 1968
99. Scarba Committee Minutes, 21 May, 1968
100. Scarba had traditionally housed babies awaiting adoption, who came from the Royal and other hospitals, however The Benevolent Society had not previously held an official role in the adoption process.
101. Senior Social Worker's Report to the Board, January 1969
102. Caring for Children at Scarba, Annexure 3, Minutes of the Scarba Committee, 7 May 1969
103. Caring for Children at Scarba, Annexure 3, Minutes of the Scarba Committee, 7 May 1969
104. Caring for Children at Scarba, Annexure 3, Minutes of the Scarba Committee, 7 May 1969
105. Caring for Children at Scarba, Annexure 3, Minutes of the Scarba Committee, 7 May 1969
106. Scarba Sub-Committee Minutes, 4 June 1969
107. Administrative Officer's Report to the Scarba Sub-Committee, September 1970
108. Scarba Sub-Committee Minutes, 2 December 1970
109. Scarba Sub-Committee Minutes, 2 December 1970
110. Scarba Sub-Committee Minutes, 4 June 1969
111. The Benevolent Society Annual Report, 1973: 2
112. The Benevolent Society Annual Report, 1975: 25
113. Rathbone, 1994: 202
114. The Benevolent Society Annual Report, 1981: 47
115. The Benevolent Society Annual Report, 1977: 26
116. Students were regularly placed at Scarba as part of their studies in the 1970s, particularly Social Work students from the University of NSW. Student reports, 1975
117. Student reports, 1975
118. Student reports, 1975
119. Student reports, 1975
120. Student reports, 1975
121. Student reports, 1975
122. Report on the survey conducted by Miss R. Steele at Scarba House and Walter Cavill Homes, Bondi, 1973.
123. Student reports, 1975
124. Student reports, 1975
125. Young, 1979: 5
126. Young, 1979: 8
127. Young, 1979: 8
128. Young, 1979: 5
129. Scarba Review Committee, Introduction
130. Scarba Review Committee, Introduction
131. Scarba Review Committee, Appendix 1
132. Scarba Review Committee, Appendix 1
133. Scarba Review Committee, VI. Recommendations
134. Scarba Review Committee, VI. Recommendations
135. Association of Childrens Welfare Agencies 2003: 3
136. Association of Childrens Welfare Agencies, 2003: 3
137. Cashmore, 1994; Mason, 1996
138. Mason and Steadman, 1996
139. Association of Childrens Welfare Agencies, 2003: 7
140. Personal correspondence with Nigel Spence, 28 February 2005
141. Staff had moved to a permanent roster system in 1979 (TBS Annual Report, 1979: 36)
142. The Benevolent Society Annual Report, 1980: 40
143. The Benevolent Society Annual Report, 1980: 40

144. The Benevolent Society Annual Report, 1980: 40
145. "Some Notes on Practical Childcare", Memo to Scarba House staff, Scarba House records archives, 1983/84.
146. "Some Notes on Practical Childcare", Memo to Scarba House staff, Scarba House records archives, 1983/84.
147. "Admission of Children to Scarba House: Policies and Practice", "Some Notes on Practical Childcare", Memo to Scarba House staff, Scarba House records archives, 1983.
148. "Admission of Children to Scarba House: Policies and Practice", "Some Notes on Practical Childcare", Memo to Scarba House staff, Scarba House records archives, 1983.
149. The Benevolent Society Annual Report, 1980: 42
150. The Benevolent Society Annual Report, 1980: 40
151. Rathbone, 1994: 214
152. The Benevolent Society Annual Report, 1984: 60
153. "Residential Care at Scarba House", Scarba House records archives, 1985.
154. "Residential Care at Scarba House", Scarba House records archives, 1985.
155. Notes of meeting held on 24 September 1985 on the future of Scarba, Scarba House records archives.
156. Scarba Family Centre Review, 1991: 5
157. Scarba Family Centre Review, 1991: 5, 46



the benevolent society

initiating change

Level 1, 188 Oxford Street
Paddington NSW 2021

PO Box 171
Paddington NSW 2021

t 02 9339 8000

f 02 9360 2319

mailben@bensoc.org.au

www.bensoc.org.au

ABN 95 084 695 045