

PAUPERS AND
PROVIDERS

*Charitable Aid in
New Zealand*

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Allen & Unwin/Historical Branch

CONTENTS

In memory of Maude Belk

Jointly published in 1989 by
Allen & Unwin New Zealand Limited
and Historical Branch
Department of Internal Affairs

Allen & Unwin New Zealand Limited
in association with the Port Nicholson Press
Private Bag,
Wellington, New Zealand

Historical Branch
Department of Internal Affairs
P O Box 805
Wellington, New Zealand

Allen & Unwin Australia Pty Ltd.
NCR House, 8 Napier Street
North Sydney, NSW 2059
Australia

Unwin Hyman Ltd
15-17 Broadwick Street
London W1V 1FP, England

Allen & Unwin Inc
8 Winchester Place, Winchester
Massachusetts 01890, USA

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ISBN 0 04 614020 4

Printed and typeset by SRM Production Services,
Malaysia

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The Otago Benevolent Institution: in Dunedin the symbol of loss of respectability and a 'pauperised' old age.

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Chapter 2

CHARITABLE AID – THE LEGISLATIVE FRAMEWORK

The 1885 Hospitals and Charitable Institutions Act was a landmark in our welfare history. It established a national system of hospitals and charitable relief under the jurisdiction of specially constituted local boards. These boards remained in modified form to the 1980s, outliving the voluntary and locally rated revenues which 100 years ago were the main justification for their existence. The Act confirmed that responsibility for the sick and the poor was a charge upon all parts of the country and all sections of the community. It may stand alongside the 1898 Old-age Pensions Act as New Zealand's most significant welfare legislation before 1938. It was an unusual example of a measure touching the utterly destitute, at a time when social policies were less equivocally directed at those better able to help themselves.¹

At the same time, we must be wary when talking in terms of legislative 'landmarks'. In this case, hospitals had been established and charitable aid dispersed well before 1885, and their day-to-day management did not immediately change. More generally, we must question the *effect* of legislation – whether its administration bears out political intentions. If the force of a statute depends upon the clarity of its sponsors' intentions, and upon the means to enforce those intentions, then the 1885 Act lost out on both counts. This was particularly the case where its details touched upon charitable aid. Although this side of hospital board activity has long since contracted, some of the issues rehearsed in 1885 remain contentious. Still exercising policy-makers are such questions as the number and size of health districts, the direction and extent of health and welfare funding, the accountability of local bodies and 'community' groups funded in part, at least, from central government revenues, and the interaction between health issues and other indicators of social wellbeing.

The failure of earlier attempts to resolve the difficulties surrounding hospitals and charitable aid made parliamentarians more than

usually amenable to a bill introduced by the Stout-Vogel Government in 1885. The debate which followed was lengthy, but limited in scope. Some politicians, especially the legislative councillors, were concerned about 'pauperism' in New Zealand and had obviously read up on charitable responses in England and Europe, but for the most part attention focussed on issues of finance and administrative detail. Political power in 1885 was still narrowly based, and those addressing the debate did so as men distanced from the sick and able-bodied poor (though a few, like Vogel, had contact with local benevolent societies).² It would be wrong to see these male legislators acting as a coherent elite, however, since most spoke with an eye to the advantages and disadvantages of the measure for their different localities. Taken at face value, the debate revealed more about town/country rivalries and local self-interest than about the nature and extent of destitution in New Zealand, or about class tensions in the 1880s. Female poverty gained scarcely a mention. As a contemporary complained, 'the Bill provided a machinery, but was utterly devoid of a principle'. It was felt, he added, that pauperism had been given a legalised recognition, 'and that a law for the Relief of the Poor of the Colony had been enacted, with a rashness, a levity and a want of deliberation which were in high degree discreditable to the Government and the Legislature'.³

If politicians seemed excessively immersed in the minutiae of the Bill and unable to identify principles, it was little wonder. They were faced with a measure of mind-boggling complexity, an attempt to satisfy at one and the same time the proponents of voluntary charity, of a poor law system, of state funding, and of local independence. It is worth rehearsing some of the Bill's complexities, for these were ultimately reflected in the daily administration of charitable aid in New Zealand.

The detail of the 1885 Bill proposed twelve hospital and charitable aid districts coterminous with existing education districts. The Government no longer had hopes of making borough and county councils responsible for hospitals and charitable aid and instead proposed *ad hoc* boards; as a result New Zealand's territorial local bodies did not assume a significant welfare role until very recent times. However, for each hospital and charitable aid district a board would be established, consisting of the mayors of boroughs, the chairmen of county councils, and a number of other persons nominated by these bodies. Boards, in other words, would not be popularly elected on either a parliamentary or a ratepayer franchise. This was but one of the many points of conflict built into the Bill from the very start.⁴

The boards would take control of existing hospitals and charitable institutions in their districts and would ensure that they were provided with sufficient funds for their management. Of course, funding was the critical concern, and each board would derive its funds from four main sources: rents and profits of land and endowments vested in it; voluntary contributions, including donations and bequests; grants made by local bodies (for which they could strike a rate but were not compelled to do so); and subsidies from the Consolidated Fund.⁵ All this seemed relatively clear, though in practice the last two sources were the most crucial.

Superimposed upon this pattern of district boards with multiple sources of funding was a feature which would prove the system's least successful and most complex element. This was the provision for 'separate institutions'. Existing hospitals and charitable institutions which did not wish to come under the control of a district board could petition for incorporation as separate institutions, provided they attached to the petition the names of not less than 100 persons pledged to contribute £100 to the institution in yearly sums of not less than 5s. The separate institutions were not to be wholly self-sufficient, however. As well as deriving their funds from voluntary contributions and rents and endowments of land they might own, they could claim additional grants from the district boards and subsidies from government.

The point of the provision for separate institutions was to encourage voluntary welfare activity and to assure viable voluntary institutions of continued autonomy. It was custom-made for bodies such as the Otago Benevolent Institution, which would retain their virtual independence while continuing to draw upon public funds. It had distinct parallels with the Scottish Poor Law of 1846, which also attempted to make provision for voluntary charity, and which left some discretion as to the striking of a poor rate. In practice, separate institutions caused much resentment, failed to maintain their voluntary funding, and added enormously to administrative complexity.

Right from its introduction the Hospitals and Charitable Institutions Bill had these contradictory elements, but two major changes made during its passage refined them to a nicety. The first involved an increase in the government subsidy on voluntary and local body contributions from 10 shillings in the pound to a pound for pound subsidy, thereby doubling the Government's financial commitment. More important was an increase in the number of proposed boards, from twelve to twenty-eight. This was the result of strong parochial feelings about hospitals, in

particular, as each locality sought direct control over its own institution. It was by no means the last time that parochialism would prevail over efficiency in deciding the size of hospital districts – the debate over this is still with us. In 1885 Stout, the Premier, readily admitted that he saw no harm in subdividing districts for hospital purposes.⁶ The problem was that district boards were intended to manage charitable aid as well as hospitals, and the Government thought that large districts incorporating both rural and urban districts were essential to a fair and effective administration of charitable aid. Since the poor usually gravitated towards urban areas, any close subdivision of districts could leave towns heavily committed to supporting the poor, while relatively self-contained rural districts would escape lightly.

The Government's solution was to reunite a number of districts solely for the purpose of administering charitable aid. Thus, the North Auckland district was combined with Auckland, Coromandel with Thames, and Wellington with Wairarapa, for example. A number of districts were *not* united in this way, among them Taranaki and South Canterbury, and they retained the same boundaries for the administration of hospitals and charitable aid. In effect, three types of board came into operation – district boards with responsibility for hospitals *and* charitable aid, district boards with hospital responsibilities only, and united boards which managed charitable aid only. And, as noted above, any board might be called upon to finance separate institutions which functioned within its boundaries. Bewildering enough on paper, such arrangements were to demonstrate their full complexity in the first few months of the Act's operation.

There were clearly enough anomalies and stresses in the Hospitals and Charitable Institutions Act to prompt a number of reforming bills over subsequent years. Most of these stresses were isolated during the 1885 debate and were later accentuated by a lack of goodwill toward the Act from associated local bodies. The first and most fundamental complications arose from the town/country rivalries which almost invariably accompanied politics at the time. Matters of dispute centred on the number and size of districts as rural areas continually sought separation from urban. The method of local rating for hospitals and charitable aid also became an issue, rural districts arguing for a rate based upon income or population rather than rateable land valuation alone. A second major point of tension was the funding of hospitals and charitable aid as voluntary contributions fell away and the government input rose. Here the role of separate institutions was a particular embarrassment since these bodies, nearly all of them urban-based, drew heavily, and with seeming impunity, upon

public funds. Third, a so-called 'settlement' clause in the Act enabled the boards to claim from one another the cost of relief and treatment given to persons from outside their district, providing those persons had resided in the previous district 'at least six months next' before receiving relief.⁷ This clause aimed at lifting some of the financial burden of charitable aid from districts well endowed with institutions. It was influenced by, but more flexible than, the English Poor Law idea of settlement (which laid emphasis on a settlement determined by place of birth). Nonetheless, the imprecision of the New Zealand clause and the geographical mobility of the colonial population caused persistent and futile litigation between boards well into the twentieth century.

Finally, some questioned the administrative connection between hospitals and charitable aid in view of diverging public attitudes toward them.⁸ In theory, the distinction between the two in the title of the Act was superfluous – hospitals *were* charitable institutions in the sense that they were intended for patients unable to afford private medical care. In practice, hospital treatment was already being seen as a right, not as a last, humiliating resort. Where dissatisfaction was expressed over the next two decades, it was more usually with the charitable aid side of the Act.

The Act's omissions as well as its complexities contributed to confusion. There was no formal entitlement to relief, no mention of any principle on which claims might be decided. The status of those on charitable aid was not defined, and disenfranchisement, a major penalty of poor relief in England for many years, was never seriously considered. Nor was there a 'workhouse test', as introduced under the English 1834 Poor Law Amendment Act: the relationship between indoor and outdoor relief remained indeterminate. Although government contributions soon amounted to more than 40 per cent of the boards' funding, the powers of the Government's Inspector-General were minimal under the New Zealand legislation. The influence of the Act was largely negative, for although there were hopes of reduced expenditure, the boards were given no guidelines on how to achieve this goal. Within Parliament itself, as one member later commented, charitable aid remained 'something like Satan and sin: it flourished best in an atmosphere of vigorous cursing and denunciation'.⁹ Few were able to suggest a more satisfactory alternative, and many regarded the whole business as a hornets' nest better left unstirred.

Nonetheless, attempts were made at reform. The intention of the 1886 Hospitals and Charitable Institutions Amendment Act was to iron out some of the anomalies which had arisen as the Act came into operation. The government subsidy was increased to 24 shillings for every pound of voluntary contributions in a vain

attempt to boost the flagging voluntary input to boards and separate institutions. The boards' guardianship of children under their care was clarified. They were already required to pay for the support of indigent children sent to a state industrial school, but in 1886 this was made retrospective, and extended to children committed before 1885. Other clauses authorised the grant of travelling expenses to board members in an attempt to defuse rural claims of unfair representation.¹⁰ Country members of charitable aid boards had long complained about the cost and difficulty of attending meetings held in towns, suggesting that their disadvantage amounted to a violation of representative principles.

Beyond this, no major overhaul of the Act was achieved until 1909. The few alterations made after 1886 resulted from various M. P.s' efforts for the separation of their districts, and represented the working-out of local animosities. More significant (but unsuccessful) were government initiatives which, under both the Atkinson ministry of 1887 to 1891 and Seddon's Liberals, sought to tie charitable aid to an extensive reform of local government. The 1889 Hospitals and Charitable Aid Bill was the most interesting of these, for it alone attempted to introduce clear principles into the administration of charitable relief in New Zealand.¹¹

The 1889 Bill aimed first at the classification of the poor into degrees of moral worth and, second, at the restraint of those whose supposed slothfulness and degeneracy made them threats to the community. The 'casual' poor and others needing outdoor relief were to be left wholly to charity or to the territorial local bodies, the sick cared for in hospitals, the old and infirm in separate homes. Idlers, drunkards, tramps, and those whose families were likely to become a charge upon the State would be drafted into 'state refuges'. These would be virtual prisons, to which undesirables could be committed by a magistrate on the complaint of a town or county clerk. Once there they would be compelled to work. While the most 'degenerate' would therefore become the sole responsibility of the State, the casual poor would be left to voluntary societies and unsubsidised local bodies, and those in hospitals and homes would receive a state subsidy on a daily maintenance basis. The hospital and charitable aid boards would be disbanded, and their place taken by existing local bodies, mostly borough councils, which would become the 'controlling councils' of a district on behalf of all the local bodies within it. The Wellington City Council, for example, would become the controlling council for an area consisting of the Horowhenua and Hutt counties and all the boroughs within. Within only four years of the 1885 Act, a government was prepared to scrap the system of separate hospital and charitable aid

boards and revert to earlier schemes involving territorial local bodies.

The Bill had a further significance, for it indicates that certain of New Zealand's policy-makers had highly coercive aims, and that these could surface at parliamentary level in a way which was not apparent in 1885. This was a government measure, publicly announced by the Premier and introduced by the Colonial Secretary, T. W. Hislop. It bore the unmistakable stamp of that leading foe of paupers, the Inspector-General of Hospitals, Dr Duncan MacGregor. He, in his turn, was heavily influenced by overseas analyses of poverty, the English social investigator Charles Booth having recommended labour colonies for the very poor in 1887 and 1888. Newspaper reaction to the Bill suggests that coercive sentiments may have had even wider currency, since state refuges were sometimes presented as the sugar coating on an otherwise bitter pill. Opposition to the Bill was seldom based upon a defence of individual liberties. One conservative opponent attacked the principle of 'a class of state paupers chargeable on the consolidated fund', but his alternative was no more lenient, since he proposed a system close to the 1834 English Poor Law, with local workhouses and absolutely no outdoor relief.¹² Others were less wary of state activism by the late 1880s. The provision for state refuges was, in the opinion of the *Feilding Star*, a thoroughly admirable one, while members of the Auckland Hospital and Charitable Aid Board were highly enthusiastic about the removal of tramps and other misfits to a state refuge, sited far away, and preferably in Wellington.¹³

At the same time, the 1889 Bill illustrates the constraints upon coercive action, for it failed to get even a second reading. However attractive the principle of compulsion, it could not redeem other parts of the Bill which came into conflict with local concerns. Most intolerable of all was its trade-off, the removal of the government subsidy on outdoor relief. Since it seemed unlikely to lose the subsidy commitment, and stood every chance of incurring an additional expense in the form of state refuges, the Government abandoned the Bill. Once again, local self-interest had undermined any attempt at consistent policy, in this case an overtly oppressive one.

In the 1880s and 1890s it was the charitable aid side of the legislation which provoked greatest debate. By 1909, when a major revision of the Hospitals and Charitable Institutions Act was achieved, the focus was different. A more favourable economic situation, and MacGregor's death, helped to reduce the controversies surrounding charitable aid, but it was the growing sophistication of hospitals which finally prompted action; the medical

reference point had become the dominant one. The 1909 Hospitals and Charitable Institutions Act modified the existing pattern of administration rather than tying it to local government reform. *Ad hoc* district boards were retained, but with the important difference that hospitals and charitable institutions now came under a single authority in every part of the country. Separate institutions were abolished and provision made for ratepayer election of hospital and charitable aid boards. The question of central control was only partly resolved, and related more to the management of institutions and appointment of staff than to outdoor relief. The most important extension of central powers enabled the Minister of Health to withhold subsidies and to direct the Inspector of Hospitals to rectify shortcomings at a board's expense, but by 1920 this right had never been exercised.

The bitter town/country rivalries so evident in the 1880s were less apparent in 1909.¹⁴ The large number of separate boards established by the legislation – thirty-six in all – defused some of these tensions even as they contributed to administrative inefficiency. The abolition of separate charitable aid districts and a new emphasis upon the boards' duty to provide a wide range of medical facilities may also have undermined jealousies between outlying districts and urban centres. The 1909 Act had its greatest impact upon charitable aid in a negative sense: as indoor and outdoor relief became subsumed in the boards' wider medical responsibilities, they became the subject of less intensive scrutiny than in the past. As long as settlers could see some return from their rates in the form of medical services, they were less likely to gripe about expenditure on public relief.

This development was potentially very important. If the 1909 Act had any underlying philosophy, it involved an integrated approach to sickness and material need. George Fowlds, the Minister in charge of the Bill, hoped that 'if the boards assume responsibility for the care of all the sick and needy within their respective districts, it is only right and proper that they should also have some power of control over the influences and conditions which are likely to develop such sickness and indigence'.¹⁵

Having failed to make local bodies responsible for community welfare, the Liberals attempted in the 1909 legislation to broaden the role of the hospital and charitable aid boards. Boards were authorised to provide facilities for the material support of the poor, for preventive health and the treatment of disease. They were permitted (but not compelled) to provide a range of institutions: for medical, surgical, maternity and infectious cases, for the aged, incurable, and destitute, for children, inebriates, and for women and girls in need of reformatory care. In 1910 the transfer

of public health responsibilities from local bodies to hospital and charitable aid boards became mandatory, and in the same year the bureaucratic distinction between preventive and curative health was undermined by a merger of the Departments of Health and Hospitals. The legislative framework implied a unitary approach to a broad range of social need, preventive strategies toward sickness and indigence, and a willingness to give physical explanations of poverty priority over moral judgements. This integrated approach to preventive as well as curative health is only now being reasserted. But in the 1900s the hospital boards' small size, lack of funds (and lack of imagination) ensured that the initiative was soon lost. Charitable aid and preventive health soon took a back seat to the treatment of acute illness. In 1920 the hospital boards' public health responsibilities were actually removed, to become a concern of the central Department of Health and of the territorial local bodies.

The tendency for charitable aid to shrink in relation to the boards' medical concerns was confirmed by developments at the centre. The 1920 Health Act reorganised the central department into divisions. Charitable aid remained a minor concern of the Hospitals Division – there was no Division of Charitable Aid, as there would surely have been in earlier decades, when spending on relief prompted greater official concern. In the same year another hospitals act altered the title of the boards from 'hospital and charitable aid boards' to 'hospital boards'. The change of nomenclature showed the diminishing importance of charitable aid in relation to other forms of welfare rather than an end to destitution. It also signified a desire to reduce the charitable connotations of public medical care.¹⁶

The boards remained, as do area health boards today, with an authority to provide relief. Subsequent alterations to their charitable role came not from amendment to the hospitals acts, but from alternative legislation which extended the Government's direct role in income maintenance. The 1930 Unemployment Act placed unemployment relief under a government-nominated board. Under the first Labour Government there was a conscious attempt to make income maintenance in time of need a right of citizenship, to remove any charitable connotations. As the 1938 Social Security Act came into operation, the numbers requiring hospital board maintenance fell even further. By the 1940s and 1950s the hospitals' medical role was supreme, and charitable aid was rapidly becoming a residual curiosity from the past.

The passing of an act is just the beginning of the welfare process. The legislative framework behind hospitals and charitable aid has been rehearsed because it shows how deficiencies in

legislation can cast a long shadow, producing complex administrative arrangements that become more and more entrenched over time. The 1885 Hospitals and Charitable Institutions Act tried to accommodate government, local body, and voluntary effort; it attempted to marry local responsibility with central funding and oversight. In the end it satisfied very few. There were problems enough where its provisions touched health and hospitals. On its charitable aid side, the side with which we are more immediately concerned, the Act provided few guidelines to implementation. It was not informed by any noteworthy commission or inquiry, and attitudes towards overseas precedents were ambiguous. Unlike later pensions legislation, the two main Acts of 1885 and 1909 did not state who might receive assistance and did not define income limits or moral qualifications for relief. Nor, for that matter, did they formally exclude any such group as the able-bodied poor, but by these omissions allowed vast discretion to administrators. Unfortunately, the legislation endorsed several levels of administration, and these did not necessarily share the same policy goals. As a Legislative Councillor quite rightly observed of the 1885 Bill, 'The whole secret of the success of charitable relief does not lie in the machinery, but it lies in the spirit that regulates its administration'.¹⁷ The same could be said of any welfare measure, but it was especially true of a system which had discretionary aid as its essence.



'Margaret Graham, aged 76, is believed to have been in the colony a great many years, and has been a resident of the Costley Home since it was opened, nearly ten years. She is a Scotch woman, and labours under the delusion that she is "lost, lost, eternally lost" – a victim to the very benevolent teachings of orthodoxy.

A physiognomical study, depicting the hopelessness of morbid despair as opposed to the philosophy of healthy hope, eh?



'Alice Kay, supposed to be nearly, if not over, 100 years of age. She came to the colony in the very early days, and met with the customary hardships of pioneering. She resided for a number of years in the Costley Home, and passed "beyond the veil" on the 14th December, 1899. She stated with much pride that she had never taken a dose of medicine of any kind in her whole life. Though somewhat coarse and uncouth exteriorly, she was nevertheless kind and tender to a degree.'

Female pensioners in the Costley Home for the Aged Poor, and their stories as told to the *New Zealand Graphic*, 17 February 1900.

Chapter 6

'BEGGARS OF THE FEMALE SEX'

Female vulnerability to distress and destitution was apparent from the earliest years of Pakeha settlement, a reflection of women's economic dependence upon men, their responsibility for children, and the low wages that their skills could demand. For the nineteenth century we so often have an idealised version of the 'pioneer woman' placed before us: sturdy, resourceful, competently rearing her large family, working alongside her man in the bush, and frequently surviving into matriarchal old age. By way of contrast, those on charitable aid were the casualties of a colonial society, women widowed and deserted, some in a chronic state of ill-health; women at risk of losing their children through sickness, or as a penalty for their own inadequacies. The extension of state welfare in the twentieth century did little to address the basic causes of female poverty, and tended to follow nineteenth century definitions of 'deserving' and 'undeserving' behaviour. In this chapter we will examine the forces which drove women toward public charity, the boards' responses to their needs, and the contradictory attitudes aroused by female destitution. The charitable aid system shows that the so-called 'feminization of poverty' is not at all new, that female recipients of relief had distinctive needs arising from their reproductive and maternal role, and that outdoor relief, in particular, was a vital resource for women and their dependents. There was also some institutional provision made for elderly women (as we shall see in Chapter Eight), and for single mothers, who illustrate most forcefully the moral dimensions of female distress.

Integral to the charitable aid system were assumptions about women's dependence upon men, and women without a male provider caused policy-makers great disquiet. It is significant that when Duncan MacGregor attempted to classify outdoor cases according to need, he included the category 'no male support'. It is also significant that this category was rivalled only by 'sickness' and, at times, by 'old age' as the leading 'causes of poverty' in the late 1890s and early 1900s. Unemployment and under-employment

were not regarded as female 'causes of poverty', for in official eyes women's problems reflected a male failure to provide. A first response to female relief claims was to seek out the appropriate male provider, and to corner him into maintenance. This focus on male irresponsibility meant that women were more likely than men to be elevated to the ranks of the 'deserving', though Grace Neill, for one, could be vigorous in her condemnation of female indigents.¹

Statistics on charitable aid rarely give a breakdown of cases by gender, so we are dependent upon a few remaining case lists for this kind of analysis. Women receiving outdoor relief from the Otago Benevolent Trustees in the period 1889–1909 were two or three times more numerous than men in most years (see Table 2, p.88.) These figures include individuals associated with all cases, however. When we look only at cases which involve women *initiating* claims on behalf of themselves and their dependents, we see that these constituted 56 per cent of all applications on the Otago Trustees' outdoor relief list in 1895, 56 per cent in 1900, and 50 per cent in 1905. In the Auckland area such cases were proportionately fewer for the corresponding years: 36 per cent in 1895, 42 per cent in 1900, and 34 per cent in 1905.² (The Auckland Hospital and Charitable Aid Board's registers are, however, more problematic than the Otago ones, containing a higher proportion of cases where the reason for applying is unclear.) Other, more scattered relief lists suggest that between 50 to 60 per cent of cases involved women applicants without a male breadwinner, and a North Canterbury listing of 1911 has 66 per cent of cases in this category.³

Otago case files indicate that even for those charitable aid applications registered in the name of a male breadwinner, a good deal may be revealed about female poverty. Take, for example, the case of James Millen, a twenty-year-old New Zealand-born labourer, recorded in the 1909 Otago case register as 'out of work'. Case notes show that it was actually his wife, Emily, who applied for assistance on behalf of her husband, herself, and their three-month-old baby. The husband had scalded his feet two days previously, and the family was entirely out of food when the inspector called. Temporary aid was given, and the Millens disappeared from the record for a time. A year later Emily Millen again applied for aid. Her husband had been absent for some months, presumably in search of work, had returned and departed once more, 'leaving the Wife in an interesting condition' and without maintenance. In the meantime, Emily's first baby had died, and she had moved in with her mother. Since there were no living children, and since Emily had the support of her mother,

the relieving officer recommended that she should get only a little aid at her 'time of need'.⁴ Behind the bare description 'out of work' in the case register and an application in the husband's name was a peculiarly female experience of hardship.

Files such as this show that even where men applied for relief on behalf of families, it was usually their wives who fronted up to the charitable aid board, who laid their homes open to inspection, and who joined the ration queues. It was the woman who had to excuse the disorder in her own home, to explain her husband's squandering of family resources on drink, to announce apologetically yet another addition to her family, and to supply the detailed information that boards required about length of residence in the district, rate of wages received over previous months, length of time in New Zealand, religion, rent, and relatives.

Some did this against a background of the most extreme stress and privation. We have already seen something of the social context in which outdoor relief was distributed. Otago case notes of the 1890s show homes entirely without furniture, only a few filthy mattresses and bundles of cast-off clothing as bedding. Children were described as naked and half-starved, lacking shoes and boots, and suffering from chilblains. In some instances, families had obtained supplies on credit, and, when this was withdrawn, there was literally no food at all in the house. Despite these difficulties, the Otago relieving officer was generally very censorious about the housekeeping abilities of his female clientele, expressing surprise, on occasion, that some form of plague had not overtaken the household: 'Mrs Maclean says she does nothing but attend to the house. I cannot see in what way she does it as it is in a very dirty condition – *filthy* is not too strong a word'.⁵ It was not unknown for relief to be tied to the wife keeping her house clean to the inspector's approval, though at least one Dunedin woman rebelled against that condition. When the inspector attempted to assert his prerogative, she smartly sent him packing, accompanied by a stream of abuse. She was mistress in her own home, she said, and if that gentleman came again, she would call the police to turn him out.⁶ Unfortunately, the majority of women on charitable aid had little choice but to submit meekly – or, one suspects, sullenly – to such scrutiny. Even in stable two-parent families, it was ultimately the mother who had to deal with sick and hungry children when relief was declined.

There was a clear hierarchy among women 'without male support', and this determined eligibility for both indoor and outdoor relief. Three groups predominated. At the bottom of the hierarchy were immoral women such as single mothers. Deserted wives

rated somewhat higher and were less likely to be regarded as authors of their own fate. The most deserving applicants of all were widows, both older women and those with dependent children. At the same time, widows provided the boards with their most costly and persistent outdoor relief cases. In 1895, for example, seventy-one elderly widows and 129 widows with children received outdoor assistance from the Otago Trustees. Of these, approximately one-half had been on relief for more than two years, some for ten or more years, and one old woman for twenty years.⁷ The majority of widows on charitable aid case lists had children (and in some cases grandchildren) living with them, and very large families were by no means unusual. Mrs Coles of Waipiri, who appears on the Otago register for 1895, had children aged five, six, seven, eight, ten, twelve, fourteen, sixteen, seventeen, and eighteen. She had been on relief for five years, having been widowed with a small baby. Mrs Bourke of Cromwell was thirty-eight, and had children aged nine, eleven, twelve, thirteen, sixteen, seventeen, eighteen, and twenty. She had been on outdoor relief since 1885, but ten years later her older children were in a position to be of some assistance.⁸ Neither case was exceptional.

In 1885 the Rev. Dr Stuart of Dunedin, one of the Benevolent Trustees, grumbled that he could not imagine why 'widows should be... as thick as blackberries, and that there should be such a fatality in regard to husbands in this Colony'.⁹ Census returns for the nineteenth and early twentieth centuries show that the number of widows in New Zealand was considerably greater than the number of widowers, especially in the younger age groups. The greater vulnerability of men to death by accident or violence could result in a sudden reversal of family fortunes, and was critical to large families like the Coles and the Bourkes, and to others in rented accommodation, with minimal savings and few other supports. Newspaper reports of the colonial period give the impression of men drowning, chopping off limbs in the bush, falling off horses, and drinking themselves to death in vast numbers. The female equivalent was probably death in childbirth, but men who lost their wives tended to remarry with some rapidity, or to place dependent children with relatives, or in institutions. There were clear gender differences in the boards' responses to widowhood. *Widowers* were not encouraged to seek assistance, and were regarded with considerable suspicion when they applied. They were supposed to remarry (which, generally speaking, most did), or to arrange suitable child care with female relatives. When one bereaved husband applied to the North Canterbury Charitable Aid Board claiming that he might get work if his infant child were

taken from him, he was told to make arrangements with his own or his wife's mother. "The mere fact of becoming a *widower* does not relieve him of his paternal obligations', the Board's secretary wrote.¹⁰

For women, the boards' response was quite different. Except when they blotted their copybooks with ill-judged displays of slovenliness, forwardness, ingratitude, or immorality, widows were objects of sympathy. The epitome of moral worth was Mary Langdown, a forty-two-year-old widow on the books of the Otago Benevolent Trustees in 1909 and 1910. Mrs Ansell, the Trustees' woman inspector, reports:

In company with Sister Francis I visited the people in the District Neighbours and Tradesmen who without exception testified to the honesty and integrity of Mary Langdown, we then went to her home and though poor it was scrupulously clean and so were the children.

There are nine altogether 3 daughters, 6 sons. The Second Boy is on the '—', he deserted it and was punished and since the punishment the 2/6 he gave his mother has been stopped.

The eldest Son is married, and it takes him all his time to support his wife and two children.

Another boy has been with his grandmother since infancy, gives her 10/6 weekly consequently can ill afford 2/6 out of a small wage to help his Mother. The remaining three aged 6, 7, and 8 go to school. The eldest daughter employed at the Phoenix Biscuit Factory says she does not get a big wage, supports herself, and is preparing for marriage early in the New Year. Gives her Mother 10/- weekly. Sometimes less. The other daughter age 14 is a Nurse-girl earning 5/- weekly which is given to her mother. The youngest goes to school.

Mary Langdown herself goes to work as often as able but suffers acutely with a bad leg. The Doctor has advised an operation and says rest is imperative, still she goes out almost every second day, and washes, oftentimes with her leg propped up upon a box by the wash tub. Manages to keep her bills paid and her children clean and tidy, clothes neatly mended etc.

Would certainly recommend a continuance of the weekly allowance of 7/6 in the above case.¹¹

This case shows both the process of investigation (here by a woman inquiry officer who conscientiously checks with neighbours and local shopkeepers) and all the elements of 'deservedness', as contemporaries saw it: an exemplary, if insufficient, level of family support; the widow herself defying ill-health and a doctor's advice to supplement her pauper dole. Above all, Mary Langdown was honest and clean: the point is made twice in Mrs Ansell's report. The limits on female employment are shown by Langdown's restricted and wholly unsuitable form of employment. Laundry work was an unpleasant and extremely heavy activity, but one often taken up by poor women. Finally, the

report shows the complexities of the family cycle. Although the eldest son was beginning a new cycle of family formation and an older daughter was making the transition to a married state and management of her own household, younger siblings were still dependent upon the mother. One had been reared by a grandmother and was assisting in her support – a reminder that, in the past, by no means all children were reared in the households of their biological parents.

It was cases such as this which eased the passage of the 1911 Widows' Pensions Act. Like most measures of the kind, widows' pensions were given mainly to aid fatherless children: inasmuch as they benefited women, they rewarded their contribution *as mothers*. This uncontroversial but somewhat half-hearted measure initially allowed a widow with one child the sum of 5s per week, though even old-age pensioners, with only themselves to support, were receiving 10s per week from the State in 1911.¹² The strong pro-family and pro-motherhood rhetoric of the period was not necessarily matched by financial input from the State. Some widows, especially those with large families, were actually better off on charitable aid, and had to be nudged into a pension application by the relieving officers. Jane Hobbs, a widowed mother of six, who received the extraordinarily large sum of 27s 6d weekly in rations and allowances from the North Canterbury Board in 1911, would have been less than grateful for the 11s 6d weekly maximum allowed her under the Widows' Pensions Act. More typical was Kate Eastwick, who received 13s worth of rations from the Board for herself and five children: she, too, would have been entitled to a weekly pension of only 11s 6d.¹³

Although widows constituted the largest number of women seeking charitable aid, their ranks were almost certainly inflated by women who were not widows at all. Single mothers sometimes struggled to maintain a respectable front by claiming a fictitious spouse, and deserting husbands were often as good as dead to their families. (The case books of the Otago Benevolent Trustees frequently have inverted commas around the description 'widow'.) Single mothers and deserted wives had a much more ambiguous status than widows, and carried some degree of blame for their destitute condition.

Wife desertion was closely linked with male unemployment and the condition of the labour market. In a pioneering situation where unattached males could gain employment more readily than those with dependents, and where geographical mobility loosened social ties, there was considerable incentive for men to detach themselves from inconvenient unions.¹⁴ The problem of

family desertion was most acute during the economic recession of the 1880s and early 1890s, and again from the mid 1920s when deserted wives for the first time exceeded widows in charitable aid statistics. During the First World War it also sparked concern, as some enlisted men neglected to inform the authorities that they were married. There were tales of men who stated that they were going out for the evening, but took their shaving gear with them and never returned. One Christchurch man told his wife that he was going to the coronation of the 1915 carnival queen. The next day she read his name on the list of men bound for Trentham training camp. In the end, the Army issued camp passes to wives wanting to search for absconding husbands.¹⁵

Deserted wives provoked a degree of outrage that was out of all proportion to their numbers. As early as 1852, Christchurch magistrate J. E. Fitzgerald had warned deserting husbands that 'they [had] no right to expect any assistance should be given to their wives during their absence, from charitable aid or any other source in case they should be reduced to distress'.¹⁶ In the 1880s and 1890s, when public debate was at its most intense, the number of deserted wives seeking outdoor relief was probably no more than one-third to one-quarter the number of widows on the books of any one district.¹⁷ Nonetheless, errant husbands were roundly condemned for their rejection of stable family life, as it was believed that they calculatedly used the welfare apparatus to evade responsibility. In 1910 A. W. Hogg, M. P. for Masterton and a former member of the Wellington Benevolent Trustees, stated that if he had his way, he would send a detective to the remotest part of the world and would bring back such a man by the scruff of the neck to be tied to a triangle and flogged.¹⁸ Such sentiments no doubt immensely satisfied the outraged male legislators, but they did little to help the women and children concerned. They also did little to illuminate the problems, economic and emotional, which undermined New Zealand families at the time.

There was, in any case, a suspicion that deserted wives had brought their plight upon themselves. As Helen Stavely, Officer-in-Charge of the Women's Department of the Labour Department, wrote in 1899, deserted wives were 'much to be pitied'. But, she added:

I fear they themselves are often to blame. . . by their want of knowledge in making a comfortable home. . . . The husbands get into the habit of looking for comfort outside of their own homes, and eventually drift away, no one knows where.¹⁹

In other words, inadequate wives, women who had failed in their domestic, servicing role, had driven their husbands away.

Worse still, some women were thought to have connived at their own desertion. In 1890 Abraham Solomon, a prominent member of the Otago Benevolent Trustees, identified two kinds of wife desertion. The first occurred when a man moved away from his family to find work, and after some time formed new ties and obligations. The second type of desertion stemmed from a mutual understanding between husband and wife.²⁰ Such collusion was often a direct result of charitable aid board policies. It was easier for a deserted wife to obtain relief than for an unemployed man to apply successfully on behalf of his family. Otago case records show that some deserted wives had contact with their spouses, or at least knew of their whereabouts. Letters were received, but seldom money, from husbands who stayed intermittently in touch. Such was the case of Sarah Sullivan, aged thirty-five, with five children and another on the way in 1889. When in good health, she managed to support her family by doing embroidery for Indian hawkers or by taking in lodgers. When ill, she relied on outdoor relief. Her husband did little or nothing for her, but when contacted by the charitable aid officer he would occasionally contribute sums ranging from 2s 6d to 12s. His assistance was just enough to evade a summons under the Destitute Persons Act, but too little for the family's support. He made contact with the family often enough to avail himself of his wife's sexual services, and to add pregnancy to the burdens of a woman who was already chronically ill.²¹

One Otago case particularly perplexed the relieving officer. It shows the confused relationships which could result from desertion cases as women sought new providers and were abandoned yet again. It involved a middle-aged woman, Kate Harper, listed in the register of cases as 'deserted'. She had one sixteen-year-old son, reported as 'doing nothing', another two teenage boys out rabbiting, and four daughters aged nine, five, four, and four months. The inspector's report begins cautiously: 'So far as I can ascertain I believe the following to be a correct statement of facts'. He goes on to narrate a confusing saga of marriage and remarriage, the woman having lived with her husband and two other men, bearing children to each. Some years after migrating from Victoria and travelling around various parts of New Zealand, Harper and her first husband separated. The husband continued to live nearby until at last he 'became too prominent', and each of his successors decamped. Kate Harper apparently went through a form of marriage to her third 'cohabitee' though not divorced from the first man. At the time of the report she was living on one property, her first husband having brought the adjoining section. Although pretending to have different establishments,

they were, in the inspector's words, 'practically living together', since the first husband had built her a new cottage near the boundaries of the two properties when her own house burned down. It seemed clear, the inspector concluded, that the man had hung around his wife, allowing other men to keep her, which they did only as long as the true state of affairs was kept from them.²² The inspector assumed Kate's collusion, but this is uncertain: the case could equally be one of a woman trying to establish new relationships and having them destroyed by a possessive first husband who was not prepared to support her. If so, the relieving officer cemented Kate's dependence on him by withdrawing relief, concluding that she should be supported by her real spouse.

Men like this who stayed casually in contact with their families could be more of a menace than those who vanished forever. Auckland case registers of the 1890s and 1900s also contain such comments as 'children starving through father's indolence', or 'father refuses to provide'. Accepting the inevitable, the Auckland Board sometimes despatched unwilling providers to another centre to look for work, providing rations for the mother and children.²³

Cases like these show that the interpretation of 'desertion' was a complex business. Women did not necessarily regard themselves as 'deserted wives', even where they had long accepted total responsibility for their family's support. In a society where a woman's status depended on her attachment to a male, an unsatisfactory and mostly absent spouse could be better than none at all. But some women certainly did not want their husbands back, regarding desertion as the closest they would ever get to divorce. (One or two descriptions of missing husbands suggest that the wives concerned felt well shot of their men: in 1895, for example, an Auckland servant described her missing husband as '34 Labourer - Cornish - 5 ft 9 or 10 - Well built man - Black hair - beard growing all round fair moustache - scar on left jaw - 2 warts on 2nd joint of right thumb. Fond of drink - low looking'.²⁴) An absent spouse at least meant a break in childbearing and one less mouth to feed. For some it meant an end to violence. In 1895/96 deserted wives seeking maintenance and other protection from husbands constituted more than 60 per cent of cases brought before the Wellington Magistrates' Court under the 1894 Destitute Persons Act. Many of these were women regarded in law as deserted because they had been compelled to leave their husbands' residences 'under reasonable apprehension of danger to their person'.²⁵ Women were usually expected to apply for a maintenance order as a condition of charitable aid, but the problem, as always, was one of enforcing court orders.

The Dunedin Trustee, Abraham Solomon, confirmed that a woman often said to him, 'Do not send for my husband; we starve in peace when he is away, but we starve in misery when he is home'.²⁶ The cost of feckless, brutal, and drunken husbands returning plainly exceeded any benefit to their families. In the 1890s the police might charge a charitable aid board £50 to bring a man back from Australia, assuming his whereabouts was known. On his return he could be imprisoned for evading a maintenance order, in which case the family remained on outdoor relief. When released, he was unemployable. If he did not abscond immediately, he also became dependent upon relief, a burden, and all too often a threat to his wife and family. When charitable aid boards tried to reconstitute broken families by force, they found that the fiction of a stable family life was expensive to maintain, and most abandoned the attempt. Well into the 1920s, meetings of hospital boards advocated state labour camps for deserters, or imprisonment, with the prisoners' pay being used to support their families.²⁷

At the same time, more sympathetic analyses emerged. The economic strains on family life were more likely to be acknowledged after the First World War. In 1919 the Department of Health noted that boards were supporting men who were actually in steady employment, but who had large families.²⁸ A member of the North Canterbury Board pointed out in discussions of a labour colony that most men deserted because they were out of work and lost heart: they simply ran away to put responsibility on to someone else.²⁹ The 1926 Family Allowances Act, minimal and grudging, theoretically acknowledged that large family size might in itself be a 'cause of poverty' and that the State should share financial responsibility for families above a certain size. It did not greatly help women who were already deserted or women who were legally separated and whose husbands reneged on maintenance. It was not until 1936 that deserted wives became entitled to a state pension - twenty-five years after widows. Even then, benefits were very hard to get. The Auckland Board's Relief Committee complained in 1939 that if a deserting husband's whereabouts was known, his wife would be refused a benefit regardless of the husband's willingness or ability to pay maintenance.³⁰ The ambivalent status of deserted wives had carried over to state provision.

Single mothers came well down the scale of those considered 'deserving', with 'repeat offenders', as they were sometimes termed, at the very bottom. There are indications that the stigma

attached to unmarried pregnancies may even have increased over the late nineteenth century, as communities became more settled and more concerned with issues of respectability. The charitable aid authorities were not at all comfortable about helping 'fallen women'. As contemporaries saw it, these women's needs were of two kinds: first, pregnancy coupled with loss of employment and loss of 'character' often meant that the women were absolutely destitute and sometimes physically ill. But second, they were believed to be in need of moral reform, and many doubted that male-dominated charitable aid boards with paid officials like the relieving officers (also mostly male) were capable of such a delicate task. Rescue work among 'fallen women' was one of the growth areas of voluntary welfare in New Zealand between the 1880s and 1900s, but it was largely the domain of churchwomen, and one of the first prominent areas of female social work.³¹ The 1909 Hospitals and Charitable Institutions Act later empowered boards to establish new reformatories for women, but none was keen to do it.

Nevertheless, the charitable aid system responded to the needs of single mothers in a number of ways, especially during the period of childbirth and the puerperium. This involved both indoor and outdoor relief, and eventually led the boards into the more general provision of maternity services. There were two rescue homes which, mainly through historical accident, came under the jurisdiction of charitable aid boards in 1885. Some of the larger boards also provided lying-in wards in their benevolent institutions, and all, at some time, had a number of women receiving outdoor relief on account of 'illegitimacy'. These were a minority. In 1895, for example, only seven of the 386 women seeking outdoor relief from the Otago Trustees for themselves or their children did so through 'illegitimacy', while the ex-nuptial children of another fourteen mothers were supported by the Trustees. (However, there were others already on relief as widows and deserted wives who had further children outside wedlock.)³² Some single women found other, more extreme, solutions to their predicament in concealment, abortion, or infanticide.³³ Changes to laws on birth registration, abortion, and infant life protection in the 1890s and 1900s indicate public concern about these practices, and statistics of the period suggest that ex-nuptial infants were two or three times more likely to die than their legitimate counterparts. Other women turned to prostitution to support themselves and their children, and studies of prostitution certainly confirm the links between female poverty and prostitution in cities such as Dunedin.³⁴ The more fortunate women were able to rely on

family support, with the grandmother sometimes applying for outdoor relief. How many ex-nuptial babies of the past grew up believing that their birth mothers were their sisters?

Lying-in wards at the various benevolent institutions mainly provided for single mothers, though poor married women were admitted if they were in need of medical attention (in the nineteenth century some public hospitals would not admit maternity cases for fear of infection). Lying-in facilities were seldom elaborate, usually just a room away from sick inmates. Single women were admitted for childbirth because, like other residents of the homes, they were unable to support themselves. Like other inmates they were expected to work while in the institution, and there are indications that pregnancy did not always prevent excessive demands. In the 1890s the Auckland Branch of the Society for the Protection of Women and Children followed up one case where a young, pregnant woman had absconded from Auckland's Costley Home after being forced to scrub floors while ill, and with badly swollen legs.³⁵

The numbers admitted to the benevolent institutions for childbirth were not large. In the 1890s the Otago Benevolent Institution, after the Costley Home the second largest in the country, received only twenty to thirty women annually into its lying-in wards. It was nonetheless important in providing a captive clientele on whom aspiring midwives and medical students could gain experience – poor women and 'fallen' women no doubt provided more than their share of 'interesting' cases, and a successful caesarian section was reported at the Otago Institution as early as 1891.³⁶

In cases of unmarried pregnancy, the prime concern of charitable aid officials was to discharge women and their babies as quickly as possible from the benevolent institution, and to see that the men accountable for their plight did not evade responsibility. Information given by the manager of the Napier Refuge in his report of March 1887 illustrates that officer's concerns in two cases, both involving servants at Ruddock's Hotel, Clive. The first was that of Mary Truett, a nineteen-year-old servant who, the manager recorded, was English-born and a Protestant. Truett had been admitted to the Refuge on 11 January. The father of her unborn baby was a labourer named Joseph Williams. Mary Truett's own parents were dead, but she had two step-parents living nearby with whom she had not resided for some years. It was recommended that in this case the step-father be asked to contribute towards her maintenance, and that proceedings be taken against Williams immediately after the birth.

The second maternity case then in the Refuge was Sarah Roe, aged eighteen, likewise English and a Protestant. She had been admitted to the Refuge on 29 January 1887, and was a 'second offender', her first child having been born at the Refuge fourteen months previously. The father of the first child was employed as an engine cleaner on the railway, and, despite a paternity order, had paid nothing towards the child's maintenance. The father of the unborn child had smartly shipped out for Sydney, and the officer had few hopes of extracting maintenance from him. He recommended, however, that further action be taken against the first man. Sarah Roe, 'the unfortunate subject of these remarks', had lost her situation at Mrs Ruddock's when her pregnancy was discovered, and had also been cast out by her father. He had, however, been charged with Sarah's maintenance while she was in the Refuge.³⁷

Apart from suggesting the vulnerability of servants at Mrs Ruddock's, these two reports show that the relieving officer's main concern was not the reformation, or even the future prospects, of the two women, and certainly not the fate of the babies born there. Rather, it was with questions of responsibility and reimbursement, detailed information being given on those against whom proceedings could be taken. The tone of the reports is distinctly impersonal; even Sarah Roe's 'second fall' evoking little condemnation. By way of contrast, rescue homes aimed most emphatically at moral reform, and at first did not provide maternity care. The Dunedin Female Refuge, for example, sent unmarried women to the Benevolent Institution to give birth, receiving them back shortly after.

The Dunedin and Canterbury Female Refuges were two of the earliest in the country, established in 1873 and 1864 respectively. Because they received government grants, both institutions came under the jurisdiction of the 1885 Hospitals and Charitable Institutions Act and, ultimately, their local united charitable aid boards. Both refuges had always been supervised by local 'ladies' committees', and the two charitable aid boards concerned hastily confirmed these committees in their management. In 1891 the North Canterbury Board even put the management of its refuge out to tender, and accepted the bid of the St Saviour's Guild (formerly the Church of England Social Purity Society). The Guild was said to be eminently qualified 'to bestow that attention to detail which the nature of such work demands, and which is hopelessly impossible . . . if attempted by other than a Committee of Ladies, actuated by the highest philanthropic motives'.³⁸ The situation was one where a publicly funded body, the United

Charitable Aid Board, was willing to give an assured income and almost total control over a woman's institution to an independent association of women. It was a powerful endorsement of women's responsibility for rehabilitating delinquents of their own sex, and a most unusual abrogation of a board's responsibility outside the legislative provision for 'separate institutions'.

Although the Dunedin and Canterbury rescue homes were exceptional in terms of charitable aid board activity, they shed a certain amount of light on one aspect of women's involvement with welfare processes – the link between moral direction and material support. This was a consideration never far from the surface when women became dependent upon public or private charity, but it was most pronounced in an institutional setting. Because the homes were run by committees of middle-class ladies, they replicated developments evident in other women's homes. They followed a rigid regimen aimed at severing inmates from old associations and promoting virtuous domesticity. They required obedience and hard physical work from their inmates, often taking in laundry work on a commercial basis. They tried to insist on a lengthy period of residence (which was gradually reduced, in the case of the Canterbury Refuge, from two years to six months). The purpose of this was to train the inmates in some form of self-support, invariably domestic service, to awaken the women to a sense of their maternal responsibilities if they had recently given birth, and to remove from circulation young girls who had shown themselves susceptible to male enticement. (By some curious reversal of thinking, it was equally intended to protect innocent youths from contamination by 'outcast women'.) Like other women's homes, the Dunedin and Canterbury Refuges had begun with the aim of saving prostitutes, but soon found that prostitutes did not particularly want to be 'saved', and by the end of the century had turned their attention to younger, more reformable women.³⁹

The two refuges also offer a glimpse of the 'fallen women' themselves, and at these women's reaction to the services offered them. Detailed case records from the Canterbury Refuge for the 1880s suggest that inmates of the institution did not accept incarceration meekly; that they basically used the home as and when they needed it, and decamped when tired of its restrictions. Before 1891 the Canterbury Refuge was divided into two sections – Class A for 'first falls', and Class B for older, more intractable cases. Conditions in Class B frequently verged on the riotous, inmates reported as 'behaving infamously', cursing and assaulting staff, refusing to work, having tantrums on the back lawn, and absconding. Women were admitted, often ill, homeless, or recently discharged from prison, suffering from the d. t.'s or injuries

inflicted in fights with male partners or other women. They earnestly proclaimed their desire for reform, but within a month or less had gibbed at the restrictions on their liberty. While the matron's reports might grudgingly concede her charges' skills and usefulness, acknowledging that one was a 'splendid cook', and another a 'thorough good clean worker', their restlessness, their lack of docility, and sometimes their alcoholism, made some virtually unemployable. Many 'went over the fence' and ended up in gaol charged with drunkenness, theft, and vagrancy. Rose Clark was allowed out on a brief visit to see her son, but did not return for three days, 'and then tipsy & without [her] bonnet'; Agnes Hewitt, aged thirty-four, was found a position in service, but 'returned to town to live at a low oyster saloon in Gloucester Street'; Charlotte Fisher, aged thirty-three, went to a domestic position procured for her with some difficulty, but was dismissed on the spot for taking out her employer's youngest child and returning drunk; Lizzie Norgate, aged twenty-nine, left a 2s donation to the Refuge on her discharge, but returned the next week to borrow 1s 6d of it, and was said to be 'doing no good for herself'; Mabel McGill, aged twenty, was removed from the Refuge by a constable to answer a charge of assisting at a concealment of birth.⁴⁰

Faced with the defiant response of 'Class B' women, some of whom expressed their preference for gaol over the Refuge, the ladies' committee increasingly turned their attentions to 'Class A' – that is, to women having a first child outside wedlock. These women were younger, on the whole, than women in the other section of the Refuge, and the fact that they were pregnant or had small babies made them less able to rebel against the institution. A case book for the period 1880–84 shows that eighty-seven women were received into Class A over that period. The youngest was sixteen, the oldest thirty, the average age twenty-one. Of fifty-two women whose occupations were noted, thirty-five were domestic servants. A number of the remainder were recent arrivals in the country, or had been living at home with their families.⁴¹

Although women entering such institutions were a minority among unwed mothers, their stories are captured in the case books. Brief statements hint at a whole range of individual tragedies of women who voluntarily, and in some cases involuntarily, transgressed conventional moral codes. They show that poverty, ill-health, emotional suffering, and humiliation were the prices nineteenth century women paid for illicit heterosexual activity. Many women had been promised marriage, but their child's father had broken the 'bargain' implicit in the relationship when pregnancy was discovered. Relatives were involved in a number of cases: the uncle of one eighteen-year-old had fathered

her child; the brother-in-law of at least two others. In one instance, the young woman's own father was responsible for the pregnancy. (The baby died, and the girl was sent to a home in Wellington, far from the scene of the outrage.) At least three women were identified as victims of rape, one having been 'forced by the child's father cruelly'. Some women, it was noted, had been seduced by employers or employers' sons, others by fellow servants after varying degrees of pursuit and harassment. Women living in hotels and boarding houses (like the two Napier women mentioned previously) seemed particularly at risk, though such women may not have had sustained ties with their families, and were therefore dependent upon a charitable institution when pregnant. Typical comments were 'Got into trouble at a boarding house while looking for a place', 'Got into trouble while living as a housemaid at an Hotel. Has not spoken to the man since. Came here while in labour'; 'Been out two years, in service all the time at the Clarendon Hotel... Got into trouble with one of the boarders, a Bank Clerk'. (This last young woman, a twenty-one-year-old laundress, paid for her 'fall' with her life, for she died an agonised death two days after delivering twins.) More unusual, but suggesting problems which could arise from a flexible attitude to colonial marriage, was the case of Sarah Hobbs. She was 'said to have been married for some years, but another wife came from England - Has one child five years old, & expects another'.

Although 'aftercourse - bad' appears beside the name of some 'Class A' cases, most returned to domestic service and made no further contact with the institution. There were some conventionally happy endings which were recorded with acclaim, especially where a former inmate redeemed herself by marrying 'a respectable man'. One conspicuous success in the eyes of the managing committee involved a twenty-year-old servant who, though engaged to a carpenter, had been 'led astray by Captain Howard's son'. Her carpenter appeared the more steadfast in the long-run, for a later comment approvingly notes, 'Doing well Joined Salvation Army About to marry her old sweetheart the carpenter'.

In 1891 the St Saviour's Guild decided to restrict the Canterbury Refuge to 'first fall' maternity cases only. Over the next two decades the institution's maternity functions became more prominent, the standard of midwifery more exacting. In 1911 the institution came under the direct control of the Board, and the ladies' committee was demoted from a management body to a visiting committee. In 1918 the Refuge was renamed the 'Essex Maternity Home', and a section was set aside for the married women who were unable to afford private maternity care. In a further endorsement of the institution's medical role, an antenatal

clinic was established at the Home in 1924. From 1938 it came under the North Canterbury Board's Hospitals Committee, rather than its Benevolent Committee, which supervised charitable aid.⁴²

The Dunedin Female Refuge experienced a similar change of focus from moral reform to the medical management of maternity. In its case the break was a much sharper one, for the Dunedin Refuge was actually closed in 1904, after criticism from the Labour Department for failing to comply with the 1901 Factories Act. (Grace Neill later confirmed that the Refuge had been 'miserably furnished and untidily kept', the matron's main object to get as much laundry work from the girls as possible.⁴³) After a certain amount of agitation by the Otago Medical School, whose students were desperate for the obstetrical cases required to complete their training, the Otago Board re-equipped and re-opened the Refuge in 1907, naming it the 'Forth Street Maternity Hospital'.⁴⁴ By this time there was already a St Helens Hospital in Dunedin, but it was most emphatically for the 'respectable wives of working men', who could afford to pay fees. St Helens also excluded medical students on the grounds that fee-paying patients should not be subject to the humiliation of their presence. Their fallen and destitute counterparts, the kinds of women who were directed to Forth Street, could not expect such nice consideration.

Institutional provision for single mothers has been rehearsed at some length because it anticipated wider developments in maternity care, developments which touched upon the lives of a majority of New Zealand women. In the 1890s institutional maternity care was associated with moral reform and with church activity. Four decades later it was dominated by the public hospital system and focussed upon the physical health of mother and child. By this time most maternity homes, even St Helens, took in both married and unmarried women. For the period of childbirth at least, 'patient' status began to override financial and moral differentials among mothers. All women, married and unmarried, were 'bodies' pathologically weakened by civilisation for the normal task of reproduction, and candidates for the new interventionist obstetrics.⁴⁵

The position of single mothers after they gave birth was only slightly better in the 1920s and 1930s than it had been in the nineteenth century. In some ways, their lot may even have worsened. As we shall see, the early twentieth century was characterised by new standards of motherhood and a focus on child-life. When this happened, the unmarried, and especially the 'second falls' among them, were seen to debase the maternal ideal. Eugenist philosophies were also at hand to label such women as oversexed, lacking in self-control, and possibly simple-minded.

The removal of the ex-nuptial child, already disadvantaged by its birth, might save it from further pollution by the parent. And who better to provide for the care of these babies than childless married women, whose unfulfilled state was ever more emphasised by the new ideologies? The pressure on unwed mothers to have their babies adopted appears to have increased markedly by the 1930s and 1940s.⁴⁶

All of this meant, of course, that single mothers could not be given financial assistance which might encourage them to keep (or to conceive) ex-nuptial babies. Such help was seen as an inducement to immorality, an endorsement of 'bastardy', an insult, even, to virtuous women who had attained the married state without an unwed pregnancy. When child allowances were introduced in 1926, illegitimate children were excluded. Even under the Social Security Act of 1938, supposedly comprehensive, no specific provision was made for single mothers. They were eligible for the sickness benefit in the period immediately before and after childbirth, but only if they had previously been in employment.⁴⁷ The emergency benefit could be given for restricted short-term instances of need, but it was entirely discretionary and little publicised. Introduced in 1973, the domestic purposes benefit was the first state assistance for which single parents were eligible as of right, and ever since it has invited considerable outrage and moral indignation. The term 'solo mum' might be a recent one, but the condition, and the attitudes it arouses, have a certain antiquity.

Single mothers were not the only women for whom maternity meant economic vulnerability and conflicting social pressures, though they were the individuals most likely to lose their children. Most women on charitable aid felt at some time the push toward self-help, while facing criticism if this resulted in less than ideal mothering. Charitable aid officials showed considerable inconsistency here, monitoring their female clients' standards of house-keeping and child care, their efficiency and dedication within the home, but also hoping to push them out into the paid workforce.

As a result, many women went to pitiful lengths to contribute in some small way to their own support. The problem was that few trades were available to them in the nineteenth century, and, as the 1890 'Sweating' Commission demonstrated, those which did exist were low paid and highly competitive. The kinds of women who sought charitable aid tended to be unskilled and unable to work regular hours in paid employment. Domestic service, for many years the largest single employer of females, usually required employees to live in, and was seldom a practical

option for women with dependent children. Poor women were forced into intermittent work which could be undertaken in their own homes or their own districts, usually for a pittance, and inevitably without union protection.⁴⁸

Sometimes, this involved the sale of women's nurturing skills and the privacy of their own homes. From the earliest years of Pakeha settlement, women had staved off destitution by taking in orphans and other children for whom government grants were made. By the 1890s some charitable aid authorities were using this kind of placement as a means of keeping foster parents off the weekly relief lists.⁴⁹ Although 'pauper placements' came under attack for habituating children to a life on the public purse, many women continued to see foster care as a means of supplementing their meagre incomes. Other women took in adult boarders, though if the Otago case files are any indication, boarders could be a distinct liability, their circumstances just as straitened as those whose homes they shared. A male boarder also laid a female relief applicant open to accusations of immorality. In some of the Otago cases they did lead to new attachments – and to new disappointments, where relationships were followed by pregnancy and another desertion.

The sale of produce was another way that housewives of the past supplemented their incomes, though this became less viable as the factory processing of foodstuffs expanded. In any case, it was seldom an option for women living in urban slums with no surplus food or produce. The Otago files throw up one example, from 1890, where a seventy-one-year-old woman tried, with only partial success, to keep herself through the sale of eggs and milk. In winter, when her chickens stopped laying and she had to provide feed for her cow, she became dependent upon outdoor relief. In this instance neighbourhood support was also in evidence, for when the old widow's cow died, a subscription was raised and another purchased for her.⁵⁰

Much more typical activities for women on charitable aid were laundry and needlework. These utilised skills which all women were supposed to possess and could be undertaken in a woman's own home. Even very elderly women would undertake an activity like knitting to earn a little money. Grace Clark, one of two recipients of outdoor relief in the Manawatu County in 1880, was seventy-three. A native of the Orkney Islands, she inhabited a small cottage on the Otaki Mission Station, and undertook fine knitting to supplement her income.⁵¹ In 1889 Matilda Martin, a Dunedin widow with seven children, was under pressure from the relieving officer to do more to help herself. Her friends proposed to buy her a stocking knitting machine so that she could earn a

little money.⁵² Unfortunately, knitting, like washing and needlework, was one of the activities most likely to be affected by expanding industrial and commercial production in the late nineteenth century, and women working on an intermittent basis competed with those who sought more regular work. The Labour Department also noted from the late 1890s that Chinese laundries were eating into the trade of the very poorest class of working women.⁵³ (Admittedly, there was a strong element of racial prejudice behind the claim. The officers might just as readily have pointed to homes for unmarried mothers operating in the main centres, since they took in laundry work on a commercial basis and used a captive workforce to support their activities.)

Helen Stavely, Officer-in-Charge of the Women's Branch of the Labour Department, claimed that she put a great deal of time into finding casual domestic work and washing and ironing for widows and women with families. Some had husbands who were ill or unemployed, and although food was desperately needed in the homes, the women's meagre earnings usually had to go to pay the rent. Elderly women posed a particular problem. Employers preferred younger women, despite the fact that many were, in Stavely's view, 'flighty and unreliable'. Often Stavely had no choice but to refer cases to the Wellington Benevolent Trustees, though one of her colleagues noted that many of the older women were *already* on charitable aid. They sought, and desperately needed, an additional income because their relief allowance was so small that it was scarcely sufficient to keep life in the body.⁵⁴

A few charitable aid boards also tried to facilitate women's access to paid employment, though in an unsystematic and very ambivalent way. Some provided equipment which would enable relief applicants to undertake work in their own homes. Washing mangles were thought a particularly good investment if they nudged a woman toward self-support. In 1911 the Otago Board's Benevolent Committee made it known that it would be pleased to receive applications from the 'ladies' of Dunedin for home help, to be supplied by 'women' on relief. The previous year it had considered providing a crèche or a series of homes around the city where poor working mothers could leave their children while they earned a livelihood, but nothing came of the idea.⁵⁵ (One of the few such facilities in New Zealand at this time was run on a charitable basis in Wellington by the Roman Catholic Sisters of Compassion, but cheap and adequate child care was then, even more than now, a rare and wondrous thing.⁵⁶)

Poor women found it almost impossible to circumvent the tensions between their role as mother and homemaker and the push

toward self-support. These tensions were compounded, if anything, by rising expectations of maternity in the twentieth century. Australian historian Jill Matthews has shown how motherhood became a major element in the social construction of femininity from the 1880s. This, she argues, was a time when a woman's role as 'mother' overshadowed her earlier usefulness as wife, as sexual partner, as economic assistant and companion. Women were increasingly judged by their success in rearing good citizens, in catering for their children's emotional as well as physical needs, in creating homes which were germ-free havens for their less numerous, but individually more demanding, offspring.⁵⁷ In New Zealand, poor women, least of all, were able to meet these new standards of motherhood, and for them the contradiction between social ideals and their own situation was enormous. Eugenist concerns meant that they were likely to be blamed for having children in the first place: whatever the concern about declining birth rates from the 1900s, the proliferation of paupers, and especially sickly paupers, was not to be encouraged. Once they had children, such women were likely to be blamed for their callousness and neglect of them, for failing to maintain Plunket-defined standards of care in overcrowded cottages, for their family's less than faithful school attendance or antisocial tendencies. As we will see in the next chapter, there was a growing range of state and voluntary agencies anxious to guide 'problem' families after the First World War. Always subject to censure from the relieving officer, poor women were obvious targets for the new social workers, though many remained staunchly resistant to interventions.

Increasingly obvious by the 1920s was concern about families of the third and even fourth generation on relief, 'intransigent' cases who caused social workers immense frustration. After the First World War, eugenist language of the kind which MacGregor had freely used in his 1890s' reports seems to have become more widespread throughout the charitable aid system. Some of the most chilling evidence given to the 1924 Committee of Inquiry into Mental Defectives and Sexual Offenders came from individuals associated with the hospital boards. The North Canterbury Board had consistently shown great interest in eugenics, and Annie Herbert, who chaired its Social Welfare Committee, elaborated at length upon the 'mental and moral degenerates' she encountered during her work. She described women totally inept at keeping a home, children who did not know what it was to have a bath or a proper meal, 'over-sexed' women who gave birth time and time again at the Essex home to infants supposedly as deficient as themselves, and families who were the despair of the school,

Plunket, district nurses, and all who came into contact with them. Other evidence given to the Committee highlighted the instances of illegitimacy, incest, ill-health, and crime dealt with by various social agencies, suggesting that MacGregor's 'unorganisable residuum' was as vigorous in the 1920s as earlier.⁵⁸ Significantly, although male 'degenerates' were identified, the focus was often on women, whose excessive fecundity caused disgust as well as disquiet, and whose lack of housewifely skills was readily identified by social workers. Such women carried the burden not only of poverty, frequently of brutal or broken marriages, of chronic ill-health and overcrowded homes, but they were held collectively responsible for racial decline and social disorder. Their experience was a far cry from the almost spiritual picture of radiant motherhood and cosy family life constantly promulgated by women's organisations and in popular magazines of the time.

The charitable aid system shows the historical basis of women's vulnerability to poverty in New Zealand, and the strong ambivalence surrounding their contact with social welfare. In New Zealand, as in Australia, twentieth century employment and wages policies gave support to the nuclear family unit, reinforcing the idea of female dependency. Arbitration Court awards, for example, were geared to a man, his wife, and two (sometimes three) children. The supposition behind this was that women and children would participate indirectly in the benefits of high wages – reasoning which assumed, no doubt optimistically, male goodwill and a willingness to share pay packets equitably.⁵⁹ It also assumed that women and children *had* a male breadwinner responsible for their support. Women 'without male support' were in a highly anomalous position.

This was reflected, first, in conflicting views of women welfare recipients, views which permeated the charitable aid system and carried over into state welfare services. In recession conditions especially, women were likely to be represented as 'brazen-faced beggars of the female sex'. This was Grace Neill's phrase, and one which implied that women on relief were cunning manipulators of public and private charity. An equally damning, but rather different, stereotype was that of women as 'social defectives', witless propagators of the unfit. This, as we have seen, was an image elaborated by Duncan MacGregor in the 1890s, but more widely influential in the 1920s, the heyday of the eugenics movement. It was most likely to be applied to long-term recipients of relief and especially to women with two or more ex-nuptial children.

Against these negative images was a more sympathetic one of women as helpless victims of male callousness, irresponsibility, and lust. Here, the object of blame was the feckless, supposedly work-shy male, who dragged his dependents down into poverty. Under this scenario, moral failure was largely a male attribute. Although equally stereotypical, this last view proved the more sustainable. Relieving officers and benevolent committees found it hard to classify women as totally undeserving or to deny them relief, especially where children were involved.

Nonetheless, there was a definite hierarchy among women without male providers, and this was a second aspect of charitable aid which carried over to the state provision of welfare. It is no accident that widows with dependent children were first regarded as deserving of state pensions in 1911, and the wives of psychiatric patients soon after, but that deserted wives had to wait until 1936 for a state benefit, which, even then, was difficult to obtain. Statutory provision was not made for the least 'deserving' group, single mothers, until 1973, and the domestic purposes benefit remains one of the most controversial on the statute books. With both deserted wives and single mothers, long-standing anxieties and ambivalences remained: such women (and, more importantly, their children) should not be allowed to starve, but nor should aid be so generous as to *encourage* alternatives to the nuclear family unit. Assistance too readily given might endorse men's failure to provide, might encourage women to avoid dependence on men.



Mrs Carpenter, Matron, and children of the Waltham Orphanage, Christchurch, 1906.

Alexander Turnbull Library

Chapter 7

'GUTTER CHILDREN'

New Zealand's most famous pauper, John A. Lee, has written evocatively of childhood poverty in the 1890s; of threadbare cast-offs and life in worm-eaten hovels, of meals made from scrag ends of meat and stale dripping and scones, the rare and thrilling gift of a ripe apple, quickly turned to tragedy when the child was dispossessed of it by others as hungry as himself. School years brought a growing awareness of difference from other children, constant lateness for class as the household had no clocks, and eventual truancy. Lee also recalled visits to the Otago relieving officer, a grim-faced man named Clulee who, to childish eyes, seemed never to smile, the rancid third-grade butter supplied through the Otago Benevolent Trustees, meals of mince expanded by a turn of the tap and an additional pinch of salt.¹

Lee was one of a number of New Zealand children for whom deprivation was a fact of life. Children receiving charitable aid fell into two categories: those who obtained relief along with their parents or, like Lee, in association with a single parent, and those maintained apart from their families or whose parents were dead. It is this second group on whom the chapter will focus although, as Lee's own career shows, children very easily made the transition from one category to the other. Indigent parents might be relieved of one or two children so that they could more easily support themselves, and it was not unknown for 'unfit' parents to have their children forcibly taken from them. Poverty and family dispersal were closely associated.

By the time of the 1885 Hospitals and Charitable Institutions Act there was already disquiet about children's experience of 'pauperdom'. Increasingly, the charitable aid boards' provision for children was challenged as inappropriate, especially once other organisations began to compete for a role in child welfare. This, more than any other area of welfare, shows the interaction of charitable aid with church and voluntary groups, and with agencies of the State. Like Lee's semi-fictionalised account, it draws us into the experience of one particularly helpless group among the poor – children who were destitute, orphaned, or abandoned in a

country promoted as an eminently desirable place to be born and raised.

In practice, the failure of parental support for children was apparent as early as the 1850s, when capitation payments were made to individual women and to church groups for child care. Some of the first welfare institutions in New Zealand provided for orphans and destitute children: Auckland's St Mary's, run by the Sisters of Mercy from the early 1850s, the Parnell Orphan Home (Anglican), established in 1866, and the Otago Benevolent Institution, also opened in 1866. By the end of the provincial period there were ten institutions in existence for orphaned, criminal, or neglected children. Two of them (the industrial schools at Caversham and Burnham) came directly under the Justice Department, the rest were local or church establishments.²

Legislative provision was also made relatively early, the 1867 Neglected and Criminal Children Act allowing for the establishment of industrial schools and for the removal of children from undesirable situations. Its reference to children found begging or receiving alms, frequenting public places, sleeping in the open air, and consorting with thieves, prostitutes, habitual drunkards, or vagrants suggests a perception that all was not well with some New Zealand families.³ It certainly shows that the 'moral delinquents' of the 1950s and 'street kids' of more recent times have their historical antecedents. The Act's timing was significant, in a decade marked by the social disruption of the gold rushes. Male parents, in particular, seemed to be wanting. An 1870 police survey of forty-eight 'street children' in Auckland (the term was a contemporary one) showed that roughly 75 per cent had lost one parent, usually the father, through death, desertion or imprisonment. Of fifty-five children supported by the Canterbury Provincial Council in foster homes or church institutions during 1871, twenty-three had lost their father through death or desertion. (The mothers of ten of these children were in prison.) In eleven cases the mother had died but the father was still living, and ten of the children were full orphans. One child had two parents who were believed to be alive, but were missing. The remaining parents were unable, mostly through illness, to support their children.⁴

By the early twentieth century, mothers were more likely to share in the blame. In 1915 the Benevolent Committee of the Otago Hospital and Charitable Aid Board referred to the 'callousness' of women who parted with their children: 'They have not the proper feelings of motherhood, and do not show the regard for their children which one would expect' a member complained.⁵ Throughout, charitable aid authorities failed to appreciate

the pressure of extreme poverty on family ties, believing that their clientele *wanted* to abandon their children out of fecklessness and greed. On the whole, the boards removed children from charitable aid families less as a matter of policy or ideology than because they saw financial savings to be made in individual cases. Since savings were never certain, charitable aid authorities tended to be less interventionist than the Education Department, for example. In the 1890s and 1900s they were frequently criticised by women's groups for putting the ratepayer interest above those of children who 'needed' to be 'rescued' from unwholesome environments.

In theory, the charitable aid boards were responsible for destitute children only, those institutionalised on account of parental neglect or their own criminality being a charge on the State. The latter came, first, under the Justice Department, and, from 1880, the Education Department. The fact that there were two agencies responsible for children in need of care, the charitable aid boards (which came under the supervision of the Hospitals Department) and the Education Department, was later to cause considerable confusion and debate about responsibility in individual cases. There was no specific mention of children in the 1885 Hospitals and Charitable Institutions Act, though its 1886 amendment enabled charitable aid boards to appoint guardians for children in their care, and the 1909 Act formally empowered the boards' responsibility separate homes for children. In practice the boards' responsibility for children ranged over four areas. Orphanage work was the least extensive, for there was only one charitable aid orphanage in New Zealand. Some boards made alternative provision for children in their benevolent institutions, but this was an increasingly controversial practice. A third response involved the placement of children in foster care, as the charitable aid boards ran fostering schemes parallel to those of the Education Department. Finally, the boards also paid for the support of children in private and state industrial schools.

Only one orphanage ever came under charitable aid board jurisdiction. The forces which brought the Lyttelton Orphanage under the North Canterbury Board's management were similar to those which operated in the case of the Canterbury Female Refuge. In 1868 a committee of the Canterbury Provincial Council had considered how best to provide for destitute children. It decided to convert the old Lyttelton Hospital into an orphanage, and on 1 July 1870 the Canterbury Orphan Asylum opened. After the abolition of the provinces it came under the government-nominated and -funded Christchurch Charitable Aid Board, and

in 1885 was transferred to the newly constituted Ashburton and North Canterbury United Charitable Aid Board.⁶ From this time the Lyttelton Orphanage (as it was now known) followed a troubled course as it came under committees less attuned to children's welfare than to the vagaries of local body politics. The various inquiries and newspaper exposés which followed suggest that the experience of children in New Zealand institutions at the turn of the century was a decidedly dismal one.

On 12 January 1886 there were seventy-one boys and thirty-two girls in the Lyttelton Orphanage. A large number were not full orphans, but had one and sometimes both parents alive.⁷ The Orphanage records show that parents themselves sometimes applied to admit their children, presumably because they were too poor to care for them. For those admitted, life was a monotonous round of housework, prayers, schooling, meals, and more work. Twice a week the routine was varied by a march, and the more privileged boys were involved in band practices.⁸ For some, domestic chores began as early as five or six in the morning. Until 1888 the children were taught by the master and a governess at the Orphanage, but in the 1890s they began to attend the nearest public school. Even this had its drawbacks. The children had to be up even earlier to attend to their duties and be ready for school on time. They had to rush back to the Orphanage, and return to the school by one o'clock in the afternoon. They had no ulsters or overcoats, and in wet weather were either kept from school or sat all day in wet clothes.⁹

For girls, in particular, schooling was a mere formality, and they were even more likely than the boys to be kept back from the classroom for domestic tasks. Domestic service was their inevitable destiny, as it was for most female children in institutions at the time. In 1890 the Board's Orphanage Committee resolved that Orphanage girls should be withdrawn from school at age thirteen, regardless of educational achievement, to be prepared for service at, or before, attaining the age of fourteen.¹⁰ The opportunities for boys were slightly broader, as they were apprenticed to trades or went into the Navy. Often, however, boys were returned from apprenticeships, the reports simply noting that they were 'unsatisfactory'. A letter of 1909 suggests that girls placed out as domestic servants also became more assertive as they got older. The Board's secretary wrote to a woman that it was a very difficult matter to get girls for domestic help, especially for places in the country. They all sought to live in or near the town, and to have the liberty to go out whenever they wanted in the evenings, he complained.¹¹

At various times, the Board's Institutions Committee decided to flex its muscles, seeking to curb the master's control over the Orphanage. The period between 1885 and 1890, when most of the children were fostered out, was marked by the forced resignations of managers and matrons, staff accusations against the manager, and frequent complaints about cruelty. In 1886 a new master reported on a severe shortage of clothing, dirty bedding, and only one comb having been provided to dress the hair of ninety-six children.¹² A month later a visiting workman accused him of ill-treating a little boy. He had seen a six-year-old standing naked outside in the hail, while another threw cold water over him. The little lad was screaming, black and blue with cold, and could hardly stand, the workman claimed. An inquiry showed that the boy had soiled his clothes in class, and that this was a frequent way of washing down such children, to discourage them from 'dirty habits'. The master denied all accusations, but two years later was dismissed for excessive discipline, and for his inability to get on with staff.¹³

Such troubles were well publicised in the press, and probably hastened the Board's 1890 decision to foster out most of the children. Unwilling to surrender a valuable income from Orphanage endowments, the Board retained a small number of inmates – between seven and fifteen – in what was then a very old, incommodious building. Its destruction by fire fourteen years later came as a distinct relief to the Board.¹⁴ But the children, and the all-important endowments, had only just been transferred to a smaller property at Waltham when the institution became the subject of a major scandal, culminating in a public inquiry in late 1905.

The whole affair was heightened by the long-standing tensions between women Board members and their more conservative colleagues. The Ashburton and North Canterbury Board, it will be remembered, was one of the first to have female appointees, and was also under the close scrutiny of women's organisations in Christchurch. In this instance the women's persistent criticisms of the Orphanage led to a commission of inquiry, which confirmed a number of shortcomings in its management. The usual institutional deficiencies were apparent – dirty bedding and monotonous food (a shortcoming allegedly aggravated by the matron's consumption of all sorts of dainties in front of the children). A 'deadly dull' daily routine was varied, the Commissioner said, by 'an occasional whipping or period of silence'. The Board's secretary, Thomas Norris, exercised stringent economy over all aspects of the Orphanage management. Regular baths for the

children had only just been instituted, largely at the behest of Mrs Ada Wells, one of the Board members responsible for the inquiry.¹⁵ The children's bodily neglect was more readily excused than their spiritual shortcomings, for the most persistent charge involved a lack of moral teaching at the Orphanage. This was an almost inevitable reproach to a public institution at a time when churches were staking a claim to orphanage work.

The whippings were obviously thought to be within bounds, since a charge of harsh physical punishment was not substantiated. Nonetheless, crude psychological victimisation had obviously been practised, with children forbidden to talk for as long as a month, dressed in 'grotesque costumes' for outings, and taunted about their backgrounds. The matron was so unwise as to persecute a number of Catholic children and, more especially, to mock their religious observances. This was particularly foolish at a time of strong sectarian feeling, which had already been a factor in the establishment of separate church institutions. The Commissioner saw the matron's long-standing unfitness as further evidence of the Board's culpability;¹⁶ a majority of the Board regarded the matron as a convenient scapegoat and, stubbornly rejecting any share of the blame, dismissed her. A new matron was appointed, her duties more closely defined, and the Board defiantly invited the Government to take over its destitute children if it thought it could do any better.¹⁷

Otherwise, the Orphanage seems to have continued much as before, the new matron giving a continuity and stability which had previously been lacking. It remained under the United Board and its successor, the North Canterbury Hospital and Charitable Aid Board, whose willingness to maintain the connection owed much to the institution's endowments. These freed it from any large demand on the local rates. Between 1910 and 1915 the number of children in the home trebled to forty-seven, with a noticeable increase in those aged fifteen and over. The Orphanage was extended in 1914, enabling continued control over inmates who had gained employment in towns, 'girls especially'.¹⁸ From 1919 girls were in the majority in this age range, despite the higher number of boys overall. National figures on charitable institutions show a similar pattern in the 1920s.¹⁹ This reflects the closer supervision exercised over young women, in whom the consequences of a moral lapse were thought costly, both for themselves and for the State. Ideally, female inmates of orphanages, reformatories, and industrial schools were to be kept in a state of dependence for as long as possible, their release into domestic service or marriage simply extending their tutelage. More pragmatically, female inmates provided a convenient free

labour force in their spare time, contributing to the cost of their keep. The managers of such institutions had good reason to keep them under control for longer than for boys; charitable aid boards, however, were generally less willing to support children beyond the age of fifteen.

Although it turned more toward foster care, the North Canterbury Board continued its children's home (the preferred, and more accurate, term in use by the 1940s) until very recent times. Many placements in the institution were temporary while families worked through some short-term disruption, or while the mother was in a maternity home (one interesting consequence of the move toward hospital births between the two world wars).²⁰ But the other boards stayed well clear of orphanage work, having been warned off by the earlier troubles at Waltham and by the active opposition of the Health Department.

The total number of 'orphanages' or children's homes increased markedly from the 1900s, but these were run by the churches, not the State or the charitable aid boards.²¹ It is significant that religious groups moved into institutional care at the very time that the Education Department and most charitable aid boards had rejected it as inferior to fostering. Faced with sectarian rivalry and declining church attendances, the churches were anxious to gather up their own, and their new social service departments provided them with the resources to do it. Basically, the churches felt that institutions provided the most certain context for moral and spiritual training of the young; they found it easier to raise money for something as tangible as an institution, and were often left large sums of money on condition that it was spent in exactly this way.²² They could also afford to be more selective in their clientele than the Education Department and charitable aid authorities, one member of the North Canterbury Board claiming in 1913 that Christchurch religious organisations 'would not touch' illegitimate children, for example. (By way of contrast, nearly half the children in the North Canterbury Board's care at this time had been born outside wedlock – seven of the twenty-one in the Orphanage, seventeen of the thirty-two boarded out and, even though they were outside the Board's direct control, seventy-six of the 131 children maintained by the Board in government and private industrial schools.²³ Until at least the 1950s institutional care of children remained the preferred approach of church groups. By the 1920s the Child Welfare Branch of the Education Department had a policy of fostering state wards in all but the most exceptional cases. While hospital boards were empowered to establish institutions for the 'reception or relief' of children, these were in practice convalescent hospitals, children's wards, and the like.

Although there was only one charitable aid orphanage, some children did receive indoor relief in the benevolent institutions. This procedure was not widespread, for it was apparent even in the 1880s that boarding out might be cheaper than institutional care, and there was a feeling that children should be kept apart from the elderly and disabled poor. There were, however, two local authorities with rather more invested in the practice than the others. Despite the Department of Hospitals constantly impressing upon them the impropriety of their arrangements, the Otago Benevolent Trustees continued to take children into the Benevolent Institution until 1893. Children provided a source of cheap and ready labour and, as long as there was space in the Benevolent Institution, it was sometimes easier to admit children who needed temporary care than to seek out foster homes. The Southland Board placed indigent children first in its Bowmont Street Home in Invercargill, and later into Lorne Farm, at Makarewa. Here, the children's proximity to chickens, cows, and a rural lifestyle was supposed to outweigh their proximity to the Board's elderly male inmates. If nothing else, the rural setting made the arrangement more palatable to government departments, and enabled the Southland Board to maintain children at Lorne until the 1920s.

The experience of children in the benevolent asylums was no more agreeable than in orphanages and other institutions geared specifically to their reception. The Otago Benevolent Institution had taken in children since its opening in 1866, and they were actually in a majority there until 1875.²⁴ The Benevolent Trustees were reluctant to accept children into the Institution, fearing that the availability of places would simply encourage parental irresponsibility. All the same, there were seventy-five children in residence in January 1891, some apparently admitted on a temporary basis while their family situation became more organised, or while a parent served a prison term.²⁵ Other children were refused admission if of weak intellect, or if their parents' reason for disposing of them seemed unduly frivolous.²⁶

Throughout, adult self-interest was well to the fore. Children were seen as economic liabilities while small, but became assets to the family when old enough to work. This was shown in parental requests to substitute a small child for an older sibling in the Institution, and in the tendency for older, stronger children to be 'adopted'. Common enough were requests to the Otago Trustees and to other charitable aid authorities for 'a good, strong girl, able to milk a cow', 'a child of useful years' (and the particularly audacious request of one Carterton farmer to the Wellington Benevolent Trustees for *ten* such sturdy youngsters²⁷). To the credit of most charitable aid boards, the more blatant requests

were indignantly refused, but many children must have been committed to the care of taskmasters who were more tactful in framing their request. At the same time, the boards exacted their full share of children's work while they had them in care. But children did not have to be orphans, or destitute, or separated from their parents for their labour to be an exploitable commodity, as school medical inspectors and truancy officers found well into the twentieth century.

The largest group of children discharged from the Otago Benevolent Institution in any one year was the one 'taken out by friends', presumably relatives and acquaintances, whose altruism must also be suspect. Those 'placed at service', the next largest category, at least received some remuneration for their services. As usual for children in care, domestic service loomed with a grim inevitability for the girls, and farm work for boys. To ensure a better product, the Trustees instituted a six-month 'training period' for all children about to be discharged.²⁸ (Significantly, one argument in favour of foster care was that children reared in an institution had no home training, and that when they left it they were unable to work or were unfit for work, unaware of the requirements of a normal household, and so made very bad servants.²⁹) In the meantime, however, the older children saved the Benevolent Trustees some of the cost of domestic labour in the Institution.

For the most part, the children's experience of indoor relief in a benevolent asylum differed little from that of the elderly inmates who were their main associates. There was virtually no attempt to cater for individual needs, little, it seems, in the way of play, variety, love, and affection. Treats such as the annual trip on the Union Steamship Company's steamer came their way, along with the well-meaning entertainments by ladies' groups and Sunday schools traditionally imposed upon the institutionalised of all ages, classes, and interests. An equally doubtful diversion was 'drill' by the local fire chief. One Benevolent Trustee proudly related how the little boys could evacuate the building and have the hose trained upon the window in five minutes flat.³⁰ Such activities at least provided some form of contact with the outside world, but for the most part the children were isolated, since the Institution had its own teacher. Their most immediate contact was with old people increasingly marked by sickness and debility. Concerned outsiders feared moral, if not physical, contamination of the children. The solution was obvious, but the Trustees hesitated until they were quite certain of the financial savings involved in foster care. The children's interests prevailed, and in 1893 the last nineteen of them were satisfactorily boarded out at a weekly cost

of 5s 6d – 2s a head less than the amount paid to the foster parents of state wards.³¹ The Benevolent Trustees could congratulate themselves on having struck a bargain.

The Southland Hospital and Charitable Aid Board continued to admit children to its benevolent institution long after this date. The Southland Board's Bowmont Street Home was opened in Invercargill in 1886 and, as in other centres, children crept into a home which was quite unsuited to their needs, one which was really an old men's home. They remained in residence, despite MacGregor's objections and at least one deputation of local ministers in protest to the Board.³² There were the usual fears of hardened old lags corrupting innocent youth – the more so since in the Bowmont Street Home boys of under twelve shared a dormitory with elderly men.

The Southland Board responded to criticism by opening a new institution at Lorne Farm, Makarewa. First the fit elderly then the children were transferred, in 1902. The children lived in a separate wing from the adults, and the rural setting was thought sufficiently advantageous to win official approval. Reports from the Hospitals Department commended the new institution, noting with approval the ninety-five acre farm, dairy, and cultivations. In 1905 there were twenty-two old men and forty-six children in residence, and a staff comprising master and matron, housemaid, ploughman, and sewing mistress to instruct the girls. As well as working on the farm, the children attended the local school, and were described as being healthy, happy, and encouraged in their 'particular avocations'.³³

These were the reports of visitors impressed by signs of neatness and order. We may doubt that the institution made especially enlightened concessions to children's individuality: a report made by an Education Department official in 1908 complained of younger children herded together under the care of two inmates, and a 'workhouse' atmosphere to the place. The inspector, Miss H. Petrement, confirmed that the children seemed well nourished and clad, but noted they had an 'aimless' way of walking and sitting, and that there was not a plaything in sight.³⁴

Reports such as this give only a glimpse of life for children at Lorne. Another report, again from an Education Department official anxious to see the children removed, suggests something of the children's backgrounds. In 1921 there were thirty-one children at the Farm, four girls and twenty-seven boys, twelve of the total illegitimate, eight with only one parent living, and three full orphans. None had two parents living together, though the mothers of some illegitimate children had since married men other

than the child's father. Brief comments on the parents were uncomplimentary:

Mother Amy Loft, address unknown. Her 6th illegitimate child... Mrs Maggie Matthews Mother, Mental Hospital. Father dead, Nephews of notorious McLeod... Miss Florence Nixon, Invercargill. Menace to town, reputed father serving sentence now... John Cantrell... father, drunken waster but good worker. Mother obtained divorce.³⁵

Family disruption and ex-nuptial birth appear to have been the main forces pushing children into the Board's care. Both, of course, were associated with poverty, especially for mothers, and in three cases with psychiatric ill-health.

In 1926, the Southland Board bowed to pressure and agreed to foster out the last seven boys in residence at Lorne. Lorne Farm became an infirmary for the elderly, though its internal management probably did not change greatly. In finally separating the young from its elderly inmates, the Southland Board became the last to abandon the nineteenth century concept of a benevolent asylum, catering for a range of the 'helpless poor'. The thrust of institutional care in the twentieth century was for ever more specialised institutions, differentiated by inmates' physical capacity, age, and gender.

For children, however, non-institutional care was the ideal. By 1900 the superiority of foster care was part of child welfare orthodoxy and, in this, as in so many aspects of child welfare, New Zealand was following overseas developments. Although introduced earlier in Britain, foster care, or 'boarding out', was implemented more widely and more successfully in Australia from the 1860s. Australia's experience showed that children from reformatories and industrial schools, as well as pauper children, could be successfully fostered.³⁶ After visiting Australia and observing the systems in place there, William Habens, New Zealand's Inspector-General of Schools, recommended similar provision here.³⁷ This was formalised in the 1882 Industrial Schools Act and soon percolated down to the charitable aid boards as acceptable social policy.

Boarding out was promoted as a distinctly advanced practice with all sorts of advantages for the children involved, for their natural parents, and for the fostering families. Habens claimed that:

It is found that the homes in which [children] are placed are improved in their general tone by the influence of the lady-visitors, and that parents who were content to let the State maintain their children in

schools become jealous of the influence of foster-parents, and strive to become worthy to claim the right to care for their own offspring.³⁸

In theory, boarding out provided an opportunity to intervene in two sets of families, and to impose ideal standards of child care and cleanliness. Some Australian historians have seen the popularity of foster care as a means of dividing the working class and undermining its disreputable elements.³⁹ However, in New Zealand it is doubtful whether supervision of foster homes was so extensive as to allow for this degree of direction, at least until the appointment of child welfare officers in the 1920s. The implementation of boarding out policies left a good deal to be desired.

In the hands of the charitable aid boards, foster care could easily degenerate into a supplementary form of outdoor relief. The boards claimed that they were no less anxious than the Education Department to place children in a 'normal' family situation, and that they might as well exercise direct supervision as pay the Education Department to supervise destitute children on their behalf. But the practice also enabled economies to be made. It allowed families on outdoor relief an additional weekly income, though 'pauper placements' were everywhere condemned. The boards also tended to pay less than the Education Department and so, it was claimed, only inferior persons were recruited as foster parents.⁴⁰

Duncan MacGregor and Grace Neill had no doubt that economy was the boards' real reason for maintaining their own boarding out schemes. MacGregor strongly approved of boarding out, but insisted upon respectable rural foster homes and strict supervision. Neither was characteristic of the boards' arrangements. In his 1892 report MacGregor supplied an extreme example of the kind of abuse which could occur, a case with an almost Dickensian ring to it:

At Mr. Stickley's house, Mount Eden, eight children are boarded. Four of these children are paid for by their mothers and friends. The other four are paid for by the Auckland Charitable Aid Board. The surroundings and interior of this house are squalid and dirty in the extreme. The wife, Mrs. Stickley, tried to excuse the confusion by saying that they were clearing-up and were caught at their worst; but it was evident that the normal condition of the place was filthy beyond measure. It was only by persisting in seeing everything for myself that I found my way into a side room, where two girls - Mabel and Alice Edgcombe, aged respectfully [sic] ten and seven years - slept. The bed occupied by these two children was unspeakably filthy. The bedding was very scanty, and so filthy as to be unfit for a dog-kennel. The mattresses were wet and rotting, and clearly had not been attended to in any way for a very long time . . . After completing my investigation at Mr. Stickley's house, I resolved to see the two children, who

were at school. I called out the two girls, whom I found fairly clean in their dress at first sight; but, on closer examination, I found them very insufficiently clad for this cold weather, and the boots worn by the older one were completely useless. The soles were entirely gone, and the child would have been better bare-footed. The most distressing thing of all, however, was to hear these children, in reply to my questions about their bed, say, 'We have a nice, clean, warm bed.' When I told them that I had just seen their bed, and tried to find out why they told me what was not true, they looked at me and were evidently too terrified to say a word more. All I could discover was that sometimes they were beaten by a big boy named 'Cecil,' with a stick. The girls have a pinched look, and are very thin. I believe they are not sufficiently fed.⁴¹

One can sympathise with Mabel and Alice Edgcombe, torn between their dread of 'Cecil' with the big stick and MacGregor's awesome presence. Their home was certainly a far cry from the wholesome rural influences which were supposed to dissociate children from the pauper taint. But it appears that many foster parents, like the appropriately named Stickleys, thought it only worthwhile to take in large numbers of children. In 1905 a visit by the chairman of the Ashburton and North Canterbury Board to children boarded out in and around Christchurch confirmed that this was the case there. More seriously, he discovered that many foster homes were not even chosen by his Board. Parents, many of them single mothers, placed their children in foster homes, promising to pay maintenance. Eventually, they absconded or otherwise defaulted, and the person in charge of the home appealed to the Board as a more reliable paymaster. Without any intention on its part, the Board had become responsible for a number of children it could not even shift to a more suitable home without obtaining legal guardianship. Where children under four were involved, such foster homes needed to be licensed under the 1896 Infant Life Protection Act. In the chairman's view, this made very little difference to the quality of care. Many of the 'baby farmers' (as he called them) took in not only the maximum number of infants permitted by their licence, but other children as well. As a result of this report, the Ashburton and North Canterbury Board resolved to readvertise for private foster homes and attempt a more judicious selection.⁴² There is no indication that major changes resulted - innovations in the area of child care were not to be the prerogative of charitable aid boards anxious to keep down the rates.

It is difficult to gauge how many children were boarded out by charitable aid authorities, since many capitalised on the official endorsement of foster care, returning as 'boarded out' children who were actually maintained in private institutions. In some

instances, children maintained on outdoor relief with parents and relatives were also returned as 'boarded out' with their families.⁴³ Despite these practices, in the 1890s only the Auckland, North and South Canterbury Boards, and the Wellington Benevolent Trustees claimed to have any more than forty children boarded out in any one year.⁴⁴ A 1919 return suggests that only slightly more than one-third of all hospital and charitable aid boards had any children 'boarded out', and many of these were actually children supported in church homes. It appears, however, that by the First World War charitable aid boards had realised their limitations, were withdrawing from child care, and instead handing destitute children over to the Education Department. The number of children maintained by the boards in state industrial schools almost doubled between 1908 and 1919 (see Table 6).

As we have seen, the charitable aid boards did not run their boarding-out schemes because they had any strong commitment to child care. The 1885 Hospitals and Charitable Institutions Act had made them financially responsible for destitute children, even those under the Education Department's direct supervision, and the 1886 amending Act made this responsibility retrospective. As long as this liability existed, there was an incentive for the boards to keep children under their own control, and to manage them more cheaply than the Education Department.

From the boards' point of view, the real trick was to ensure that children were committed to industrial schools as 'neglected' rather than 'destitute' (an abandoned child could theoretically be both). In the 1890s the Canterbury Board's secretary, Thomas Norris, regularly attended the Christchurch Magistrates' Court to ensure that children were committed under those sections of the Industrial Schools Act which made the State liable. Nor was he beyond more direct intervention in his Board's interest. On at least one occasion he instructed Miss Frances Torlesse, an Anglican social worker 'Re girl —':

It will be well to endeavour to arrange so that the girl may be left in the street in order that a constable may take her to the Resident Magistrate to apply for a committal to Burnham [the local state industrial school]. . . . She has no home: it is not shown that the father is unable to support her: & therefore the Colony as a whole may as well bear the cost of her maintenance in preference to the local ratepayers having to do so.⁴⁵

Other boards had an arrangement with the local police to notify them when a child was likely to be committed as destitute, so that they might hastily deny liability.

Table 6 Children Maintained in Industrial Schools by Charitable Aid Authorities and Amounts Received by the Education Department from Boards

Year	Amount paid £	Number of children	Number of children maintained by boards in private industrial schools ³
1908	8 376	542	152
1909	8 613	596	132
1910	9 337 ¹	678	98
1911	10 681	713	106
1912-13 ²	10 677	766	117
1913-14	11 290	759	138
1914-15	11 383	769	164
1915-16	12 810	855	167
1916-17	13 383	836	169
1917-18	10 897	954	141
1918-19	11 972	1009	134

Source: *AJHR*, E-4, 1909-1919

1. Adjusted from 1912 Annual Report.
2. Prior to this, amount is based on the calendar year.
3. Amount paid direct to managers: not able to be ascertained.

Once a child was placed in an industrial school or boarded out by the State, the charitable aid board supporting that child was likely to quibble about the cost of support and to criticise the Education Department's efforts on the child's behalf. The boards and the Department wasted large amounts of energy in such disputes, at a time when public opinion increasingly favoured total state control over destitute children. Thomas Valentine, the Inspector-General of Hospitals, endorsed the Education Department's role in caring for destitute children; the Education Department was willing to assume total responsibility for them.⁴⁶ The sticking point was finance. In 1911 the Director-General of Education, George Hogben, had warned that removing the boards' liability would encourage them to throw an increasing burden on the State. He suggested that the boards might even break up homes in order to place the children in state institutions, thereby shifting the burden of children's support away from the ratepayer.⁴⁷ However, by the end of the First World War it was clear to the Education Department that the time and effort required to collect payment from local boards was out of all proportion to the amount received, especially since half had already come from state subsidies. Although the number of destitute children maintained

by the boards in industrial schools nearly doubled between 1908 and 1919, the amount paid by the boards increased only slightly, and by 1917 had actually started to decline (see Table 6). The 1920 Hospitals and Charitable Institutions Amendment Act (No.2) repealed the boards' financial liability for indigent children in the State's care, the sole charge to be in future on the Consolidated Fund.

As predicted, the first reaction of some of the larger boards was to turn children under their direct care into state wards. Even children in institutions such as Lorne Farm suddenly became 'uncontrollable' and 'without direct means of support', though it was difficult to see how they could be either in an institution run by a charitable aid board.⁴⁸ Similarly, the Otago Hospital Board decided in 1921 to withdraw all maintenance from children they supported in private and church orphanages, with the aim of forcing their committal through the courts and throwing liability onto the State.⁴⁹ After 1920, most children requiring long-term care apart from their parents came under state supervision and support or went into church homes: the charitable aid boards restricted their attention to certain short-term cases of need, and to children receiving outdoor relief with their families.

Initially, children were regarded as just another element among the 'helpless poor'. There was a modicum of ranking among them, innocent orphans being regarded with more sentiment and sympathy than abandoned children or 'street urchins' with criminal proclivities. Provision for destitute children was hesitant, the authorities ever fearful of encouraging parental irresponsibility. By the 1880s, however, there were signs of a growing emphasis on the value of child-life to the State, a readiness to regard even criminal children as reformable, and a willingness to intervene in the family to 'rescue' children of doubtful parentage.⁵⁰ A whole raft of legislative, organisational, and institutional activity was directed at children from the 1890s. The Infant Life Protection Acts and regulations governing the early registration of births affected illegitimate and unwanted children most directly, but these were paralleled by tighter restrictions on children's employment, more stringent school attendance regulations, the raising of the age of consent, reorganisation in the industrial schools, and the establishment in 1912 of a school medical service.⁵¹ There was also a growth in the number of orphanages and voluntary societies concerned with the physical and social wellbeing of children, with the Society for the Protection of Women and Children (founded 1893), the Canterbury Children's Aid Society (1897), and Plunket (1907) among the most vocal.

The Education Department, with its expanding range of specialised staff, played the larger role in these developments. By 1918 the Department employed juvenile probation officers, attendance officers, district agents under the Infants Acts, visiting nurses, and the personnel of the special and industrial schools branches. Many of these men and women had some mandate to investigate private homes and worked closely with schools and voluntary workers. From 1925 the appointment of Child Welfare officers provided a core of professional social workers with a well defined career structure to oversee the welfare of children. Child care came to be seen as a specialised activity, within the family itself, where the mother was supposed to need training and guidance in the rearing of future citizens, and within those agencies which had assumed the role of surrogate parent.

The hospital and charitable aid boards had neither this pool of expertise nor the will to compete in these developments, and their responsibility for destitute children was gradually eroded. From 1920 it was clear that any negotiation of responsibility for children would involve not the agencies of the State and the hospital boards, but the State and voluntary or religious groups. (The fact that there *was* such negotiation says much for the sentimental appeal of child-life – at the time there were few groups competing to provide for deserted wives or bedridden old men.) The advancement of state regulation and inspection proved overwhelming in the end, though the idea died hard that children's best interest was served by the personal influence of godly people.

The hospital and charitable aid boards were geared to a diffuse and minimal response to social problems and retained their 'Poor-Law' taint well into the twentieth century. Children were too precious to be handicapped by an association with pauperism which, Inspector-General Valentine claimed, was 'known to be infectious'.⁵² The boards' expanding medical role made them even more inappropriate custodians for the young and healthy. The condition of the elderly could be translated into medical terms. So, on a more temporary basis, could that of unmarried mothers. The boards still concerned themselves with sick children, and from the 1900s were likely to build separate children's wards in which to do this. But otherwise, children's care and supervision was to be the responsibility of the Education Department, whose special function was, in Valentine's overly optimistic words, 'the rearing and educating of children amidst the best environments'.⁵³

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Abbreviations:

AJHR *Appendices to the Journal of the House of Representatives*

CW *Child Welfare Division, Education Department Archives*

H *Health Department Archives*

IA *Department of Internal Affairs Archives*

Le *Legislative Department Archives*

NZH *New Zealand Herald*

NZJH *New Zealand Journal of History*

NZPD *New Zealand Parliamentary Debates*

ODT *Otago Daily Times*

SS *Social Security Department Archives*

INTRODUCTION (pages 1-9)

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33. *Ibid.*, Vol. 109, p.589 (26 Sept. 1899); Vol. 125, p.606 (18 Sept. 1903, T. MacKenzie)
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3. PERSONAL COMMUNICATIONS

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 Mrs Joyce Rowell, Wellington, 24 January 1980
 Mr S. Stewart, Palmerston North, 20 May 1977
 Miss A. Tocker, Lower Hutt, 7 September 1979

b) Correspondence

- John A. Lee, Auckland, 15, 30 November 1979
 Miss Margaret Sutch, Wellington, 2 January 1980

In author's possession are letters from eleven other correspondents who were involved in the receipt or distribution of charitable aid, mainly in the 1930s. These people were assured of confidentiality.