

## Data

The collection of data is important and is inadequately carried out in Australia.<sup>1</sup>

The Bright report on health services in South Australia pointed up a lack of data for tactical and strategic planning.<sup>2</sup> The Syme-Townsend report on hospital and health services in Victoria noted that the lack of data in the health field 'came as a surprise to us', to the extent that the terms of reference for the inquiry were rendered incapable of a firm answer.<sup>3</sup> The Health-Welfare Task Force of the Royal Commission on Australian Government Administration commented: 'The lack of comprehensive social indices or statistics is another obvious gap which contributes to policy making shortcomings'.<sup>4</sup> The **Bailey** Task Force on Co-ordination in Welfare and Health found that it was extremely difficult to obtain an estimate of the extent of government support of non-government organisations, and to get information about the kind of service to which this support was given.<sup>5</sup>

The Centre for Social Welfare Studies at the Kuring-gai College of Advanced Education found that data on the amount of monetary resources devoted to welfare services in the community had not been collected. Indeed, no one had attempted to collect it.<sup>6</sup> The **Henderson** Commission of Inquiry into Poverty was forced to collect its own statistics. Though the collection of those statistics inspired the ill-fated household income and expenditure survey of the Australian Bureau of Statistics, such data collections have never been repeated since 1975-76.<sup>7</sup>

The Social Welfare Commission and the Hospitals and Health Services Commission, until disbanded, both played important roles in pointing to data deficiencies and in generating some data.

The lack of satisfactory goal statements for health and welfare has been a limiting factor in the development of an adequate data base, simply because it is unclear what we need to measure. As the incidence and amount of rational planning and evaluation of health and welfare services increase, and as organisations intensify their efforts at critical evaluation, the need for data will increase and the types of data required will be better comprehended. However, unless there is established a minimum data threshold that will support effective planning and evaluation, these activities will inevitably become largely subjective and fail to provide an impetus for further data collection.

### Need for data

The primary functions of a system of health and welfare statistics can be summarised as follows:

1. to indicate the health and welfare status of a population;
2. to point to needs for programs of health and welfare promotion and control;
3. to make possible evaluation of the success and adequacy of such health and welfare measures as are instituted as a result of the determination of needs;
4. to serve basic health and welfare research requirements.<sup>8</sup>

Researchers, practitioners, professionals and inquirers need more data than exist at the moment. Clearly, there are insufficient basic health and welfare data when we do not possess precise basic information on, for example:

1. the structure of our community in terms of its social condition, and income levels;
2. the incidence and pattern of illness;
3. the nature of the health and welfare services that exist in the community;
4. the effects of our expenditure on health and welfare;
5. the kinds of non-government services that receive government subsidies;
6. the proportion of government resources going to health and welfare.

It is not quite clear, however, what kinds of data should have priority. Data collection can be costly and can impose a heavy burden on both providers and recipients.

Data overload can be a significant problem. If too much information is generated, recipients may have many more data than they want, need or are able to digest. For example, decision makers can be swamped or 'snowed' to the extent that relevant data are ignored or not comprehended.<sup>9</sup>

Providers of information also can suffer from overload. Feedback to them is important, for they must be able to see the relevance of data and be assured of the effectiveness of data in order to justify the cost entailed and the time absorbed in providing them. In fact, the burden imposed, especially on clients of services, by the requirement that large numbers of questions be answered in the quest for data is now becoming a community issue.<sup>10</sup> One witness described the importance of feedback to those who provide basic information:

. . . Australia to date has seen the Commonwealth, and to a lesser extent the State governments, as the major collectors of information about existing service provisions. They use this information for their own decision-making purposes with little or no feedback to the people they collected the information from. The result is that information that might often be extremely useful to a non-government agency in improving its own service provision is unavailable to it, although the organisation has co-operated with the Commonwealth or State government in providing the information. The result is that there is some hesitancy, on the part of non-government agencies in particular, in getting involved in just another data gathering exercise. There is quite a lot of evidence that the importance of routine and systematic feedback to people who are providing information, to assist them in any decision making that they might be involved in, increases the likelihood not only that they will go on providing the information you require but that they will be receptive to expanding the range of information that they are prepared to collect in the future. I can give an example from this emergency relief study that I referred to before. A common reaction among many of the emergency relief providing agencies in Victoria was that we have done it all before about four or five times.<sup>11</sup>

When data collection proposals are put forward, it must be made clear to all concerned what purposes the data will serve. It may be that there will still be too great a burden on some of those concerned; so decisions will have to be made as to which data are most useful.

Priorities and goals for data collection must be established on a rational basis. One writer has made the following pertinent comment:

Measurement . . . is not an end in itself. Its scientific worth can be appreciated only in a situation in which we ask what ends measurement is intended to serve . . . what functions it performs in inquiry.<sup>12</sup>

The requirements and techniques of data collection will evolve as rational planning and evaluation increasingly become part of Australian health and welfare services. Governments must assist in the articulation of data requirements and priorities

and then use their considerable data resources to co-ordinate and produce the appropriate statistics. This Committee is not convinced that the Australian Bureau of Statistics is as active as it should be in the process of discovering data requirements.

### **Locked-in data**

For one reason or another, a considerable amount of the data collected now is locked in at some point. An example of the difficulty in ascertaining the size of the potential client population was given to the Committee by an organisation working with paraplegics and quadriplegics, which asserted that it was not able to receive aggregate information known to be in the possession of a hospital.<sup>13</sup> Clearly, this and similar information is vital to agencies in the planning of their services and, in aggregate form, should be available. The Committee is concerned that such examples of inability to obtain existing, recorded data may not be isolated.

The social welfare system, at both Commonwealth and State levels, holds a vast amount of information which, since it is made inaccessible to the agencies that need it, may be regarded for practical purposes as non-existent. Possible reasons for the non-dissemination of such data include recalcitrance, low priority, a need to process data further before their release, and lack of resources, as well as inability to use the system on the part of those who require the information.

Data may be locked in because of lack of co-ordination. Organisations may simply be unaware of the data collections of other organisations in their own or related fields.

Organisations may also fail to perceive information that does exist. Data may be produced but some organisations may not be aware of them or know how to obtain them. Further, surrogate information may be available but organisations may not be aware of its usefulness to them.

The resources issue may be viewed from two perspectives: on the one hand, the retrieval of existing information would involve additional cost; on the other hand, the cost of retrieving existing data would be lower than that of generating a whole new system of data collection. Financial arrangements may need to be made to provide for the charging of such cost to the client or a particular fund.

While confidentiality is necessary to protect individuals from disclosure of traceable information, it would never be a valid reason for withholding the dissemination of aggregate figures.

After supplying returns and answering requests for information for some time and receiving no feedback, many organisations feel that a great amount of information is locked in. If information is not seen to be used, those who have provided it may feel that their efforts have been wasted. One witness commented:

I have sympathy with that view. If information is not going to be used, I doubt whether it should be collected. I think there is sometimes a lack of understanding as to what use that information is being put. There is no effort to say: 'This is what we are trying to do.' I think that at times one does find some resistance to this type of exercise. I think it could be overcome by a bit of dialogue between the provider of the information and the user of the information.<sup>14</sup>

The problem could also be overcome by providing a right to disclosure of all factual and survey data, and thereby unlocking information.

When the final text of this report was settled early in 1979, the Federal Parliament had before it the Freedom of Information Bill 1978, the purpose of which is 'to give members of the public rights of access to official documents of the Government of the Commonwealth and of its agencies'. This measure will have dual importance to both those who pay for and those who benefit from health and welfare programs. On the one hand, it should allow the release of information needed for the making of sound

judgments about the effectiveness of health and welfare expenditure; and, on the other hand, it should protect those who give private information to public organisations. It would appear that our record in protecting privacy is much better than our record in ensuring access to useful information.

### **Types of data needed**

This Committee has no desire to dictate what data are required, but we feel constrained to mention some needs and some gaps in the current data situation that have come to our attention.

There is need for a whole range of basic data<sup>15</sup>, including information about the community's social and economic structure and the basic social problems from which it suffers. Particularly, there is need for improved and wider information on the community's health status. The Committee notes some excellent work which is being done in this area and which requires continued funding and support.<sup>16</sup>

It was put to the Committee that more comprehensive epidemiological data are needed.<sup>17</sup> At present, the collection of epidemiological data consists mainly of keeping information on communicable diseases. Very little effort can be spared for the measurement of other forms of morbidity. Western Australia is in fact the only State that has a comprehensive collection of data on hospital morbidity, though New South Wales will have a comprehensive collection system by 1979.<sup>18</sup>

Information collected from organisations that do measure data is mostly restricted to head counts<sup>19</sup>, and data on effectiveness are rare to non-existent. This was noted also in a report prepared by Professor Gerald Caiden for the Task Force on Efficiency established by the Royal Commission on Australian Government Administration.<sup>20</sup> Ms Julia Hayes, Executive Director of the Council of Social Service of the Australian Capital Territory, told the Committee:

I think people have been saying in the welfare area for as many years as I can remember that there are plenty of services there but nobody knows where they are and nobody knows just how relevant they are to a particular need.<sup>21</sup>

A representative of the Commonwealth Department of Health, while asserting that the situation was improving, said: 'I certainly agree with you that the lack of national data systems is a hindrance as far as the Commonwealth is concerned'.<sup>22</sup> This witness went on to give examples of gaps in health insurance and finance data and hospital utilisation and morbidity data.<sup>23</sup> We do not even know the number of handicapped people, let alone have any idea of their degree of handicap. The Health-Welfare Task Force of the Royal Commission on Australian Government Administration 'could discover no data which provided a reasonable picture of the activities of religious, charitable, voluntary and community organisations in Australia'.<sup>24</sup> Data on the income and the welfare status of minority groups also are poor.<sup>25</sup>

It is clear that there is a general lack of basic data and that some kinds of data, in particular, are required. It is clear also that better definition of data requirements is needed and, more particularly, that proper priorities for data collection ought to be set. For example, Mr R. W. Cole, then Secretary of the Department of Finance, said: 'We do not have a good understanding in Australia of income distribution for a start'.<sup>26</sup>

A Treasury witness told the Committee:

There is a great deal of information on the tax system in relation to incomes and their distribution. There are various qualifications that one can make to that but by and large we have a system which enables the pretty ready provision of fairly detailed information.<sup>27</sup>

Australia needs data to facilitate planning. Data should monitor current policy operations. The collection and analysis of statistics should, where appropriate, anticipate changes in policy and provide data relevant to expected policy developments.<sup>28</sup>

Also clear is the need for close Commonwealth–State co-ordination. Commenting on the present situation, Mr P. Allen, Acting Executive Director of the Victorian Council of Social Service, said:

Speaking from the Victorian experience, one of the most important aspects of improving our data collection is to do it co-operatively. One of the serious inadequacies with the limited data collecting we do now is that everyone seems to collect the same data in different ways. In many cases that is just because, for example, the State and Commonwealth governments and the non-government sectors do not sit down and agree on a standard format for collecting data. Each have their own responsibilities or decisions for which they require information. They proceed almost in isolation from each other to collect broadly similar data.<sup>29</sup>

Government and non-government organisations engaged in the health and welfare fields have further basic tasks with regard to data. Ms Eva Cox, Director of the Council of Social Service of New South Wales, commented:

I would maintain that a very large number of welfare organisations are not even at the point that they know what they are doing. Their basic record keeping, their basic information systems, are non-existent. I think this also comes partly from the way that they are funded in terms of the fact that they do tend to be funded on head counting of clients. As far as I know no funding organisation—and I think this applies probably even at the government level—has an efficient system here. The setting up of efficient record and information systems is very often a very low priority. There is a lot of talk about bureaucracy, but very often government departments literally cannot answer a question on how many people are receiving certain types of services. It is all on paper; they have massive amounts of paper work. But to answer that question they would have to go through forty-five filing cabinets to find the information. If organisations were funded on the basis, and planned on the basis, that they did set up a good information system for their own use—which would obviously then provide good information for other people's uses—I think we would start getting to the point where people would see that the setting up of a good information system had value for them. In essence a lot of welfare organisations do not see the importance of it.<sup>30</sup>

### **Positive developments**

A number of encouraging developments in the government and non-government health and welfare sectors have come to the Committee's notice. Among these are the following:

1. A standard method of recording hospital statistics has been developed.<sup>31</sup>
2. The Commonwealth Social Welfare Policy Secretariat holds promise for the initiation of priority setting for data collection on a wider and more rational basis.
3. Some government organisations, such as the Health Commission of New South Wales and the Commonwealth Department of Veterans' Affairs, are developing useful data systems.<sup>32</sup>
4. Some efforts are being made to map non-government welfare services.<sup>33</sup>
5. A program of health surveys is being carried out in various parts of Australia with a view to developing a national health data base.<sup>34</sup> An example is the health care survey in the Gosford–Wyong and Illawarra regions of New South Wales made in 1975.<sup>35</sup> The value of these surveys should be enhanced when they become a continuing process.

6. The National Working Party on Welfare Statistics is working toward the collection of national data on family and children's services.<sup>36</sup>
7. The National Committee on Health and Vital Statistics has formed working parties to report on statistics in six subject areas:
  - (a) hospital usage;
  - (b) perinatal events;
  - (c) human resources (manpower);
  - (d) physical resources;
  - (e) financial matters;
  - (f) health status.<sup>37</sup>
8. A general increase in the demand for health and welfare statistics is evident.<sup>38</sup> For example, the first issue of the *Social Indicators*<sup>39</sup> booklet produced by the Australian Bureau of Statistics was rapidly sold out.

While these developments do not fill the data gaps—and some are only developments in prospect—they do demonstrate a number of positive efforts that will provide valuable planning and evaluation information.

### Social indicators

National account<sup>40</sup> product figures are currently the only available datum that can be used as an overall indicator of social well-being. They have, however, many limitations—principally for what they do not measure. Two main lines of thought have evolved:

1. The social indicator movement, which emphasises more the multidimensional aspects of welfare.<sup>41</sup>
2. The extension of national accounts to incorporate phenomena such as social malfunction and disamenity. The Australian Bureau of Statistics explains national accounting in these terms:

National accounting aims at providing a systematic summary of the transactions taking place in the economy, especially of those that relate to the production and use of goods and services, and to transfers of income or capital between sectors of the economy.<sup>42</sup>

We would favour the first of these alternatives. The extension of national accounts would place too much reliance on monetary measures and would tend to retard, if not stop, the collection of quantitative or qualitative data.

The social indicator movement has ranged widely in the search for indicators of well-being. The term 'social indicator' is probably best understood in a negative sense—that is, as being any indicator that could not be described as economic—for example health, housing, crime, culture, social status. However, even this statement needs qualification. While the search for additional indicators has been largely in the area defined above as social, economic factors are often added to indexes of well-being to give a complete picture.

Social indicators have been developed to circumvent a situation in which data that are easy to identify and collect—predominantly economic data expressed in monetary terms—drive out of circulation qualitative information of greater significance. Further, it is also easier to ask social data questions that are easily quantified: how much, and how many? This tends to retard the circulation of qualitative information about more subjective factors that may be more important in people's lives, such as dignity, uneasiness, satisfaction. We must not fail to endeavour to measure such factors, particularly as some are measurable and others have useful surrogate measures.<sup>43</sup>

The Committee does not neglect to acknowledge the real difficulties in measuring such factors.

The most useful definition is that social indicators are those statistics which:

1. Are components in the model of how our society works; thus, for any particular social condition, a social indicator involves some judgment of the social processes involved.
2. Can be collected and accumulated over a period to allow for comparison between years and trends over the years.
3. Can bring together information from all parts of the country and from all levels of society; for example, how many people are presenting for emergency cash at all branches of welfare agencies. Further, it should be possible to break down aggregate figures to indicate the situation for particular groups of people or for particular geographic areas. For example, it is useful to know the national incidence of a disease, but it is even more useful to know that it occurs mostly in a particular geographic area.<sup>44</sup>
4. Are aggregated to fit into a structure deliberately designed so that they are related to each other. For example, it would be useful to know the crime level; however, it would be even more useful to know whether crime at that level was concentrated in a particular geographic area and whether it coincided with other factors such as unemployment or lack of transport.<sup>45</sup>

A social indicator 'indicates' in that it:

... is a direct measure of welfare—that is, of direct normative interest. It must, like figures on per capita income, be subject to the interpretation that, if it changes in the 'right' direction, while other things remain equal, things have gotten better, or people are 'better off'. Thus statistics on the number of doctors or policemen could not be social indicators, whereas figures on health or crime rates could be ... A social indicator, in short, must be among other things a measure of the condition of a society or the 'quality of life' within it.<sup>46</sup>

The figures referred to in this passage are not purely descriptive as are social statistics. Social indicators are closely related to the goals of a society and particularly those articulated as national policy.<sup>47</sup> To the extent that the nation can state its goals more clearly, more accurate and more useful social indicators can be developed.

There are some complex, unresolved issues about what constitutes a social indicator and about the ways in which the structure of society and the distribution of power define what can be measured.<sup>48</sup> The value positions that people hold determine which statistics are collected. The debate on these issues is continuing.

### *Role of social indicators*

The purpose of social indicators is to provide information required for rational decisions on social policy. To do this, social indicators should measure the state of a health and welfare system, and identify the need for, and gauge the effectiveness of, health and welfare programs.

Social indicators are important to policy in many ways. They can:

1. aid in the establishment of appropriate outcome goals;
2. monitor the effectiveness of programs;
3. aid in the assigning of social value to different program outputs;
4. increase the level of rationality in individual decisions;

5. increase the rationality of collective decisions by helping co-ordination and avoiding conflicting decisions;
6. aid in the provision of a set of social goals;
7. continually bring attention to society's goals;
8. aid in the relative valuation of economic and social policies;
9. fill the gap produced by our present lack of qualitative social information.

### *Problems*

The Organisation for Economic Co-operation and Development has sought a consensus on social concerns and has undertaken to measure them, where possible, in a very extensive project to develop social indicators.

The OECD project is by far the most extensive yet mounted, and it has highlighted the real difficulties in producing social indicators.

The basic cause of the problems is the lack of a theory that can show the relationships between certain factors or events in our society. This situation may be contrasted with the narrower area of economics. Since Keynes expounded his theories in the 1930s, economists have been able to identify crucial factors, such as consumption, investment, income and gross national product levels, for statisticians to measure. The measurements have allowed economists to postulate the interrelationships between these measures and the consequences of changes in them.

The lack of such a theory for society as a whole, among other factors, has convinced most that an aggregate measure of well-being is not possible and, indeed, might have no informative value were it available. The proposition, then, is that a series of indicators for each area of social concern is needed. With these available, it would be possible to overcome some of the conceptual problems.<sup>49</sup>

However, the major obstacle is, and remains, a lack of collectable statistics. For the fifty-two indicators that the OECD wished to collect, it was found that major modifications of statistical data were required for approximately one-quarter, sufficient data existed for another quarter and the remaining half were areas of new data collection.<sup>50</sup>

The gap between the theoretical ideal and what has so far been achieved is enormous. Firstly, there is some disagreement about what social progress is. Secondly, the means of measuring it are not altogether clear. Thirdly, there are problems of aggregation and disaggregation. Fourthly, some factors are impossible or prohibitively costly to quantify. Nevertheless, social indicators promise to be a valuable tool for social analysts and decision makers.

### *Social indicators in Australia*

In 1976, the Australian Bureau of Statistics began publishing periodically a book titled *Social Indicators*. It is an amalgam of statistics produced by the Bureau which may well be used as social indicators. Its production is to be applauded and its sales clearly indicate its perceived usefulness. However, as Owens comments:

. . . it has to be pointed out that the statistics contained in social reports and compendiums, however useful they may be in documenting specific aspects of national life, do not satisfy even the loosest definition of social indicators.<sup>51</sup>

The more precise mapping of needs among regions and groups in society made possible by the use of social indicators would improve the decision making of bodies such as the Schools Commission and the various health commissions, and of welfare bodies, by enabling them to meet the needs of particular regions or social groups



more effectively.<sup>52</sup> Further, social indicators could map changes in sociocultural conditions and thus aid in the discovery of new strategies for health and welfare expenditure.

Vinson and Homel undertook to report to the Department of Social Security on indicators of community well-being. On the basis of their contention that 'an enormous amount of social data is generated in the process of institutional book-keeping', they attempted to collate information to demonstrate the geographic distribution of individual and social problems in our society.<sup>53</sup> They used, as social indicators, statistics that were available but rarely compared—among many others, for example, the incidence of infectious hepatitis, a mortality ratio, court appearances, 'child care/protection orders' and intelligence assessments. Vinson and Homel concluded that the major achievements of their research had been to demonstrate:

- (i) marked differences in the overall vulnerability of different localities throughout New South Wales and
- (ii) the fact that those differences can be expressed in terms of indicator scores which invite social action tailored to the particular needs of regions.<sup>54</sup>

In 1974, the South Australian Department for Community Welfare commissioned consultants to prepare a study of the feasibility of a set of social indicators in South Australia. From pilot indicators in two areas, it was concluded that a system was feasible.<sup>55</sup> In a co-operative effort involving government and non-government organisations, over 270 data items were canvassed, and approximately 200 were finally used in eleven established categories such as need for educational services (0-17 years) or need for community development (all ages).<sup>56</sup> Examples of data in the latter category are appearances before juvenile aid panels, males and females widowed, and sales of dwellings.<sup>57</sup> Weights were given to all these data, which were then converted to a rate and standardised.

After the first indicator had been produced, the following conclusions were reported:

. . . after two years of careful and painstaking effort, a functioning and comprehensive social indicator system has been established in this State. In addition, the Department has established detailed and extensive data collection systems and a distribution network which will be an invaluable resource to all involved in welfare and related fields in this State.<sup>58</sup>

The Vinson and Homel study and work by the South Australian Department for Community Welfare must be seen as milestones in activity of this kind in Australia. Work on human reactions to social change must now follow.

Social indicators would use much of the data that we collect now, whether monetary, quantitative or qualitative. Social indicators, however, would endeavour to put sets of data into a structure of some coherence. The present system of data collection needs refining and extending. Further, a set of social indicators would give new meaning to some statistics already collected, produce a whole range of new measures of performance, and provide data required for rational policy formulation.

A Commonwealth interdepartmental committee on social indicators was established in 1973 to investigate the possibility of a social indicator statistical collection, but met only twice before it 'died away of a natural process'.<sup>59</sup> This lack of commitment must not continue.

The task of developing appropriate social indicators will be a continuing one, with no expectations of spectacular or immediate success. A wholehearted program must be pursued.

**The Committee therefore recommends:**

- 1. That the Australian Bureau of Statistics be directed to accord an immediate high priority to the development of a continuing set of social indicators in conjunction with State authorities and the non-government health and welfare sector.**
- 2. That a Green Paper be produced to establish what criteria should be set for social indicators, and the measures of these criteria that could be developed.**
- 3. That the Commonwealth Government support and encourage research into the development of social indicators, including those dealing with human reactions to identified sociocultural changes.**

### **Problems of cost, resources and priorities**

Until very recently there was a widespread belief that health services provided by professionals, including doctors, physiotherapists and others, must be effective simply because they are provided.<sup>60</sup> This view is changing and with the change has come the realisation that we need to place a higher priority on measuring and recording progress toward objectives. While we do on the whole possess adequate methodology for monitoring progress toward health and welfare objectives,<sup>61</sup> some areas still require additional resources to make possible further definition.<sup>62</sup> There are, of course, administrative problems with statistical collection in our federal system, but these are not insurmountable.

Currently, resources for the preparation of health and welfare statistics are limited. The Australian Bureau of Statistics told the Committee: 'Our resources are so limited at the moment that we cannot even cover the basic core adequately'.<sup>63</sup> This matter is discussed at page 91.

It must be noted that production of health and welfare data can have high costs in terms of money and expertise.<sup>64</sup> It could, in fact, be almost in the 'bottomless pit' category. But this is no reason to avoid the task. Two important points are: firstly, we require the establishment of priorities and needs for data collection; secondly, Australia, while making some efforts, lags behind comparable countries and needs to do more (see pages 59 and 92).

Officers of the Demographic and Social Branch of the Australian Bureau of Statistics were asked about the resources that the Branch would require to enable it to collect all the data that might be required for purposes such as those that we have just discussed. The response was:

The Australian Statistician does appreciate this. He has been extremely helpful to us in our expansion process. In the current staff ceilings we have had a modest increase; other areas of the Bureau have had actual cuts. We did not suffer that kind of indignity. But when you compare it with some of the overseas statistical organisations like Canada you could double or treble it and still have work to do. On whether it is desirable to do that quickly or slowly—there are other constraining factors outside the Statistician's Office.<sup>65</sup>

There have already been some curiously inappropriate decisions concerning vital health and welfare planning data. There was a government decision not to produce some data from the 1976 census and to delay producing other census data, thus rendering some quite useless. For example, a two-year delay in the production of information needed for planning services for pre-school children makes pointless the expenditure incurred in the production of such data and also makes the planning process dependent on out-of-date and possibly inaccurate information. Some census data will actually be produced as long as four years after collection.

Census data are used as bench-marks for many other data collections. Therefore we have particular concerns about completeness of the census data and their early presentation. In many fields, data are now either not available at all or are based on out-of-date figures; validity suffers accordingly. The census is our only national data base and the decision to restrict production of census data was very unfortunate. They must be produced in full and in the least time possible.

The Committee also notes that the Bureau no longer undertakes the household income and expenditure survey. The last collection for this survey was in 1975–76. It provided valuable social planning information and, in fact, was the only effort at continuing any statistical work of the Henderson poverty inquiry. This Committee is convinced that the cost of not collecting such a valuable planning tool was inadequately investigated.

The lack of adequate health and welfare data has been a matter of concern for many years now and it is disappointing that positive developments appear to have been so few. There is sometimes said to be too much talk and too little action.<sup>66</sup> More resources must be devoted to expanding data collections if we are to improve the degree of accountability in the human services area and ensure that intervention produces benefits in welfare and health. More resources must be devoted to production and dissemination of health and welfare data.

While the Australian Bureau of Statistics is the major collector of statistics for the health and welfare system, it devotes an inappropriately small amount of its budget to the production of these data. Full-time officers employed in areas relating solely to expenditure that is classified in the categories 'social' and 'social surveys and indicators' in the ABS Annual Report represent less than 4 per cent of total staff.<sup>67</sup> Estimated direct expenditure in the same categories amounted to 6.5 per cent of total expenditure,<sup>68</sup> compared with the 37 per cent of total Commonwealth budget outlays that health and welfare services command.

The vast preponderance of ABS statistics result from the development of Keynesian and neo-Keynesian models and reflect the greater pressure put on the Bureau for the production of economic statistics. While this development may have been understandable at one time, it is now totally inappropriate that such meagre attention is paid to measuring the impact of 37 per cent, or \$11 000m, of Commonwealth expenditure. Health and welfare organisations at all levels should be making bids and pressing the Bureau for an increased volume of health and welfare statistics.

The *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975* set out the responsibilities of the Australian Bureau of Statistics (see Appendix 2). The Bureau has functions in producing 'vital social statistics', in co-ordinating statistics for State and Federal Governments, and in ensuring 'the maximum possible utilisation for statistical purposes, of information, and means of collection of information, available to official bodies'.<sup>69</sup> The legislation certainly permits the Bureau to expand into the health and welfare fields. We believe that there is an additional obligation on the Bureau to unlock the useful data presently collected by government organisations but not aggregated, analysed or disseminated. The Bureau also has the potential for a consultancy role in aiding government organisations to produce statistics, and those organisations should take advantage of that potential.

Organisations at all levels should make known to governments and the Bureau the need for it to bring its great statistical expertise and experience to bear on the data gaps which currently exist and which impede rational planning and evaluation.

## Conclusions

Professor J. S. Western, of the University of Queensland, told the Committee:

I would like to start by simply making the point that Australia lags very far behind most of the developed world in health services research generally, and in the accumulation of basic data relating to the delivery of health care.

We do not have broad-scale age, specific morbidity and mortality rates over time. We do not have systematic data on social class differences with respect to morbidity and mortality, information that is available for a variety of other countries. We do not have the same sort of data for ethnic minority groups in any systematic way, although there is increasing data on Aboriginal groups. We do not have systematic data on groups in poverty, although the most recent Henderson report, of course, goes some way towards improving that situation.<sup>70</sup>

If it is considered desirable to have rational health and welfare planning and evaluation, more resources and effort must be directed to data production. While it is not clear exactly what data are required, two broad areas of need are recognisable.

Basic data are necessary. For example, as discussed in Chapter 1, we know only approximately how much governments spend on health and welfare. Exactly what the expenditure is devoted to is not clear. As Professor Western noted, there is a range of basic social data, such as statistics of morbidity, mortality and income distribution, which is not available.

The Commonwealth Government needs to take not only a co-ordinating role in the production of health and welfare statistics but also an active role in the discovery of priorities and demands for statistical collections. The Australian Bureau of Statistics should lead in this more active role of discovering what the market is demanding. The rapid selling out of the first issue of the ABS publication *Social Indicators* shows that there is a substantial demand for social statistics.

A further group of data dealing with outcome or effectiveness needs to be collected. This type of data measures what programs actually do. In this area, a substantial and active process of priority setting and definition is needed, together with some significant changes in administrative philosophy and practice. The Australian Bureau of Statistics, for example, has found little demand for outcome information. The reason given for this was:

I suspect that some people in policy areas—and I think they are pushed into this situation—feel that their statistical requirements are covered by getting good effort statistics. I do not think in Australia at the moment we are asking ourselves to justify our actions in terms of our outputs in the sense of quality and adequacy. That is a real problem. I do not think firstly it lies with the statistician to fix that. I think it lies with the decision and policy makers to understand that problem.<sup>71</sup>

Organisations, at all levels of government and in the non-government sector, should take advantage of the potential of the ABS as a body with substantial expertise in the production of statistics and also in advising on their production, and with wide knowledge of what statistics are already available both in the Bureau's collection and in collections made by other organisations.

More attention should be given to the long-range planning of data bases in such a way as to enable information to be drawn off quickly when needed for decision making.

We cannot continue to spend \$11 000m annually without any capacity to be specific about what it is meant to achieve and without being able to monitor its effects.

## Recommendations

The Committee recommends:

1. That the Commonwealth Government direct the Australian Bureau of Statistics to raise to an appropriate level the proportion of its budget spent specifically on health and welfare statistics.
2. That the Commonwealth and State Ministers responsible for health and social welfare direct the National Working Party on Welfare Statistics and the National Working Party on Health Statistics to produce within two years, in consultation with the non-government health and welfare sector, a list of priorities for the identification and collection of basic outcome data.
3. That the Social Welfare Policy Secretariat be required to report publicly, and within two years, on priorities for the identification and collection of health and welfare data.
4. That the non-government health and welfare sector be given grants to enable it to report on the data priorities of non-government health and welfare organisations.
5. That data obtained from any future census be fully processed and made available without delay, and that resources appropriate to this task be provided.

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