

## PART THREE

### THE PROCESS OF EVALUATION, AND ITS COMPONENTS

The process of evaluation has four prerequisites: the formulation of statements of *need*; the formulation of statements of strategic *goals* and specific *objectives*; the formulation of statements of *standards*, or criteria, for evaluating progress toward those objectives; and the development of a *data* base. These prerequisites improve objectivity in the evaluation process. Without them, assessment is based almost solely on the values and perceptions of the evaluator. This type of assessment is of very limited use for decision making.

These four prerequisites are important not only to evaluation but also to the effective functioning of the health and welfare system. They allow the system to operate in a logical manner. Without them, the system muddles along, reacting when specific pressure is applied, but often without any rational direction or purpose. After these prerequisites have been satisfied, it is possible to choose an appropriate model of evaluation for the program under review and to assess what has been achieved.

Evaluation activity in Australia is, in the main, inadequate in amount and quality, especially in respect of establishing these four prerequisites.

## Chapter 4

# Need

This chapter is about need: what it is; how one measures it; how it is or is not measured in Australia; and its importance in an equitable and rational health and welfare system. The chapter contains criticisms of some official and professional attitudes to the measurement of need in Australia. It also assesses the implications of these attitudes for health and welfare programs, their funding and their evaluation.

### Concept of need as part of the evaluation process

Need can be defined as *a situation that is judged to require a response*.<sup>1</sup> The response can lead to the provision of cash or services. It is the assessment of need that gives the goal-setting process its rationality, for goal setting without a measure for the assessment of need is dependent on the values and prejudices of those setting the goals.

The Australian public has only a poor perception of problems existing in the health and welfare areas. It has unsympathetic attitudes to many people and groups in need and there is no general agreement about program appropriateness or standards. Perhaps worst of all, the public does not comprehend how much it does not know.

Nevertheless, society has expectations that its health and welfare systems should achieve certain desirable goals, even though these goals may not always be stated with any clarity or precision. The development of a concept of need allows goals to be stated clearly and more precisely. To the extent that an understanding of need underpins the development and introduction of policy, a system will be rational and, we believe, probably more equitable and more efficient. Many systems have developed otherwise, using expressed demand, political expediency and general feelings of goodwill to determine how and to what end resources should be shared. These systems are generally less efficient, less equitable and less comprehensive than they should be.

Australia has an indifferent record in setting goals based on demonstrated need. However, there have been many successful initiatives, perhaps the result of serendipity or expediency rather than of rationality.

### Concept of demand

Some difficulties arise in isolating what properly constitutes need. For a start, there is a question about who should make the assessment. There is also the related issue of whether need and demand are separate, identical or related parts of the same expression of deprivation.

If need refers to a situation requiring a response, demand, by contrast, refers to what and how much consumers want. Demand is subjective and is determined by cultural expectations as well as by more objective measures. Many calls for service in the Australian scene are demands rather than expressions of need—a difference of some significance.

Economists regard demand as a central component of economic market models that determines the efficient allocation of resources in the market. Economic demand is an expression of how much of a particular service a consumer will want at a particular price; so price becomes a regulator of demand. The health and welfare market,

however, has some features that make the market model unacceptable as an a priori method of allocating resources.

Firstly, our society is coming to regard some benefits and services in the health and welfare area as rights. In this situation, demand is inadequate to ensure provision or adequacy, not least because demand may become increasingly divorced from ability to pay. Society may in fact determine that the achievement of health and welfare goals should not be related at all to economic factors. Secondly, increasing government subvention in the health and welfare areas has reduced the significance of price as a measure of the cost of supplying a service and as a regulator of demand. Thirdly, demand may come more from involved professionals than from clients or patients. Fourthly, need may be inversely related to ability to pay. Fifthly, demands from one source may be in conflict with the demands of other consumers of benefits or services. Sixthly, the classic market model assumes perfect knowledge by consumers; and we know that such knowledge is not always possessed by our health and welfare consumers.

We can reject, then, any simple market model for the allocation of health and welfare resources. Demand remains, however, and is difficult to assess as a legitimate expression of need. To the extent to which compassion must be extended to inarticulate groups unable to express demand, to the extent that demand is often political rather than rational, and to the extent that it may be inappropriately arbitrary, it is not an adequate or reliable measure of need.

Mr I. Yates, Secretary-General of the Australian Council of Social Service Inc., questioned on need and demand, said:

Those various sorts of representations—publicity and so on, all the things to which we have referred—are demands. They may represent very real need but they are not in themselves an accurate barometer of need. They may, in a particular issue, represent very real needs, pressing needs, and clearly in a lot of cases do so, but they are not, I think, a systematic way of approaching [the measurement of need].<sup>2</sup>

Dr R. Douglas, Senior Lecturer in the Department of Community Medicine, University of Adelaide, qualified this view somewhat when he said:

. . . I talked about the rather thin grey line that I believe separates the concepts of need and demand. I am sure you will receive testimonies from those who say there is a vast distinction between the two. In my view the best judge of need is not an outside professional but the individual himself . . . in the final analysis, use of health services comes about when an individual decides that he needs to see somebody about his problem, and that I believe is where our definition of need should begin, with the individual's perception of his problem . . . I know some will argue that if we concentrate in this way we will simply be opening the door to a flood of impossible demands from the public which bear no relationship to what medical science can provide nor to professionally defined need. I would answer that some of the most impossible and inappropriate demands on the health purse are directly attributable to the mistaken idea that professionals are the best judge of need.<sup>3</sup>

Because of the economic connotations of the concept of demand, it seems preferable not to use the term at all. A more precise expression in the context of this report would be 'expressed need'. Its use also has the advantage of not implying any value judgment.

Expressed need is often vociferous but is not always appropriate. It may identify only one manifestation of a problem and miss the central issue; it may identify only some potential clients; it may ignore services available; and it may be articulated ineffectively owing to lack of skills or resources, or of will, power or capacity to bargain and communicate with responsible authority. Further, many expressed needs are

immediate, fragmented and short term; and, since health and welfare services are planned ahead, requirements have to be anticipated.

The problem of not being able to clarify needs in their proper context is not confined to individual or group expressions of need. Lack of knowledge and lack of data are problems at the upper levels of planning. Resources are limited and choices have to be made on the basis of technical assessments. These assessments are modified by community and cultural considerations. For example, the Aboriginal health program for the treatment and prevention of trachoma would hardly have resulted solely from expressions of need voiced by a predominantly urban white community, as that community was not sufficiently aware of the prevalence or severity of the disease among Aborigines.

### **Concept of need**

We believe that need is, or could be, measurable. Many measures are already available and more may yet be required. Two recent reports dealing with need that has been measured objectively are *Families and Social Services in Australia*<sup>4</sup> and the First Main Report of the Commission of Inquiry into Poverty (**Henderson**).<sup>5</sup> To generate a response, need should really exist and its existence should be objectively demonstrable.

Four types of need have been described by Bradshaw, namely normative need, comparative need, felt need and expressed need.<sup>6</sup> *Normative* need is what the expert or professional defines as a need in any given situation. A minimum standard of provision or performance is laid down. This involves a value judgment and may need careful justification. *Comparative* need is a measure of need found by studying the characteristics of different groups, usually comparing those in receipt of a service with those not in receipt of it. *Felt* need is equated with want. It may be felt, but he who feels it may not be able, or have the will, to express it. It is limited by the capacity and perception of the individual, depending, for example, on whether he knows that a service is available, or whether he is reluctant to confess a loss of independence. *Expressed* need flows from felt need when, by political or other action, demand for a service is articulated.

Thus our concept of social need has four categories. This scheme of classification allows a more precise and systematic view of need and a more rational set of judgments in the making of policy than does the use of a global concept.

### **Importance of measuring need**

New initiatives in health and welfare should respond to some need. Where choices between competing claims have to be made, the extent of need should be one critical factor in these judgments.

The establishment of need provides the best rationale and basis for policy development. It is essential to the proper planning and delivery of appropriate services. Where need has not been measured, a new program either will be a stab in the dark, of greater or lesser appropriateness, or will be a response to the expressed needs of a particular interest group.

Precise measurement of the need to be satisfied is an essential prerequisite for the evaluation of a program or policy outcome. The extent to which need is satisfied provides the most rational basis for judging the effectiveness of a program.

The identification of need should be a crucial element in the provision of human services. Major E. Dawkins, of the Salvation Army, gave a clear example of what basic data can reveal when attempts are made to use them:

Out of the report on homeless persons in Newcastle came the fact that 32 per cent of the persons who arrive on the homeless persons scene ultimately, leave home before they are 15 years. Now our experience is that we do not see those people until they are in their late twenties. The question then arises of where they are. What should we be doing for them? How can we get to them? I cannot answer that directly, but because of my association with the Youth Counselling Service and the personnel of that service I know that they are out on the street and where those kids are. I have a fair idea that they would be able to come up with some substantial information that may help us to quantify this problem . . . .'<sup>7</sup>

The identifying of need must be an active process; it cannot occur passively. Need will in all probability exist in an objective sense for some time before it is recognised. For example, while the high rate of Aboriginal infant mortality was recognised only in recent years, it clearly has existed for some time. Organisations must be continually feeling the community pulse and seeking those changes in community indicators that may reveal need. Current efforts at organising services in terms of client groups or geographic needs offer hope for responding more appropriately.

A process that actively pursues need will also endeavour to anticipate needs in accordance with structural changes in the community.

Unmet need also should be measured and assessed regularly to identify areas not being adequately covered by programs. The concept of unmet need is an aid to evaluation of the performance of different programs. Measures of need and unmet need are more than morbidity, mortality and poverty statistics; they include the whole range of measures of social disability, of measures of typical symptoms presented, and of measures of factors such as positive mental health and acceptable quality of life.

The process of measuring need must take account of all the types of need—normative, comparative, felt and expressed. Clients must be involved in the process. Need provides the basic reason for each program; and the public which is to be served, and which pays the bill, should know the rationale and be able to have an input in the consequent setting of priorities. Identification of need, then, must be a public process. Feedback is crucial. The public should have an untrammelled right to this information from public and private sources.

Mr P. Jenkins, First Assistant Secretary in the Community Division of the former Department of Environment, Housing and Community Development, identified the gathering of basic data as the first step in the process of determining need:

Right at the very beginning I said you have to know what questions you want to ask. If you do know those reasonably well and you do know what questions you need to ask, then you can define what information you need to answer those questions. I suppose this principle can go through the programs and the acts of government, which will say 'We have to review these things and we have to look at expenditure on our programs et cetera every year, and therefore we need a minimum of a certain amount of information so we can answer the questions dealing with those programs'.<sup>8</sup>

This issue is discussed more fully in Chapter 7.

### **Measurement of current need in Australia**

Most witnesses considered that little or no measurement of need is regularly undertaken, even though the process was recognised by all as being important. One witness took the view that need could be assessed politically. The political definition of need was enunciated by Mr P. J. Lanigan, Director-General of the Commonwealth Department of Social Security, who placed heavy reliance on felt and expressed needs as the measure of need:

At the administrative level perhaps the most significant factor of all in establishing an awareness of need is the continual flow of representations to the Minister through the ordinary democratic process and through the processes of the Parliament.

Not representations alone, but the Minister's own political involvement in the Minister's party; the Opposition's involvement; the bringing together of ideas in the form of a parliament; the enormous flow of representations which come into this Department in particular every week on every conceivable aspect of welfare needs. It is not so much the particular letter but the general trend of letters which gradually impresses upon members and political parties a fairly significant awareness of what is going on.

I am speaking about welfare in the broader sense. I would, of course, accept that all of the national statistics, all the important indicators of how the economy is progressing and all facets of the economy, are an equally important input—both to the Government and to the administrators and to the newspapers of course.<sup>9</sup>

This was reinforced in the answer to a further question:

**Chairman**— . . . How do you adjudicate between competing claims? Or how do you determine that social claims, however loudly they are expressed, are in fact correct? And so on and so on. Do you do this routinely? You have said that you can do it.

**Mr Lanigan**—Surely it must be essentially a political judgment in most cases. We can input some part of the answer but I suggest, with respect, that it tends to be a ministerial and Cabinet decision as to what needs we respect and what needs we do not.<sup>10</sup>

Mr Lanigan was supported by Mr A. S. Colliver, First Assistant Director-General in the Social Welfare Division of his Department, who said:

In dealing with this question of need, as Mr Lanigan has said, there does emerge a general social consensus from various groups which then become recognised as a general social need. You do get competing demands from various groups but from that there does come eventually an awareness—a consensus—that there is a particular social need in the community.<sup>11</sup>

One could be excused for concluding that, at the highest administrative levels, the Department of Social Security, unlike other departments, uses expressed need as its most significant indicator of deprivation. We reject this approach as irrational, inefficient and inequitable, and record our disappointment at the Director-General's apparently inadequate understanding of the limitations of demand as an index of need. By way of contrast, attention is directed to evidence given on behalf of the then Department of Environment, Housing and Community Development. Mr R. B. Lansdown, its Secretary, was questioned on this same matter:

**Chairman**—If we agree that levels of need are not sufficiently appreciated at the moment, do you think in what is a political process that we should set out to measure and know need, do you think it is only possible to take the intensity of criticism or critical letters to government as a measure of need, or do you think in fact that we need some objective measurements?

**Mr Lansdown**—We believe you need some objective measurements. I do not discount at all the correspondence. That is like the daily feel one gets for what the program is doing, but I do not see that as an effective substitute for effective evaluation.<sup>12</sup>

Many Australian initiatives have been a response to expressed need rather than measured need. To this extent, they have ignored the inarticulate or powerless who have not known how to express their needs effectively. The response has been political rather than equitable.

The needs of the inarticulate go unexpressed and are, by definition, almost unknown unless some action is taken to establish them. Further, expressed demand is

often related tactically to whatever is most likely to attract funding. Organisations tend to seek what is available rather than what is needed. For example, Mrs A. Gorman, Executive Director of the Family and Children's Services Agency in the New South Wales Department of Youth and Community Services, told the Committee:

The submissions we get indicate that people tend to ask for services which they know they will get funding for. Until recently they knew they could get funding for pre-schools for long day care and they put in a submission which reflected that. We have gone back to some of the areas and said to the people: 'You have put in a submission asking for certain things but is that really what you want?' They have said: 'We did not know there were any other options'. That is one of the problems in assessing need. People know that there are certain things on the shelf and they say: 'We will take one of those because the Government will fund that and it is better than nothing at all'.<sup>13</sup>

Success in this kind of political process stems largely from knowing where resources lie and how to gain access to them. It has very little to do with the level of need in the community. Such a process largely ensures that resources will go to the aspirant with the loudest voice.

Expressed need, then, is one tool to be used in understanding and identifying need. Inadequate on its own, it is disastrous if used as the sole measure of need. We therefore reject in emphatic terms the thrust of Mr Lanigan's evidence in this area.

#### *Ad hoc measurement of need*

Such measurements of need as are made in Australia are, typically, ad hoc and 'one off'. Few continuing processes for the assessment of need have existed. Some notable examples of the measurement of need are the Nutrition Survey (see page 20), the Commission of Inquiry into Poverty, the Social Indicators Program of the South Australian Department for Community Welfare, a number of studies by the Health Commission of New South Wales, and needs measurement undertaken by the Brotherhood of St Laurence as part of its normal program assessment.<sup>14</sup>

Mr P. Allen, Acting Executive Director of the Victorian Council of Social Service, told us that 'there is certainly no continuous monitoring of the need'.<sup>15</sup> The occasional exercises in the measurement of need are much less than parts of a planned, continuous program. We need longitudinal information about changing levels of need, and the capacity to integrate different sets of figures.

Mr Allen also observed:

There is a lack of social research and social experimentation in Australia but there was a period, during the time of the poverty inquiry, when Australia expended an enormous amount of money on social research and social experimentation. Very little appears to be undertaken at present. Much of the valuable work of the poverty inquiry in setting up frameworks within which information could be gathered over time appears to be progressively being lost to those involved in social service planning and delivery through the unwillingness or other difficulties involved in keeping that information up to date and in performing replication studies in other parts of Australia. An example is the research that was done into social indicators by Vinson and Homel. That research should be replicated in other parts of Australia but there is certainly not the money and perhaps not the interest to replicate that in an attempt to build up a much more useful set of indicators which social service planners may be able to use in order to develop services more likely to respond to needs, to be targeted more accurately to those who are in need.<sup>16</sup>

In this area, as in many others, the adequacy of present information and research has been called seriously into question in this inquiry. The deficiencies need better recognition at the higher administrative and planning levels to enable us to develop and deploy adequate resources.

### *Needs not known*

A current running through evidence before the Committee was that very little was known of health and welfare needs in the community. For example, in respect of the handicapped—an area in which some agreement on needs is more readily possible than in others—data are worse than poor. A representative of the Department of Social Security told the Committee:

To be absolutely frank it seems to me that you are addressing yourself to one of the key issues which the National Advisory Council for the Handicapped keeps stressing in its annual reports: that, quite apart from all the points which Mrs Coleman and Mr Colliver and others have made about the difficulties of interpreting data, there is not even sufficient basic data.<sup>17</sup>

Certainly, there is no register of the number of handicapped<sup>18</sup> and there has been no lack of calls for such data.<sup>19</sup> Even a proper research basis for data collection appears to be lacking. This view was echoed throughout the inquiry.<sup>20</sup> It appears also that, no matter how one defines voluntary agencies, we do not know how many there are.<sup>21</sup> One group which claimed to have a knowledge of the level of needs in the community had had to rely on the extrapolation of overseas figures.<sup>22</sup> Other witnesses made it clear to the Committee that, while some numbers were known, they were based on cases that became known only when situations degenerated to crisis point,<sup>23</sup> as, for example, when children appeared in the courts. The level of unmet need is probably even less comprehended than the level of actual need.<sup>24</sup>

A number of witnesses acknowledged that we do have some knowledge of need, but qualified their view in one of two ways. Some said that we do not know enough—for example, in the area of housing;<sup>25</sup> others added that, in many instances, the existing structures do not effectively integrate what we do know into policy making or into modifications to existing patterns of service delivery.<sup>26</sup>

The issues relating to use and derivation of data on need are discussed more fully in Chapter 7.

### *Developments*

The Committee gained the impression that a large amount of data is collected but not collated or used by agencies owing to lack of time, staff and expertise. Some degree of reliance on anecdotal information was noted.<sup>27</sup> There is also a lack of information about the number and range of non-government agencies in Australia, but some efforts to rectify this situation are now being made.<sup>28</sup>

There are a number of useful developments related to the assessment of community needs. The fact that people lament the lack of information about need reflects a desire for the information. Welfare organisations are becoming more aware of the data required to predict needs and measure responses and are examining their own data-generating capabilities.<sup>29</sup>

Government departments are developing means of reducing the information gap with respect to need. This was noted particularly in evidence given by the Department of Veterans' Affairs,<sup>30</sup> the Commonwealth Department of Health,<sup>31</sup> the Health Commission of New South Wales and the Department of Youth and Community Services in that State,<sup>32</sup> the Brotherhood of St Laurence,<sup>33</sup> and the Smith Family.<sup>34</sup> These efforts



need general encouragement and also specific support by way of funding and the dissemination of information.

Active searching for needs rather than waiting for them to declare themselves is now beginning to occur.<sup>35</sup> This new approach includes some basic efforts in the use of social indicators (see pages 88–9).

On a somewhat hopeful note, it is clear that some, albeit very few, organisations are able to 'plug in' to the system and are beginning to have a very good idea of the needs to which they must respond. Examples that have come to the Committee's notice are the Brotherhood of St Laurence, the Sydney City Mission and the Hunter Region Health Services in New South Wales. Their success demonstrates the possibilities for successful use of the concept of need as a rationale for action.

### *Problems with the measurement of need*

The political process used now to allocate priorities in health and welfare favours the articulate, the powerful and the attractive, in the battle for resources. Many groups that do well in this situation will not readily relinquish their privileged access to the process. Nor will they easily agree to higher priorities being given to others on the basis of some objective measurement—especially if this is seen as anonymous and impersonal. It will require toughmindedness to insist that information derived from surveys of need be used to change priorities.

Further, organisations' priorities are altered by the demands made on them. The Rev. C. Miller, Director of the Department of Community Service, Baptist Union of Queensland, said: 'I do not think we are really assessing their needs; we are being, not exactly manipulated by our waiting list, but pushed'.<sup>36</sup>

The identification of need entails dangers and political costs. Some needs that may be identified may be ones with which the available resources cannot cope or for which the appropriate strategies are not known. Some needs may fall outside the prevailing value system.

The identification process will itself use resources. The Committee was not able to make a judgment about the level of cost involved. Indeed, such a judgment presupposes a number of decisions as to the extent and rigour of the process. Furthermore, it is difficult to ascertain what uncollated or unused information on need exists in the community. In any judgment of costs, however, one must balance against the cost of the identification process the increasing number of official inquiries that investigate needs, such as the Commission of Inquiry into Poverty and the Review of the Commonwealth Employment Service.<sup>37</sup> With an adequate identification process, the requirement for these one-off, costly inquiries would be much less. The cost could also be reduced if such a process were made part of the normal administrative procedures for evaluation. It is felt, however, that the resultant increase in accountability (see Chapter 1) would offset and justify even a relatively high level of cost.

A major problem in the identification of need is the lack of basic data. New data collections and new methods of collection may be necessary. There must also be better co-ordination of agencies on a national and local level to allow for the use of what could be a large amount of uncollated and unrelated information. Though problems of methodology and privacy will arise, we believe that they are not insurmountable.

Priorities will still remain the principal problem. After needs have been identified, someone has to make the final decision on which needs are to have priority. In a properly ordered system, the decision makers will not have to determine priorities by relying on the number and strength of expressions of need, the volume of mail to an

office, or bald guesswork. They will have at their command data that will enable decisions to be made on a rational basis, perhaps systematically, and above all according to visible criteria.

Further, one cannot argue that demonstration of need removes from the situation the values of the professional. The values of professional and politician are involved in the process of defining needs to be measured, in setting priorities between different areas requiring measurement and in methods used to identify need. These values must be recognised and stated.

## **Recommendations**

### **The Committee recommends:**

- 1. That all levels of government make a commitment to identify and declare the state of need and of unmet need in Australian health and welfare, and to assess these factors continually.**
- 2. That the Social Welfare Policy Secretariat, in co-operation with the non-government health and welfare sector, formulate and publish basic minimum data requirements for the assessment of levels of need in health and welfare services.**
- 3. That instrumentalities with programs designed to answer need be responsible for the collection, updating and dissemination of appropriate statistics relevant to measuring levels of need.**
- 4. That the non-government welfare sector be given specific grants for the collection and publication of data already collected by agencies with programs designed to answer need.**
- 5. That funding proposals by government departments and by non-government agencies receiving government funds be required to identify need in an approved, objective fashion and that independently funded bodies be encouraged to do the same.**
- 6. That:**
  - (a) all collected data on need be published, irrespective of their quality; and**
  - (b) lists of what data are available be published also.**
- 7. That legislation establishing new programs within government authorities include a requirement that measures of unmet and satisfied need be detailed in the annual reports of the relevant authority.**
- 8. That non-government agencies receiving government funds be required to furnish publicly, at specified intervals, measures of unmet and satisfied need.**
- 9. That independently funded bodies be encouraged to make statements of unmet and satisfied need in their annual reports.**

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17. *Transcript of Evidence*, p. 1115.
18. *Transcript of Evidence*, p. 974.
19. *Transcript of Evidence*, p. 2378.
20. For example, *Transcript of Evidence*, pp. 1181-2, 1186, 1518, 1615, 1638, 1815.
21. *Transcript of Evidence*, p. 1573.
22. *Transcript of Evidence*, pp. 1153-4.
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35. *Transcript of Evidence*, pp. 1384-5, 2583-600. Additionally, the Health Commission of New South Wales has undertaken a number of surveys; for example, see N. Shiraev & M. Armstrong (eds), *Health Care Survey of Gosford-Wyong and Illawarra 1975*.
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