

AN OVERVIEW

Ignorance is not innocence, but sin.

Robert Browning

Those who have studied the Australian health and welfare scene closely have noted the piecemeal, arbitrary state of the provision of human services. The system is like a giant jelly: it can be moved out of shape only with the maintenance of constant pressure; if the pressure is removed, the jelly resumes its usual and comfortable form.

In the following chapters, we discuss what has been occurring in evaluation and what has not; what has been done, what has been omitted and what is needed; and we discuss ways by which one can assess different health and welfare interventions. Mostly, these methods of assessment are not used in Australia, and we have little idea of whether our health and welfare efforts are appropriate, effective, efficient or equitable.

One sees in health and welfare in Australia a system out of control—part of a larger crisis in administration; certainly out of the control of the individuals it is supposed to serve and of the institutions and political agencies to which we look for national management. It is also probably out of the control of the public servants immediately responsible for its management and of the agencies actually delivering the services. This judgment, however, must be viewed in the context of what appears to be a more general problem which probably extends beyond health and welfare and beyond the public sector.

The 'arts' of administration and organisation are currently going through a process of great upheaval and adjustment. Modern government and business are raising problems of diversity, size and technical complexity never before encountered. Evaluation may be seen in this general context of helping organisations adapt to what is certainly a changing environment.

A generally poor framework of social theory is possessed by many politicians, bureaucrats and agency managers and by the community in general. This background deficiency may lead us unwittingly and far too often to inappropriate, unsympathetic, ungenerous and ineffective interventions in our social system. These prospects are not helped by many powerful managers who possess an associated thinly veiled 'poor law' philosophy, and cling to concepts of 'deserving' and 'undeserving' poor and of welfare as a charity—all inappropriate in a nation undergoing the structural and functional changes that we see in Australia today. There are good grounds for believing that present needs differ markedly from those of a decade ago. Today's needs, again, are likely to bear only approximate similarity to needs a decade hence. Too many decision makers are unaware of these changing needs and are certainly not equipped to respond to them.

Evaluation is one tool to help us understand what is going on. It is a tool becoming better appreciated and recognised in Australia today, but it is still far too little applied and seldom funded. Further, there is not an appropriate context—nor are there the structures and processes needed—for development of evaluation activity. Thus present evaluation activity is not part of a coherent approach, nor yet one step along the road to the solution of great social problems.

We should not expect evaluation by itself to rationalise health and welfare services; nor should we on the other hand assign it too little value. It can, however, be seen as part of a more general effort to provide better, more responsive and more accountable services.

It is the belief of the Committee that the health and welfare system, unless it gains in rationality, will not meet the requirements of the Australian people at an acceptable standard or with the degree of comprehensiveness of services and support that they desire and deserve.

Further, we need to acknowledge the value frame that we, as a Committee, bring to this exercise. There are those who would seek the destruction of the present social system, and there are others who assert that governments have no role in health and welfare. We have in fact accepted as valid for our task the present framework in which society operates. We have assumed that the system is, at least in the short and medium term, stable as regards its basic structure. We therefore accept that the funding and provision of health services and of social welfare will continue to be major government activities, whether the total resources of manpower and money, and the depth of commitment, increase or decrease. We seek, in short, to address the question of how the present system of health services and social welfare can be made more equitable, more rational, more efficient and more effective.