

PART TWO

EVALUATION IN THE AUSTRALIAN CONTEXT

Evaluation has never played an important part in the operation of the health and welfare system in Australia. Before 1973 there was an almost complete absence of formal evaluation. There had been a few inquiries into various aspects of the health and welfare system, but these could not be considered as adequate evaluation exercises. In recent years there has been a movement toward conducting large-scale inquiries (Toose, Henderson, Bailey—see Table 2.1, page 27), but these have been one-off, ad hoc studies rather than ongoing evaluation activity.

Our evidence, taken at numerous public hearings, has indicated a general and encouraging desire on the part of those engaged in health and welfare services to do more to measure and assess the efficacy and efficiency of their services. Some service departments have recently established evaluation sections, and evaluation seminar activity has increased markedly of late. In the non-government sector, the development of skills, and the arranging of seminars, related to evaluation in health and welfare, and the production of evaluation material, have become noticeable. Unfortunately, officials in the Departments of the Treasury and Finance who are engaged in the development of broad economic policy have shown much more interest in evaluation limited to budgetary and audit functions than in evaluation concerned with the effectiveness of the budgetary allocations under their control.

Overall, we conclude that evaluation activity in Australia remains inadequate in amount and deficient in quality.

History of evaluation in Australia

The first section of this chapter traces the history of evaluation from 1901 to 1972 and shows that there was almost no formal evaluation during this time. The next section, entitled 'Evaluation Activity from 1973 to mid 1978', describes activity from 1973, when evaluation began to occur. It shows that such evaluation as there has been has consisted of one-off, ad hoc studies which are not adequate for decision making.

EVALUATION ACTIVITY FROM 1901 TO 1972

The need for systematic planning and evaluation was apparent early in this century. The Commonwealth Department of Health Annual Report 1970-71 states:

. . . when the Maternity Allowance Act was introduced in 1912, people soon began to ask if the \$1 million spent annually under the scheme could not be better spent in improving the health of mothers and reducing the risks of child-birth. It was evident that the benefits of the Maternity Allowance Act were not improving the maternal mortality rate.¹

However, before 1970 there was very little systematic planning or evaluation in Australia.

The Committee considers that the main prerequisites for systematic planning and evaluation are:

1. determination of needs;
2. delineation of goals and objectives for programs and groups of programs;
3. delineation of criteria or standards for evaluating progress toward those objectives and for assessing the competing claims of proposed programs;
4. development of a data base for providing measures of those criteria, through a process of monitoring the programs;
5. application or appropriate use of findings.

When social welfare programs were being formulated and implemented before 1970, one or two of these prerequisites were observed sometimes but seldom all five together. The following accounts illustrate this.

Commonwealth Department of Health

Dr J. H. L. Cumpston, the first Director-General of the Commonwealth Department of Health, stated:

. . . the proper objective of governmental (health) administration was . . . nothing less than positive health, freedom from all illness and disability for every individual human unit in the community.²

Although unattainable, this is an example of a government stating a broad strategic goal. It is notable, however, that no periodic evaluation was made so as to determine whether this goal was being achieved. In fact, no real assessment of the general health of the population has ever been made. The morbidity figures collected by the Department were—and still are—inadequate.

Nutrition survey

The most notable attempt to assess need during the period under review was a three-year survey conducted by the Advisory Council on Nutrition.³ Six reports were written, the final one being presented in 1939.

The method used by the Council to measure nutrition was to ask a representative sample of the population in each capital city to keep a record of what was consumed in the home. The length of time that the records were kept varied from one month to one year. Altogether, 1789 households were included in the sample. The survey depended on the co-operation of families, and for this reason the sample may not have been truly representative.

This survey provided a data base which enabled the Council to outline what it perceived as needs. Its recommendations were designed to satisfy those needs. Some of the recommendations were implemented but no follow-up survey was conducted to assess the effects on the level of nutrition in the community. In the 1970s, Australia still lacks a declared government policy on, and goals for, the nutrition of its population.

Report on unemployment insurance in Australia

A report by Mr Godfrey Ince, Chief Insurance Officer of the British Ministry of Labour, which outlined proposals for an unemployment insurance scheme, was presented to the Commonwealth Government in 1937.⁴ Mr Ince had no precise knowledge of the need that existed. He commented: 'Satisfactory statistics as to the volume and extent of unemployment in Australia are not available . . .'.⁵ His report did, however, contain stated objectives for the proposed unemployment insurance scheme. The stated outcome goal was 'to enable a workman to tide over spells of unemployment due to trade fluctuations and to maintain himself and his family until he again obtains work'.⁶

The report also stated process goals:

The three main general principles to be followed are:

- (1) That the scheme should cover as large a number of persons as possible exposed to the risk of unemployment.
- (2) That on the occurrence of unemployment persons should have a right to receive payments in return for contributions paid.
- (3) That the contributions and benefits should be so adjusted that income is sufficient to meet expenditure, including administrative expenses.⁷

However, the scheme was never introduced.

Joint Committee on Social Security

The Joint Committee on Social Security was appointed by the Commonwealth Parliament on 3 July 1941 'to inquire into and, from time to time, report upon ways and means of improving social and living conditions in Australia and of rectifying anomalies in existing legislation'.⁸ The Committee sat from 1941 to 1946 and during that time presented nine interim reports on the following aspects of social security and welfare:

1. Social security planning and legislation.⁹
2. Unemployment and war emergency.¹⁰
3. Consolidation of social legislation and post-war employment.¹¹
4. Housing in Australia.¹²
5. Reconstruction planning.¹³

6. Comprehensive health scheme.¹⁴
7. Commonwealth hospital scheme, hospitalisation: consolidation of social legislation.¹⁵
8. A comprehensive health scheme.¹⁶
9. National fitness.¹⁷

The first interim report related to social security planning and legislation, and demonstrated the Committee's awareness of the need to plan and assess the effects of social welfare services, as the following passages show:

The Committee is of the opinion that the time has arrived for the working out of a comprehensive plan of social development, so that all future social services can be introduced as part of a pre-determined plan which will cater for the most urgent needs first. Such a plan would enable us to introduce new services as national income expands or administrative techniques improve.¹⁸

* * *

The attention of the Committee has been directed to our lack of knowledge of the effects of existing social legislation, Commonwealth and State, and the absence of facilities for research into social problems. It is certainly anomalous that despite, for example, the existence of a provision in the Commonwealth Child Endowment Act requiring that the endowment payments shall be applied for the maintenance, training and advancement of the child, the Department of Social Services, which has contingent responsibility to see that the moneys are so applied, has inadequate means of investigating the general social effects of the scheme, or of discovering how it should be altered or supplemented so as to obtain the desired results.¹⁹

One of the recommendations made by the Committee was:

That the Social Services Department be extended to include—

Facilities for research into social problems and the investigation and study of the effects of existing social legislation.²⁰

If this recommendation had been implemented, there would have been an excellent beginning for evaluation in Australia. Unfortunately, it was not implemented for at least thirty years.

Report on the Australian Soldiers' Repatriation Act

In 1943, a document entitled *First and Second Reports of the Committee of Senators and Members of the House of Representatives Appointed to Inquire into and Report on the Australian Soldiers' Repatriation Act* was presented to the Commonwealth Parliament. The Committee's terms of reference were:

To inquire into and report upon the general question of the Australian Soldiers' Repatriation Act and the amendments, if any, which the Committee recommends as desirable, in the light of the conditions caused by the present war.²¹

The terms of reference and the title of the report suggest that this was an evaluation study. However, when the methods employed are compared with what are now considered to be proper evaluation procedures (discussed in Chapter 8), the report is seen to be inadequate as an evaluation exercise. It was almost purely descriptive, outlining the provisions that existed and making recommendations on how these should be changed. The Committee did not have any means of determining needs; nor were there any stated goals that would have assisted the members in formulating their recommendations. They based their decisions on what they considered to be 'fair'. These comments imply no criticism of the Committee. In the circumstances, the recommendations could have been formulated in no other way.

Public health campaigns

The two major public health campaigns conducted by the Commonwealth Department of Health against tuberculosis and poliomyelitis might be seen as having been adequately evaluated at the outcome level.

The need for action against tuberculosis was demonstrated by the number of deaths from the disease—25 per 100 000 of the population in 1949.²² A national campaign 'to eradicate the disease' began in 1950.²³ Its success was measured by the progressive decline in the incidence of the disease—to 11 deaths per 100 000 in 1953 and to fewer than 2 per 100 000 in 1969.²⁴

The need for action against poliomyelitis was illustrated by the notification of 4700 cases in 1951. Mass vaccination campaigns, using Salk vaccine, began in 1956. Sabin oral vaccine has been available since 1966. Success can be judged by the fact that only one case was notified in 1970.²⁵

The evaluation of these campaigns was not conducted in a formal manner and there was no attempt to assess the impact of other factors on the overall decrease in the incidence of these diseases. However, sufficient data were available to allow a simple evaluation of these campaigns—a fact which should not be ignored.

Report on mental health facilities and needs of Australia

In 1955 Dr Alan Stoller presented to the Commonwealth Minister for Health a report entitled *Mental Health Facilities and Needs of Australia*.²⁶ The report equated the size of the mental health problem with the number of people under care,²⁷ and the recommendations were framed accordingly. The study could be described as an attempt to evaluate the structure of existing mental health institutions. However, in this light, it was not an adequate evaluation study.

There were no stated goals and standards for mental health institutions. For each institution, existing facilities were described, staff-to-patient ratios were given and qualifications of staff were discussed. Judgments were made, but in the absence of stated objectives and standards these were very subjective. They were based on comparisons with other interstate and overseas institutions that the author had inspected.

Commonwealth Committee of Enquiry into Health Insurance

Before 1970 the best evaluation document was the report of the Commonwealth Committee of Enquiry into Health Insurance which was presented in March 1969 by Mr Justice J. A. Nimmo as Chairman.²⁸

The Committee's terms of reference included structure, process and outcome considerations. Although the report does not set out precisely the objectives of the Health Insurance Scheme in terms of structure, process and outcome goals, reference to these goals is made either directly or by implication, and judgments are made by taking these objectives into account. The data needed to measure the effects of the Scheme were obtained by calling for submissions and taking public evidence.

This document is far from ideal as an evaluation report. However, considering that evaluation was not widely discussed and understood at that time, the inquiry was certainly a step forward.

EVALUATION ACTIVITY FROM 1973 TO MID 1978

This section of the chapter gives a brief account of the kinds of evaluation activity undertaken in Australia from the beginning of 1973 to mid 1978. It is a summary,

slightly modified, of a paper entitled 'Recent Evaluation Activity in Australia' prepared for the Committee by Paul F. Gross in July 1978. Because of an absence of data on internal evaluations in the non-government sector, the section concentrates on the evaluation of health and welfare projects and programs financed, administered or staffed by public sector agencies. As a historical account, it deals only with the salient features of the most significant of the evaluations during the period.

This review is not made project by project, since no useful purpose is served by identifying specific problems with specific studies made over the period.

Seven groups of evaluators

The evaluation activities discussed fall into seven broad categories:

1. those conducted under the auspices of the Commonwealth Parliament;
2. those initiated by Commonwealth central management agencies, such as the Treasury, the Department of Finance, the Auditor-General's Office and the Public Service Board;
3. those initiated within Commonwealth departments and statutory authorities;
4. those initiated by commissions or committees of review or inquiry;
5. those initiated by State or local government authorities;
6. those initiated by voluntary agencies;
7. those initiated by independent academic researchers.

In general, the activities reviewed were brought about by concern in one of four major areas:

1. Assessment of the *community's need* for a new service or a modification of existing services.
2. The *structure* of an existing department, project or program—for example, how it was organised, financed, staffed or legislated for.
3. The *process* of delivering an existing service—for example, how and by whom the client or patient was initially contacted; what type of service was given; what happened to the client or patient on discharge or on ceasing contact with the service; what administrative, budgetary and financial control processes were used in relation to admission or entry, servicing, charging or follow-up of the client or patient.
4. The *outcome* of an existing or alternative service—for example, whether the service was, or was likely to be, effective in changing the health, dependency or needs status of the client; whether it did so, or was likely to do so, in a cost-efficient or cost-effective manner; whether the service was, or was likely to be, acceptable to both client and provider.

Studies in each category are summarised in Table 2.1 at the end of the chapter. In our text, for the sake of brevity, we have in many instances identified a study by using the name of the person who directed it. The formal title may be ascertained by reference to this table.

Adequacy of past evaluations

Many of the evaluation exercises in this period had non-specific objectives which allowed considerable overlap in the reports presented. The criteria used to evaluate needs, structure, process and outcome were in some instances limited.

There are no universally agreed criteria for deciding whether one evaluation is more useful than another, but it is convenient to review these past evaluation studies under the following broad headings:

1. objectives and purposes;
2. comprehensiveness;
3. relevance to major policy issues.

Objectives and purposes of past evaluations

Table 2.1 suggests that a significant proportion of these evaluations focused on structure and process evaluation. In general, the bulk of the effort has been directed at:

1. The adequacy of administrative structures for health and welfare services—for example, the Royal Commission on Australian Government Administration (RCAGA) and the Bland, Bailey and Toose inquiries.
2. Program overlap in the health and welfare areas—for example, RCAGA Health-Welfare Task Force, and the Bailey and Holmes inquiries.
3. The adequacy and cost efficiency of existing programs—for example, the review of anti-poverty programs by the Henderson inquiry; the Galbally report; and the Medibank Review Committees.
4. Evaluations of the need for radical changes in income security or social welfare services delivery—for example the Asprey, Woodhouse, Hancock and Henderson reports and the report of the Family Services Committee.

Comprehensiveness of past evaluations

In the main, the evaluations summarised in Table 2.1 have been concerned with evaluation criteria such as:

1. efficiency of performance in the use of financial and human resources;
2. adequacy of the level of service or benefit to the client;
3. acceptability of the program or service to consumers, providers and politicians;
4. whether or not there are organisational overlaps in service provision.

It seems fair to say that very few of these evaluations enable us to answer crucial questions such as:

1. whether existing programs are responding to objectively determined social needs;
2. whether existing programs are meeting a social need in an effective manner;
3. whether existing programs are cost effective in achieving their outcome or whether there are more efficient ways of obtaining the same outcome.

Relevance of past evaluations to major policy issues

Apart from these fundamental questions of evaluation objectives and comprehensiveness of evaluation criteria, the relevance of much of the past evaluation activity to the policy maker, both in Parliament and in government agencies, may also have been diminished by a number of factors, including:

1. whether the evaluation answered the important questions being raised by the major policy makers;

2. the timing of the evaluation activity in the ongoing development of policies or programs;
3. the location, organisation and staffing of the evaluation activity;
4. the appropriateness of the data available to answer the type of evaluation question being posed;
5. the methods of presentation and dissemination of the evaluation reports;
6. the extent to which the results of any one evaluation activity are systematically reviewed, within a continuous process of evaluation, by Parliament and its committees, within Commonwealth and State government agencies, and within the non-government sector.

ANSWERING IMPORTANT QUESTIONS ASKED BY THE POLICY MAKERS

With few exceptions—for example, the Borrie report of 1978 and the RCAGA Health-Welfare Task Force—the evaluations listed in Table 2.1 have rarely canvassed the implications of a rapidly changing demography and unstable economic conditions for future policy relating to health and welfare services. In other words, the evaluations have not been future oriented.

Very few have clearly identified who is receiving what from the major social welfare programs. Few, if any, have given either a coherent or a complete picture of the effectiveness of expenditures on existing health and social welfare programs in terms of improving health, alleviating temporary distress or reducing welfare dependency; or of their cost effectiveness in terms of achieving their intended effects with the most efficient use of resources.

TIMING OF THE EVALUATION STUDY

A second issue of relevance is whether the duration of the evaluation and the timing of the report affect the implementation of any evaluation report. Many of the reports listed in Table 2.1 are from inquiries that stretched over years of evaluative research—for example, the Henderson and Toose inquiries and RCAGA. Others were produced in a short period of intensive effort—for example, the review of the community health program by the Hospitals and Health Services Commission in 1976 and the evaluation of relative costs of health centres in the Australian Capital Territory.

More to the point, because of differences in the times of initiation and reporting, many of the inquiries overlapped in their final recommendations—for example, the Asprey, Hancock, Henderson and Woodhouse inquiries—and someone else must subsequently sort out the consequences.

LOCATION, ORGANISATION AND STAFFING OF THE EVALUATION ACTIVITY

The evaluations reviewed have been instigated by different authorities. Very few of them have been initiated as part of the program management activities of government departments. Exceptions are the studies by the Health Commission of New South Wales in the South-East Region and in the Sutherland area. However, it is conceivable that much intramural evaluation never comes into public view and that Table 2.1 may be incomplete in this respect. It is unclear whether the method of implementation, be it by royal commission, a national inquiry, a government agency, an independent researcher or a parliamentary committee, is an important determinant of whether an evaluation report is acted on.

APPROPRIATENESS OF AVAILABLE DATA TO THE EVALUATION QUESTION POSED

It is a sad fact that many of the reports listed in Table 2.1 start their analysis with reservations about the adequacy of the data available to answer the evaluation question being posed. These reservations are the most conspicuous common feature of nearly

all the reports listed. Some action has been taken recently to repair some of the gaps in data in the health and social welfare areas. For example, the National Committee on Health and Vital Statistics has now been formed and the recent Scott study of health statistics by a team of public servants and a private consulting firm has produced a consolidated picture of statistics on health expenditures in the last three or four years. Some evaluation studies have been initiated in hospitals, health centres and community health projects in most States, and the results will probably be available by 1980. The new Social Welfare Policy Secretariat has already commenced the creation of a data base in the broader area of social welfare expenditures, with an initial focus on expenditures in 1977-78 and 1978-79.

METHODS OF PRESENTATION AND DISSEMINATION OF EVALUATION REPORTS

Most of the reports reviewed average 100 to 200 pages of fairly solid text and tables. It is a moot point whether the findings of a detailed national inquiry can be condensed into a few summary pages that would be digestible by the least enthusiastic reader. It is less moot whether the results of other types of evaluation can be better presented to readers who have little time to read long, convoluted reports. It is apparent also that there is a need for some central information service to disseminate reports on ongoing and completed evaluations so that overlaps in the funding of evaluative research are minimised.

Very few of the projects included in Table 2.1 can be seen to involve duplicate research. The central concerns in the various evaluations are sufficiently diverse for the duplication to be minimal in all areas, except for the recent spurt of evaluations of the performance of government agencies involved in the health and welfare areas—for example, the RCAGA Health-Welfare Task Force and the Bland, Holmes and Bailey inquiries. Even in the areas of income maintenance traversed by the Asprey, Henderson, Woodhouse and Hancock inquiries, there is minimal overlap. Indeed, the resulting reports suffer from the common limitation that the data then available were not adequate to identify who gets what from the relevant social welfare programs, such as those concerned with welfare benefits, compensation and superannuation, and the relevant tax expenditure programs.

SYSTEMATIC OVERSIGHT BY PARLIAMENT

To date, there has been little overt attempt to:

1. systematically review the major public sector programs in the health and social welfare areas;
2. systematically follow up the reports of past evaluations and inquiries to ensure that some action was taken, by appropriate agencies, to justify the large expenditures involved in national inquiries;
3. identify the state of the art and the adequacy of the different types of evaluation and audit in use by modern governments;
4. identify future evaluation capacities that the Parliament may need to develop in order to ensure accountability for expenditures.

It seems doubtful that systematic evaluation of public sector programs would occur in the absence of a continuous program of oversight and review by Parliament, its committees and various Commonwealth government agencies. The requirements of such a program of oversight and review are discussed in Chapter 3.

Table 2.1 Summary of evaluation activities from 1973 to mid 1978, Australia

<i>Type of evaluation</i>	<i>Major focus of evaluation</i>	<i>Evaluation</i>	<i>Report produced</i>
1. Need for a new service	Health/welfare status of population in a specific region	N.S.W. Health Commission studies in South-East Region, and in Sutherland area of Sydney	HC of N.S.W. 1977 (seven volumes)
2. Structure and/or process of an existing service	(2.1) Specific inquiries into performance of government department(s) involved in health and welfare	<ol style="list-style-type: none"> 1. Health-Welfare Task Force, Royal Commission on Australian Government Administration, 1975 2. Royal Commission on Australian Government Administration, 1974-76 3. Independent Inquiry into the Repatriation System, 1971-75 (Toose) 4. Administrative Review Committee 1976 (Bland) 5. Task Force on Co-ordination in Welfare and Health, 1976 (Bailey) 6. Committee of Review, School of Public Health and Tropical Medicine, University of Sydney, 1974-75 (Hospitals and Health Services Commission) 7. Review of the Delivery of Services Financed by the Department of Aboriginal Affairs (Hay) 8. Review of health financial statistics, 1978 9. Review of Post-arrival Programs and Services to Migrants, 1978 (Galbally) 	<p>AGPS, 1975</p> <p>AGPS, 1976</p> <p>AGPS, June 1975 (vols 1-2)</p> <p>Not available</p> <p>AGPS, 1977, 1978 (vols 1-2)</p> <p>HHSC, 1975</p> <p>AGPS, 1976</p> <p>AGPS, 1978 (<i>National Health Account—A Study</i>)</p> <p>AGPS, 1978</p>
	(2.2) Studies of voluntary agencies	<ol style="list-style-type: none"> 1. Voluntary Agencies and Government Financing (Social Welfare Commission) 2. St Vincent's Hospital, Sydney—evaluation of efficacy of family planning services in a large sample of NFP clinics across Australia, 1975-78 	<p>SWC, 1976</p> <p>Johnson et al., 1978 (report to Commonwealth Department of Health)</p>
	(2.3) Specific inquiries into programs affecting human development, income security or economic opportunity	<ol style="list-style-type: none"> 1. National Committee of Inquiry into Compensation and Rehabilitation in Australia (Woodhouse) 2. National Superannuation Committee of Inquiry, 1973-76 (Hancock) 3. Commission of Inquiry into Poverty (Henderson) 4. Taxation Review Committee (Asprey) 	<p>AGPS, 1974 (vols 1-2)</p> <p>AGPS, June 1974 (Interim Report); April 1976 (Final Report, Part One); March 1977 (Final Report, Part Two)</p> <p>AGPS, 1974-77</p> <p>AGPS, Jan. 1975 (Full Report)</p>

<i>Type of evaluation</i>	<i>Major focus of evaluation</i>	<i>Evaluation</i>	<i>Report produced</i>
		5. Report on the Australian Assistance Plan (Social Welfare Commission)	SWC, 1976
		6. A Medical Rehabilitation Program for Australia (Hospitals and Health Services Commission)	HHSC, 1973
		7. Hospitals in Australia (Hospitals and Health Services Commission)	HHSC, 1974
		8. Review of Community Health Program (Hospitals and Health Services Commission)	HHSC, 1976
		9. Family Services Committee (Social Welfare Commission)	FSC, 1978 (2 vols)
		10. Report on Housing (Priorities Review Staff)	PRS, 1975
		11. Report on Early Childhood Services (Priorities Review Staff)	PRS, 1974
		12. Committee on Care of the Aged and the Infirm (Holmes)	AGPS, 1977
		13. Income Security Review, 1975-78	Unpublished reports
		14. Medibank Review Committees (1976, 1977, 1978)	Unpublished reports
		15. Miscellaneous studies of usage of community health centres in N.S.W., Victoria, Tasmania, South Australia	Various project reports
		16. National Population Inquiry (Borrie)	AGPS, 1978 (<i>Population and Australia: Recent Demographic Trends and their Implications</i> , Supplementary Report)
	(2.4) Ongoing audit/review activities of Parliament or independent statutory authorities	1. House of Representatives Standing Committee on Expenditure 2. Joint Committee of Public Accounts 3. Senate Standing Committee on Social Welfare (the current inquiry) 4. Auditor-General's Annual Report to Parliament 5. Public Service Board—efficiency audit activities under section 17 of the <i>Public Service Act</i> 1922 6. Forward estimates Budget review process 7. Review of Community Health Program by back-benchers committee, 1976	

<i>Type of evaluation</i>	<i>Major focus of evaluation</i>	<i>Evaluation</i>	<i>Report produced</i>
3. <i>Outcome</i> of an existing service	(3.1) Effectiveness of an existing program/project/service in achieving its specific objectives	1. Royal Commission on Australian Government Administration—reviews of counter services in Department of Social Security, 1975	AGPS, 1976 (RCAGA Report—Appendix, vol. two)
		2. Commission of Inquiry into Poverty (Henderson)—various reports on migrants, low-income housing, health care	AGPS, various years
		3. Before-and-after study of impact of a health centre on health in a community, Inala, Brisbane	Ongoing
		4. Study of efficiency and effectiveness of obstetric care in a large teaching hospital (Brisbane, Sydney, Adelaide)	Gordon et al., 1978 (on two Brisbane hospitals); HHSC, 1977 (report by T. Kiiver on one Sydney hospital); (ongoing study, with 1978 progress report to HHSC, in Adelaide hospital)
	(3.2) Cost effectiveness of an existing program/project/service in meeting its specific objectives	1. Studies of relative costs of health centres in the Australian Capital Territory (treating specific conditions)	Ongoing; final report, 1978
		(3.3) Acceptability of an existing program/project/service to consumer-client or to provider	1. Royal Commission on Australian Government Administration, research project into problems of client access to personal services in Australian Taxation Office, Department of Social Security, Australian Housing Corporation and Australian Legal Aid Office
2. RCAGA pilot project development and evaluation of NOW project, Melbourne	AGPS, 1976 (RCAGA Report—Appendix 2.F, pp. 371-424)		
4. Likely <i>outcome</i> of an alternative service	(4.1) Likely costs and acceptance of alternative systems of health care	1. Evaluation of feasibility of a Prepaid Health Plan in South Australia	Progress report to Hospitals and Health Services Commission, 1977

AGPS = Australian Government Publishing Service.

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