

CHAPTER SIX: 1970s AND 1980s OPERATING TO THE MAXIMUM

This chapter sees Karitane progressively swamped through the 1970s and 1980s by a rising tide of psychosocial problems in families under stress. Public health gained more attention in the 1970s as public health professionals regrouped; a reconstituted Australian Public Health Association ran a national seminar in 1974. National and international economies slowed and politicians sought to reduce the cost of health care services; ‘prevention is better than cure’ started to make economic sense with a rise in the incidence of the chronic diseases of affluence. Prevention was equated with changing unhealthy lifestyles.¹ However, although the advent of a Federal Labor Government saw a move to improve community health resources, the health sector was largely focused on changes to the funding of personal health and rearranging management structures.

Examining Karitane’s path through this time gives a picture of how economics and changing government approaches to health affected the specialist care that the organisation was able to provide. As always, and to the staff’s credit, the patients seem to have been quite unaware of the operating difficulties, but the constant changes in health care organisation sapped creative energies. Debt and dependency on State subsidy dictated Karitane’s moves in the early 1970s. By the end of the 1980s being part of the State health care services was proving a drag on innovation. Then changes that had been brewing in nursing education suddenly arrived to profoundly change Karitane’s operations.

The Health Sector and public health

The Public Health Association’s 1974 seminar included commentary on the place of voluntary organizations in Australian health services. Cummins, in his outline of the history of health services, had the view that voluntary organisations would be integrated into government programmes with consequent loss of independence. This was reminiscent of historian George Rosen’s views about voluntary organisations in the USA and accorded with the outlook for mothercraft groups in Australia in Campbell’s 1930 *Report on maternal and child welfare in Australia*.² Professor Douglas Gordon was more optimistic, seeing roles for voluntary organizations that were unsuitable for governments, such as ‘torch-bearers’ for new ideas and as providers of specialised and alternative services. He thought there might be difficulties at the interface ‘the

¹ Baum, *The New Public Health*, 16-17.

² Campbell, *Report on maternal and child welfare*, 23; CJ Cummins, ‘Development of health services in Australia’, in *First National Seminar organised by the Federal Council of the Australian Public Health Association*, Melbourne: Australian Public Health Association, 1974, 77-84; Rosen, *A history of public health*, 368.

public servant is seen as conservative and frustrating; the voluntary helper as naïve, inexperienced and not sensitive to the nuances of public administration'. He also heralded increasing professionalisation in the health services, identifying a need to shake off a 'weighty albatross', the attitude that medicine was 'a gigantic exercise in community charity'.³

In 1972, after decades in opposition, a Federal Labor Government was elected with a comprehensive social welfare agenda; community health services were to assume more importance and all Australians were to have access to hospital services and medical care at minimal cost. This was to be funded by Medibank, a universal compulsory insurance scheme supported by a dedicated income tax. This did not go smoothly; doctors and private health insurance funds objected strongly and the outcomes were delayed and compromised. In just one of the many conflicts the dedicated tax did not eventuate and significantly it was fiscal difficulties that summarily ended the Labor Government's term in 1975. A Federal Coalition Government returned and in spite of assurances that Medibank would continue, in the next eight years there were constant rearrangements to entitlements between the Commonwealth, the States and private health insurance interests. The prospect of a resurgence of preventive medicine through the Community Health Program foundered without strong medical support or strong political direction.⁴

Community based health care was an international trend and it was formalised internationally by WHO as the Alma Ata Declaration in 1978. Australia was active at this level; Sir William Refshauge and Dr Gwyn Howells, successive Commonwealth Directors-General of Health and the Commonwealth Minister Dr D N Everingham were officers of WHO in the 1970s.⁵ The WHO Ottawa Charter for Health Promotion followed in 1986. However, while in Australia the state/private divide was moving towards more government provision of health services in 1970s, in Britain the state/private divide was starting to move towards privatisation. Neo-conservative economists promulgated this idea as a way of using the market to reduce the distortions of government provided services. This had appeal to politicians facing economic downturn and a spate of privatisations of services like airlines and telephones ensued with Britain leading the way. In 1978 Britain's Wolfenden Committee was re-examining the contribution of voluntary organizations to welfare provision. It was argued that even Beveridge, the architect of Britain's National Health

³ D Gordon, 'Australian Health Services', in *First National Seminar organised by the Federal Council of the Australian Public Health Association*, 23-56.

⁴ Lewis, *The people's health*, vol. 2, 112-118; Sax, *A strife of interests*.

⁵ F Beddie, *Putting life into years: The Commonwealth's role in Australia's health since 1901*, Canberra: Department of Health and Aged Care, 2001; Declaration of Alma-Ata, 1978, (WHO); Ottawa Charter for Health Promotion, 1986, *Health for All by the Year 2000*, (WHO).

Service, considered there was a place for the private provision of welfare.⁶ In the 1980s the UK and NZ were recasting their hospital services on a competitive model.⁷ These moves were controversial; at least one contemporary economist pointed out that there was no economic theory to explain how voluntary organisations produced services, but Richard Titmus had mounted a powerful argument showing the benefits in the UK of volunteers providing blood for transfusion services.⁸

In NSW the Health Commission was created in 1973 as an outcome of the Starr Report of 1969. The Commission was a merger of the Department, the Hospitals Commission and the Ambulance Service. This merged body was very large as both the Department and the Hospitals Commission had regional administrative systems. The responsibility for public health lay with the Bureau of Environmental and Special Services; the Board of Health became the avenue of communication for voluntary community organizations, and the services of the Bureau of Maternal and Child Health's were regionalized. Moves were made to broaden the functions of BHCs into community health centres and Child Health Centres.⁹ The State's first Family Care Cottage (FCC) opened in 1975 at Mt Druitt, and the Department produced guidelines for the operation of this type of day care for mothers and babies in 1986.¹⁰ The Health Commission progressively took over community services run by voluntary organisations; the Bush Nursing Association's centre at Lightning Ridge was one of the last to close, in January 1975.¹¹

For the rest of the 1970s the Health Commission was managing the flow-on effects of decisions in Canberra; Community Health programmes, Commonwealth public hospital cost sharing and the constant changes to national health insurance schemes. Concurrently hospital costs escalated, the economy contracted and unemployment rose. In 1978 a consultative document questioned spending more money on hospitals and in 1980 there were dramatic reductions in hospital funding, staff ceilings were enforced and the number of administrative health regions was reduced. The Health Commission was abolished in 1982 and replaced by a Department of Health. Policy making and monitoring were centralised but other functions were decentralised. For example, food, health inspection and communicable diseases became the domain of the Institute of Public Health and Bio-

⁶ JF Wolfenden, *The future of voluntary organisations: report of the Wolfenden Committee*, London: Croom Helm, 1978.

⁷ J Le Grand, *Motivation, agency, and public policy: of knights and knaves, pawns and queens*, Oxford University Press, 2003; Hospital and Related Services Taskforce, *Unshackling the hospitals: report of the Hospital and Related Services Taskforce*, Wellington, NZ: The Taskforce, 1988.

⁸ R Sugden, 'Voluntary organisations and the welfare state,' In *Privatisation and the welfare state*, edited by J Le Grand and R Robinson (eds), London: Allen & Unwin, 1984, 70-89; R Titmuss, *The gift relationship: from human blood to social policy*, London: Allen & Unwin, 1970.

⁹ Health Commission of NSW, *Annual Report*, 1973, 45-48.

¹⁰ *Report and guidelines on family care cottages*, Sydney Health Services Unit, NSW Department of Health, 1986.

¹¹ B Moritz, personal communication, 2009.

Sciences located at Macquarie Hospital at North Ryde.¹² In 1982 the Department stated its intention to close selected city health facilities and move services to centres in Western Sydney.

The rising costs of health care led policy makers back to contemplating prevention as a way to reduce costly ‘downstream’ treatment. In 1984 the Department’s annual report included an essay ‘Prospects for Prevention’. It rated cardio-vascular disease, cancer, accidents and respiratory illness as the main public health problems and identified addressing smoking, alcohol consumption and nutrition as a means of prevention. Of nutrition it said:

It is clear that [in] the 1980s poor nutrition is a major public health problem in Australia. The average Australian is more likely to be overfed than underfed and be overweight or obese. This is the most common nutritional disorder in nearly all age, sex, socio-economic and ethnic groups. It is estimated that diet related disorders contribute to about 60% of the deaths occurring in the Australian community as well as a host of other morbidity, disability and quality of life issues.¹³

Clements might have felt vindicated but also frustrated by community complacency; in 1972 he had wondered how long the taxpayer would go on paying for the downstream results of individual excesses.¹⁴

The health sector was assimilating the culture of economic rationalism and general management.¹⁵ Changes to make savings continued and Karitane was not immune from the reorganisations: it was initially in the Southern Metropolitan Area but was reassigned to the Eastern Area Health Service in 1986. In 1988 another major reorganisation was underway and the Department was reconstituted into eight major divisions. Health professionals were uncomfortable with the priority given to financial goals. The financial priorities of politicians and managers were paramount rather than goals for the community’s health status.¹⁶ This is exemplified in the Department’s 1986 Charter. It stated health policies were ‘for the purpose of promoting, protecting, developing, maintaining and improving the health and wellbeing of the people of NSW *to the maximum extent possible having regard to the needs of financial and other resources available to the State*’ (my emphasis).

Changes to nurse training affecting mothercraft nursing arrived in short order in the mid-1980s. The aim of the nursing profession was to move nurse education from the apprentice style of training in hospitals that had characterised nursing from Nightingale’s time, into a tertiary educational setting on a par with other professionals. This was an international trend and Australia’s nurses had

¹² NSW Department of Health, *Annual Report, 1983*.

¹³ NSW Department of Health, *Annual Report, 1984*, 9-10.

¹⁴ F W Clements, ‘The public doesn’t want health and isn’t going to get it unless...’ *Australian Quarterly*, 44 (2) 1972, 88-97.

¹⁵ Baum, *The New Public Health*, 77-84.

¹⁶ NSW Department of Health, *Annual Report, 1986*, 5; 1987, 15; 1988, 12.

already fallen behind other similar countries like New Zealand and Canada in moving nursing education into the academy.¹⁷ Karitane operated on the apprentice model where student nurses were the workforce; they were not paid until 1972.

In the 1960s and 1970s the nursing profession explored modes of training and by the late 1970s the idea of two levels of nurse had gained acceptance; nurse aides were to become enrolled nurses and registered nurses were to be comprehensive generalist nurses.¹⁸ These changes were initially perceived as too expensive, but a 1981 costing showed that a student nurse workforce was actually more expensive for hospitals than a trained nurse workforce.¹⁹ In 1983 the decision was made to transfer all generalist nurse education courses to Colleges of Advanced Education and in 1985 legislation was introduced to register comprehensive generalist nurses.²⁰ Specialist nurse registers were merged into a comprehensive register but Registered Mothercraft Nurses were demoted to the Roll of Nurses and deemed to be enrolled nurses. Although allowances were made in legislation to differentiate mothercraft from other enrolled nurses, effectively mothercraft nurse training was downgraded.²¹ The Infant Welfare Certificate for registered nurses was expected to become part of post graduate tertiary courses in community health.

Changes at the Karitane Mothercraft Home and Training School

The first big change for AMS in the 1970s was implementing a new name for the organization, 'to enable all of our activities to be associated with the name Karitane'.²² The AGM of September 1969 had voted away *Australian Mothercraft Society* in favour of *Karitane Mothercraft Society*. With this move, the name of Karitane being synonymous with mothercraft homes was destined to live on longer in Australia than in New Zealand where the Karitane hospitals had virtually all closed by the end of the 1970s.²³ After ten years as Matron, Wilson resigned in 1970, going to the Department to be Director of Nursing in the Bureau of Maternal and Infant Care. Tutor Marion Hawley was appointed as Matron. She had been a clinic sister from 1955-57, coming back as a sister in 1964 and appointed tutor in 1966.

The next change was the decision to dispose of the property in Nelson Street Woollahra. A Forward Planning Committee had been set up in 1970. Without grants the clinics were a continuing

¹⁷ R L Russell, *From Nightingale to now: nurse education in Australia*, Sydney: Harcourt Brace Jovanovich, 1990.

¹⁸ *Nurse education and training: report of the Committee of inquiry into Nurse Education and Training to the Tertiary Education Commission*, Woden, ACT: Committee on Nurse Education and Training, 1978.

¹⁹ NRB, *History of the New South Wales Nurses Registration Board*, 102.

²⁰ NSW Department of Health, *Annual Report*, 1985.

²¹ *Nurses Registration (Amendment) Act 1987* (NSW), Schedule 2, clause 6.

²² AMS, *Annual Report*, 1970, President's Report.

²³ Bryder, *A voice for mothers*, 200.

financial liability and the only option was to sell the house and move to Western Sydney where the State was trying to improve inadequate services for the fast growing population. A contract for the sale of 23 Nelson Street was signed in October 1972, and two acres at Blacktown were to be purchased for a purpose-built residential unit. In the meantime Karitane relocated in the Eastern suburbs. Four properties were purchased in Avoca Street, Randwick, one to be the Home and Training Centre and three heritage terraced houses opposite for the administration, tutorial area and student accommodation. The sale was finally completed in February 1974, but it was not a comfortable move for the staff. They coped with Nelson Street running down pending the move and then the Home was closed for three months during the move. Patient numbers were down for that year but this was offset by nine sets of twins and one of triplets.²⁴ One of the student nurses who lived through the move in 1974 was Vanessa Hawker and when recollecting her training in 2006, she thought the reason she did not remember many mothers was probably because the Home was closed. The rules about student nurses marrying during their training changed with the move to Randwick; Hawker was one of the first student nurses to marry and live out during her training.

Hawker's interest in Karitane training came from a chance meeting on a bus with a schoolfriend who intended to train as a mothercraft nurse. Hawker was not enjoying office work, so she applied to Karitane thinking that at least she would be with her friend. There was a wait of a year and her friend never did do the course. By this time she was engaged and when her fiancé dropped her off at the big house in Woollahra she felt she was about to be cut off from the world, 'like going into a convent'. She found the course very practical; they did duty in the laundry washing baby clothes, made up milk mixtures and cooked toddlers' meals as well as routine bathing and feeding. Their relationship with the Truby King students was a bit problematic because the senior Karitane nurses knew more about Karitane baby care than the Truby King nurses who, although they were registered nurses, were only at Karitane for a short period.

Hawker remembered the staff as 'lovely to the patients but strict with the students'. Things had to be done exactly the way Sister expected; she expected to be able to see her face in the bottom of the pots in the milk room at the end of the shift; she would also check to see that the nurses had breakfast after night duty. Those nurses never forgot that babies always wore singlets and bootees no matter what the weather and in the winter they wore a woollen singlet over the cotton one. Hawker did have occasion to discover that under the Sisters's stern exterior there was a caring person. She was feeling very fed up with the constraints of living in and tearfully said one day that she wanted to leave. Sister listened, comforted her and talked her into staying, something for which

²⁴ AMS, *Annual Report*, 1971, 4; 1973, 1; 1971, 4, 8.

she has been forever grateful. Hawker would have liked to go on working at the Karitane Home but they did not employ many Karitane Nurses.²⁵

One of the mothers who arrived at Karitane soon after the move to Avoca Street was Kate O'Neil. She knew nothing about babies; she was twenty-four and the first in her peer group to have children. She had been to the Karitane prenatal classes and was quite taken aback by the long list of baby requisites. She really appreciated the very practical advice, like washing all the clothes first to make sure there were no residues to which the baby might react. Her grandmother had a very high opinion of Truby King and she approved of her granddaughter going to Karitane. All went well with the birth but at home they had a screaming baby on their hands. He was fully breast fed but it was a hot January and he would not settle. She went to the local Baby Health Centre but saw a different nurse each time and her baby continued to scream. Then someone wondered if he was getting enough milk. O'Neil said 'that as soon as that idea is planted in your mind you think you might be starving your baby.' She rang Karitane to ask for advice a few times and then the Sister suggested she come in. O'Neil demurred but the Sister was quite firm.

The first thing they did was a 'test-weigh' that showed her baby was not starving but probably suffering from getting too much milk too fast. After working out how to cope with the amount of milk they then looked at what appeared to be eczema. In the heat baby Andrew had been trying to scratch the itches in his folds of skin. It turned out that his father had had eczema as a baby so it was a matter of some hydrocortisone cream and keeping him cool in the January heat with suitable wrapping. O'Neil felt a great boost to her confidence once she knew she was not starving her baby and she stayed for a few days to get into a feeding routine. She found the staff very supportive, not at all judgemental and the atmosphere was relaxed, not institutionalised. Talking to the other mothers with much more complicated problems, O'Neil realised how lucky she was.²⁶

The increasing complexity in the nature of mothers' problems was becoming very noticeable. President Gemmell-Smith wrote in the 1971 annual report that Karitane was now in the field of social welfare and mental health, and that the clinics would be more appropriately named 'Family Health Clinics'. Karitane's part time social worker Doreen Lucantonio wrote that all-embracing labels like 'Feeding Problem' covered a wide variety of social ills. Feelings of inadequacy in the parental role were presenting as a range of problems including drug addiction, mental and physical illness and rejection or a lack of feeling for the child.²⁷ In 1972 Matron Hawley and Doctors Michael and Christine Harris had an article published in the *MJA* about the emerging importance of

²⁵ V Hawker, personal communication, 2006.

²⁶ K O'Neil, personal communication, 2006.

²⁷ KMS, *Annual Report*, 1971, 10; 1972, 12.

psychological factors in mother/child relationships. The complexity of feelings about having children was coming under scrutiny.²⁸ A study in Victoria in the 1980s recorded the experiences of a cohort of mothers and followed up those who were depressed.²⁹ Another Australian study explored expectations of ‘birth performance’ and the increasing baby-centredness of parenthood. It suggested that in their efforts to escape medically controlled maternity, parents were just swapping the demands of one birth paradigm for another more demanding one.³⁰ The 1970s were Baum’s ‘Lifestyle’ phase in public health and the lifestyle for mothers had become much more complicated.

Lucantino also liaised with the Child Welfare Department over the babies for adoption that Karitane accommodated in the early 1970s. The total in 1972 was twenty-five and some babies were there for long periods. Hawker remembered Aboriginal twins who were there throughout her twelve-month training. The nurses were encouraged to bond with these long stay babies and they were rostered to look after their ‘favourites’ so that the babies had some continuity of caregiver. Sometimes the nurses took them home or on outings.³¹ Karitane was in the news in 1973 when the wrong baby was given to adopting parents. This was embarrassing but President Judith Baker was relieved that at least she knew the people who could set the situation to rights quickly. By the 1980s so few Australian babies were available for adoption that parents were adopting from overseas. Marianne Erlanger took over as Matron in 1975; she had been a ‘Plunket’ in 1972 and was the Tutor Sister when appointed. One of her innovations was the specially adapted postnatal class that Karitane ran for adopting parents.³²

Upgrading and refurbishing the buildings was a constant process. The Health Commission provided grants for painting, redecorating and for car parks. The Department’s ‘Making Health More Caring’ programme paid to move doorways and create new bathrooms and the funds were made to go further with help in kind from volunteer supporters. Later the Department funded improvements like a gas hot water system and a phone system that brought operations on both sides of the street together.³³ The Karitane Home at Avoca Street was an interim solution but despite any physical shortcomings the Home operated at capacity and a waiting list developed in 1981. By 1984 prospective patients were waiting four to six weeks for admission. Being aware of the anxiety this

²⁸ M J Harris, M D Hawley, and C Harris, ‘The Karitane Mothercraft Hospital: current and future activities,’ *MJA*, vol, 24, no. 1, 10 June 1972, 1261-1265.

²⁹ S Brown, *Missing voices: the experience of motherhood*, Melbourne: Oxford University Press, 1994.

³⁰ M Crouch and L Manderson, *New motherhood: cultural and personal transitions in the 1980s*, Langhorne, Pa.: Gordon and Breach Science Publishers, 1993.

³¹ KMS, ‘Annual Report’ 1972, 12; Hawker, 2006.

³² M Erlanger, personal communication, 2006.

³³ KMS, *Annual Report*, 1977, 8; 1978, 3; 1982, 4; 1985, 5; 1987, 8.

caused, in 1986 the Karitane Council decided that all admissions were to be on an 'as needs' basis and bookings would no longer be taken for residential care.³⁴

Sarah Walker and Michelle Churcher were patients at Karitane in the 1980s and when recalling their experiences in 2006 neither identified any pressure to leave as a feature of their stay. Walker was the second generation to go to Karitane; she had been there with her mother as a baby because of cerebral palsy and left sided paralysis due to birth trauma. She had been a poor feeder and her parents had brought her from the southern suburb of Lakemba to Karitane's Mosman Clinic in northeast Sydney to get the specialized assistance. Walker was a small person but she had found ways of asserting herself as she grew up; at school she resorted to using her metal callipers as a weapon if necessary. She did not expect to have children but when she found herself pregnant she and her husband went to the Karitane prenatal classes. In the event her daughter Holly was born by caesarean section and was in a 'humidicrib' for over a week. Hannah went straight to Karitane and Walker joined her there. The staff found safe ways for her to handle Hannah, bathing and changing her on the floor where she could not fall. This worked well but Hannah had very little sucking reflex, she never finished a bottle and Walker described feeding as being like 'pumping the milk into her'. They stayed at Karitane for ten days.³⁵

Churcher was there for a week with her first baby Samantha. She had expected babies to sleep for four hours at a time and she felt quite incompetent at thirty when her baby cried all the time. She went to the clinic Sister who came to the local chemist shop once a week. At three months the clinic Sister referred her to her doctor who arranged for her to go to Karitane. She went initially as an outpatient for a few hours twice a week but one Friday afternoon she had just had enough. She did not want to take her screaming baby home again so arrangements were made for her to stay there and then. For the first two days she just slept and did not even see her daughter. She then gradually started feeding her again but with a non-dairy formula. This settled her and in a few days Churcher started to enjoy her daughter again. She said the staff were 'great' and she emphasised that the nicest thing about them was that they were not at all judgemental. She liked the old house; it was 'homey' and comfortable.³⁶ This was the atmosphere that Dr David Lonie, honorary psychiatrist, considered so beneficial. He described it as a 'holding' atmosphere created by the Karitane staff's good relationships and it was just the right atmosphere for mothers and babies with significant emotional problems.³⁷

³⁴ KMS, *Annual Report*, 1981, 9; 1982, 12; 1984, 4; 1986, 6.

³⁵ S Walker, personal communication, 2006.

³⁶ M Churcher, personal communication, 2006.

³⁷ KMS, *Annual Report*, 1980, 14.

Patient problems often extended well beyond parenting and ‘basic management’, and their stay at Karitane was really too short. The staff developed contacts with a myriad of other community helpers to arrange longer-term support; ‘Social workers, GPs, Baby Health Clinics, Psychologists, Psychiatrists, Community Nurses, Nursing Mothers Association, Multiple Birth Association, Play Group Associations and many more’. In the 1980s Erlanger speculated in her reports that one of the reasons for the increased demand for Karitane admissions was the economic downturn in Australia with high unemployment and retrenchment. Through the 1980s there was a dramatic increase in phone calls; they more than doubled. Answering the telephone became a constant disruption for the staff caring for inpatients upstairs.³⁸ One of the sisters of that time described the difficulties of trying to do justice to both the inpatient and the caller. She had to drop what she was doing with an inpatient, maybe while showing someone how to bath her baby, concentrate on a crisis at a distance and bring that to some sort of resolution before switching back into the procedure at hand that had been left in midair; difficult at the best of times.³⁹ There were repeated but unheeded requests to fund a nurse dedicated to giving telephone assistance.

In 1972 Karitane embarked on an Aboriginal nurse-training programme. Awareness of the poor state of Aboriginal health was increasing and in 1973 a Commonwealth National Plan for Aboriginal Health was adopted.⁴⁰ President Waterhouse and Matron Hawley collaborated on Karitane’s initiative. Hawley took study leave and visited Dubbo, Bourke, Glen Innes and the North Coast to meet those working with Aboriginal people with the aim of creating an appropriate programme.⁴¹ It was organized through the Commonwealth Education Department and four students started a two-year programme with salaries paid by the Commonwealth Department of Aboriginal Affairs.⁴² Three students graduated in 1974, but the course was not sustainable.

Nursing generally was becoming less formal, but the demand for training continued to be strong with a rise in the mid-1970s. (See Figures 12 and 13) One of the ‘Plunkets’ in 1979 was Paula Mason who had been working at the Royal Women’s Hospital after immigrating from East Africa. She wanted to know about follow-up baby care in NSW and in the process heard about Karitane from Harris, Honorary Paediatrician at the Royal Womens’s Hospital. Recalling her training in 2006, Mason remembered learning about making up formula feeds and quite a bit of child development theory. The psychology she found a bit difficult at the time but later on as mature

³⁸ KMS, *Annual Report*, 1979, 11; 1988, 10; 1986, 14. Downstairs was the toddlers’ day-stay area with its own kitchen and outside play area; 1987, 5; 1986, 14; 1987, 5.

³⁹ Personal communication, 2007.

⁴⁰ Lewis, *The people's health*, 251.

⁴¹ KMS, *Annual Report*, 1973, Matron’s Report.

⁴² NSW Department of Health, *Annual Report*, 1973, 45.

nurse this fell into place. She had little recollection of the Home but the clinics made a lasting impression. This was where she felt as if she had fallen on her feet, it was the work she felt she had been heading for, 'I loved being out in the clinics'. Mason later worked for the Southern Metropolitan Area Health Service and helped to reopen the clinic at Malabar that Karitane had operated for a while. Her Karitane course gave her confidence, knowledge of child development and how families operated but she said she also learned a lot 'on the run'. 'You can only learn so much from a book, a lot is what you learn as you go'.⁴³

Karitane's students did consistently well in State examinations. Anticipating changes to nursing education, in 1982 Erlanger included a statement in the Annual Report about the unique role of the Mothercraft Home and its teachings. In the 1980s three draft syllabuses were put forward to the NRB over five years, but it was 1988 before the uncertainty over mothercraft training was resolved. The NRB presented Karitane and Tresillian with three options for mothercraft nurses of which a post graduate course for enrolled nurses was the only option acceptable. In six weeks another curriculum was created in a joint marathon effort with Tresillian tutor Cathrine Fowler. It was accepted and courses were scheduled to start in January 1989. This was the end of an era in nurse training for Karitane; students were no longer the majority of the workforce.⁴⁴

Truby King Clinics come and go

The number of mothers visiting the Truby King Clinics declined by fifty per cent between 1970 and 1976, but by 1979 numbers were rising again which prompted President Baker to comment at the AGM that this could be due to an increased awareness of preventive health measures where Karitane had 'been a forerunner in this area for over fifty years.'⁴⁵ Karitane's clinic services were expected to complement the State coverage of BHCs and agreements with the Southern Metropolitan Region Health Service in 1975 ensured that the clinics continued where there was no other service. Unfortunately in 1982 the Department of Main Roads required the land where the Kogarah Lions purpose-built Sylvania Clinic stood. Happily this was resolved by Sister P Kelly moving to the Sutherland Shire Council Community Health Centre and the building was recycled to the Menai Baptist Church. Sister K Lockhart took over at the Sylvania clinic in 1985 and she started a successful post-partum support group based on similar groups in Canada.⁴⁶ Parts of the Sutherland Shire were not well served by public transport and the Department provided Karitane

⁴³ P Mason, personal communication, 2006.

⁴⁴ KMS, *Annual Report*, 1981, 9; 1981, 10; 1987, 6; 1988, 4; 10, 15.

⁴⁵ KMS, *Annual Report*, 1979, 5.

⁴⁶ KMS, *Annual Report*, 1975, 8; 1982, 5; 1983, 5; K. Lockhart, 'Karitane mothers post partum support group,' *The Lamp*, vol. 45, no. 7, 1988, 11-12.

with campervan as a mobile service for this area. The Roselands clinic at the popular Shopping Centre was very successful and Clinic President Ross was very pleased with the management's provision of facilities and their support of health education.⁴⁷ At the end of the 1980s Karitane was running six clinics and two of them were mobile. (See Table 2)

The prenatal team of physiotherapists and the Karitane Clinic Sister were very aware of changes in community attitudes towards birth during this period. In 1978 the programme was reviewed with a view to keeping it flexible enough to accommodate those wanting a more 'natural' birth. Physiotherapist Barbara Kingsell wrote in her annual report that the 'natural' trend was perhaps undermining women's confidence in established medical practices. In 1983 she was concerned about how to present the increased use of epidural anaesthetic in an unbiased way. Postnatal reunion meetings for the prenatal classes started in 1980. This was very successful, mothers enjoyed renewing contacts and the physiotherapists got feedback on the relevance of the classes to particular experiences of birthing.⁴⁸

For the fiftieth anniversary of Karitane in October 1973 the medical staff ran a conference at the city's Wentworth Hotel on 'Nurturing Family Health into the 80s', focusing on the quality of the parent/child relationship.⁴⁹ In 1975 Karitane produced a mothercraft manual in conjunction with publishers Paul Hamlyn; Matron Hawley, physiotherapist Vines and honorary paediatricians Harris, Vines, Chapman and Angel-Lord all contributed.⁵⁰ Publicity about child abuse in 1977 prompted articles about Karitane's preventive contribution to parent/child relationships for the women's magazine *Family Circle* and the NSW Nurses Association publication *The Lamp*.⁵¹ The publication *Approach to Fatherhood* continued to be popular and was revised for a fifth edition in 1985. Karitane marked the 1979 International Year of the Child by arranging an exhibition of works from Canberra's Frances Derham Collection of children's art. Lent by the National Gallery in Canberra it required considerable organisation to physically get the display to David Jones in Elizabeth Street where it showed for a week in August.⁵²

Management and Finance

The sole visiting psychiatrist Lonie had his load eased when Dr Bryanne Barnett, psychiatrist, joined the medical staff in 1980. Dr Gertrude Angel-Lord's appointment as part-time medical

⁴⁷ KMS, *Annual Report*, 1988, 4; 1986, 7.

⁴⁸ KMS, *Annual Report*, 1978, 14; 1983, 15; 1980, 17.

⁴⁹ KMS, *Annual Report*, 1974, 11.

⁵⁰ KMS, *Annual Report*, 1976, 9; Karitane Mothercraft Society, *Modern parents' baby care: pregnancy to early childhood*, Sydney: Hamlyn, 1975.

⁵¹ M Erlanger, 'Priorities in mothercraft,' *The Lamp*, vol. 34, no. 7 1977, 45.

⁵² KMS, *Annual Report*, 1977, 11; 1985, 5; 1979. 3.

officer in 1982 was very welcome too, after many requests by the medical staff to fund this position.⁵³ They had felt the lack of a part-time medical officer compromised preventive services. Angel-Lord recalled her time at Karitane in 2006 and said she thought that Karitane was quite avant-garde in its use of psychiatrists and social workers. All the staff at Karitane were teaching as they worked and in her view they ‘produced some very good Mothercraft Nurses’.

Angel-Lord had started her medical career in specialist paediatric practice but Cuthbert-Brown persuaded her to work in the Department’s Division of Maternal and Child Welfare instead. She was recruited to Karitane by Dr Sandy Robertson in 1969. The honorary visiting medical staff met regularly and organised their roster whereby each took charge for a period of usually a month and rotated as Chairman. When Angel-Lord became part-time Medical Officer in 1982 the other doctors became mainly advisory. She visited the clinics as well as seeing the babies in the Home and her clinic involvement resulted in a new system of recording patient history for the clinic nurses. Angel-Lord found Karitane a happy place to work and a measure of her job satisfaction was that she tried unsuccessfully to retire four times. She was involved in teaching nurses at both Tresillian and Karitane and was a tutor in paediatrics at the University of Sydney. Despite the growing emphasis on parental social and emotional difficulties in the 1980s she said really the problems were the same basic human problems; family difficulties and the relationship between mother and baby. She thought most mothers were satisfied, some were not, but they could always phone for further help and even come back if necessary.⁵⁴

The position of Secretary had evolved into the more active role of Chief Executive Officer in the late 1960s. Leete, who was the last Honorary Secretary, retired in 1944 but Miss M Williams who had assisted her from 1943 continued in the salaried position of Secretary.⁵⁵ Mr K Wiles was appointed Chief Executive Officer (CEO) in 1967 but he departed amidst controversy in 1973. This followed an unruly Annual General Meeting where a large new faction sought to overrule the longstanding members and Patron Lady Cutler, the Governor’s wife, had to leave hurriedly to avoid an unpleasant situation. The local paper reported that the Hospitals Commission had ‘moved on Karitane’ but Baker, chair of the meeting at the time, said in 2006 that the Karitane Council had gone to the Commission for advice in a difficult situation.⁵⁶ Mr W B Cahill was appointed CEO in 1974, and Mr E G Townsend replaced him in 1980. Through the 1980s Townsend built relationships with the various health administrations resulting in increased integration with mainstream systems. Food service changed at the Home in 1983 when meals were organized to

⁵³ KMS, *Annual Report*, 1980, 14; 1983, 6.

⁵⁴ G. Angel-Lord, personal communication, 2006.

⁵⁵ KMS, *Annual Report*, 1943, 1944.

⁵⁶ J Baker, personal communication, 2006.

come from the nearby Prince of Wales Hospital; the linen and stores started coming through Prince Henry Hospital at Little Bay in 1988 and payroll administration moved to Prince of Wales in 1989. Council and officer numbers rose to twenty in 1974 and for the first time included a medical practitioner, paediatrician Dr Michael Harris. Council numbers through the 1980s stayed at between ten and twelve and by 1989 half the Council were men. Traditional fundraising activities like the fete dwindled; the Home in Avoca Street did not have space for a garden fete. By 1988 all the costs of Karitane's operations were met from its Departmental budget allocation. The Karitane Nurses Booking Bureau closed in 1983 because of continuing difficulty in recruiting enough nurses.⁵⁷

In line with efforts throughout the health sector to move health care out of institutions and into the community Karitane planned to operate day stay facilities. However their plans for innovative services were consistently frustrated. At nearly every turn they were blocked by some aspect or other of the health sector's constant reorganisation. Their first effort in 1971 to open a facility for emotionally disturbed babies at Sylvania foundered because subsidy was only available for twenty-four-hour care. In 1972 a collaborative venture with the Fairfield Municipal Council to operate a day hospital was initiated but hopes that this was going to be the blueprint for future Karitane Centres collapsed when the house was mistakenly demolished.⁵⁸

In 1975 a Working Party of Tresillian, Karitane, the Benevolent Society, the Catholic Church's St Anthony's Mothercraft Unit in Croydon and the Health Commission, produced a report looking at their future roles. However, the report was put 'on hold' because all nurse education was being reviewed. In 1976 Karitane, Tresillian and St Anthony's prepared a plan for the Southern Metropolitan Region looking at the feasibility of mothercraft units sited within the grounds of obstetric hospitals. This approach was supported in the 1977 report into Obstetric Services that recommended mothercraft help should be closer to the delivery unit. There was no response to the 1976 joint plan and by 1979 the contraction of health funds effectively put an end to that sort of development. A constructive spin-off from this process was the formation of Combined Mothercraft Societies of NSW in 1978, but then in 1980 St Anthony's closed its residential Unit at Croydon and Karitane took in their three remaining mothercraft trainees.⁵⁹

In 1978 the Department of Youth and Community Services invited applications for their NSW Family Support Services Scheme. Karitane made two unsuccessful applications: one for a family support unit at Botany and the other for an emergency intervention project. Karitane tried to establish a family support unit in the Botany area independently but investigations failed to find

⁵⁷ KMS, *Annual Report*, 1988, 5, 7, 9; 1982, 6; 1983, 6.

⁵⁸ KMS, *Annual Report*, 1971, 20; 1972, 14; 1973, President's Report; 1974, 4.

⁵⁹ KMS, *Annual Report*, 1975, 8; 1976, 10; 1978, 1; 1979, 1; 1980, 2.

suitable premises. In 1980 a submission was made to use part of the redundant Eastern Suburbs Hospital as a family support unit.

In 1982 Karitane set up a Patient Care Review Committee with a view to establishing a day care centre and employing a domiciliary nurse. An application was made for a Commonwealth research grant for a project titled 'The Nature and Management of the Crisis of Early Motherhood'. It had involved a three-month survey of telephone callers but the application was eventually turned down although it was forwarded to the Department in the hope that they might fund it. In 1986 Karitane was asked to furnish a Role Feasibility Study for the Department but in 1988 the sixty-four page report was still awaiting a decision because Area Health Boards were being reconstituted and Karitane was reassigned to the Eastern Area Health Service.⁶⁰

Finally, in February 1985 an Infant Stress Unit opened on Karitane's premises in Avoca Street and was subsequently named Clovelly House. This did relieve the waiting list at the Home but not for long, waiting times were again 4-6 weeks in 1987. The Department did provide the money to paint the house in heritage colours.⁶¹ Nursing Director Erlanger was actively involved in all these applications, they had taken time and energy while the day-to-day work of running the Home, School and Clinics still had to go on. She was surprised that the Karitane Council did not involve her more in their decisions and she worried that the specialized knowledge of mothercraft would be lost in the NRB's generalist nursing courses. 'Mothercraft was always trivialised' she said, feeling that even some paediatricians were ignorant about the body of knowledge inherent in the mothercraft taught at both Karitane and Tresillian.⁶² In 1988 Erlanger resigned after fourteen years at Karitane and Joan Kocken who had been appointed educator in 1988 became Director of Nursing in January 1989.⁶³

Conclusion

The 1970s and 1980s were characterised by anxiety over inflation, the return of unemployment and government's economic remedies for the problems. Again the political divisions between collective and individual responsibility for health gave rise to contention and change in the funding of health care. The situation went from the concerted efforts of a Labor Government to fund more health care to following the countervailing international trends of economic rationalism. The succeeding Coalition Government reduced government spending and health care services were correspondingly

⁶⁰ KMS, *Annual Report*, 1978, 1; 1979, 2; 1980, 2; 1982, 4, 5; 1985, 6, 7; 1986, 4; 1988, 3.

⁶¹ KMS, *Annual Report*, 1985, 1; 1987, 5. The student nurses moved to the nurses' home at Prince of Wales Hospital; 1986, 11; 1987, 12.

⁶² M Erlanger, personal communication, 2006.

⁶³ KMS, *Annual Report*, 1988, 16; 1995, 2.

reduced. The NSW Department had considerable problems trying to achieve a manageable scale for its health operations, and in the 1970s and 1980s, it was engaged in almost constant restructuring. Karitane, now dependent on the State's support, had to work with the Department but it had difficulty trying to coordinate a future with structures that were constantly reforming.

These decades incorporated the 'Lifestyle' era of Baum's public health patterns. In this climate of concern about personal health risks, women were stressed by pressure to be 'a good' mother while trying to reconcile medical advice with 'back to nature' feminism. To the staff's credit they managed to meet their aims of fitting mothers for the task of caring for their babies, training nurses and cooperating with similar organisations; achieving it all within a noticeably therapeutic atmosphere.

Karitane's acknowledgment of the need for improved mothercraft skills for Aboriginal people in the early 1970s was admirable. With hindsight it is easy to see the cultural divide that Karitane's mode of mothercraft instruction could not bridge. At least that project got past the planning stage, unlike their other plans for adapting Karitane's services to changing community needs. Erlanger quite reasonably became frustrated at time spent at meetings working on plans for initiatives that never came to fruition. It was salutary that when she left Karitane in 1989 she also left nursing to start her own importing business.⁶⁴

At the end of the 1980s Karitane had lost much of its independence and it was losing some of its identifying features: Karitane no longer trained Mothercraft Nurses, the Karitane Nurses Booking Bureau closed and the Karitane Mothercraft Association petered out.⁶⁵ Contact with Karitane Products Society in NZ ceased when the mortgage was repaid after the sale of 23 Nelson Street in 1973. In the 1990s Karitane achieved the aim of moving 'West' but, as the next chapter shows, it was not an easy transition.

⁶⁴ M Erlanger, personal communication, 2006.

⁶⁵ The last report from the Karitane Mothercraft Association was in 1974 and it promised more activity.