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## ATTITUDES TO STATE AND PRIVATE WELFARE: ANALYSIS OF RESULTS FROM A NATIONAL SURVEY

by

Elim Papadakis



### Social Policy Research Centre

THE UNIVERSITY OF NEW SOUTH WALES  
P.O. BOX 1 • KENSINGTON • NEW SOUTH WALES • AUSTRALIA • 2033

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**Elim Papadakis**  
**The Australian National University**

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**Social Policy Research Centre**  
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## FOREWORD

This report presents the major findings of the most detailed investigation of the attitudes of a cross-section of the Australian population and their attitudes to state and private welfare provisions. The survey, which was sponsored by the Social Policy Research Centre, was conducted in 1988-89 and based on a sample of 3507 people covering all States and Territories.

The report addresses many of the issues raised in debates over the past two decades about the future of the welfare state in Australia and overseas. The release of the report is particularly timely since it coincides with arguments between the major political parties over the reform of statutory provision for health care, education and pensions. The Federal Opposition has placed on the agenda the notion of much greater involvement by the private sector and by charitable and voluntary organizations in all these spheres. The apparent justification for these suggestions has been to reduce government spending, to address the problem of an apparent decline in the work ethic among sections of the population, and to challenge the power of interest groups that are associated with the existing government welfare provisions. The Federal Government has been swift to condemn some of these proposals but has also continued to review existing welfare state provisions and arrangements.

This report examines public attitudes relevant to some of these debates. Dr Papadakis has emphasised that the focus on public attitudes can easily be misinterpreted to mean that public opinion shapes public policy. In reality, the picture is more complex. Political parties, the media and interest groups are constantly attempting to shape public opinion about the welfare state, though not necessarily with great success. Dr Papadakis does, however, point out that it is possible to create radically different platforms for reform in social policy by being highly selective in the use of evidence from survey research.

The findings of this report may nonetheless be surprising to some people and provide the basis for an alternative to many of the stereotypes used in arguments over the welfare state, especially the notion that there has been a major backlash against statutory provision over the past two decades. The majority of people feel that it is the role of government to take responsibility for most activities associated with the welfare state, whether it is conceived in a narrow sense (like caring for the unemployed) or in broader terms (like providing health care and education). The survey also shows that there is strong support for both government and private provision in Australia.

The report helps to identify the main perceived weaknesses of statutory provision and the perceived priorities for improvement. The analysis also shows that welfare provision through the private sector is rated very highly. However, Dr Papadakis cautions against interpreting this as a sign that people want to abandon the welfare state. Most respondents feel that both state and private sectors are important. They also support each sector for different reasons. In spite of the efforts by some groups in society to shape the agenda for social policy, most people do not see a tension between public and private provision.

Dr Papadakis has made a major contribution both in providing basic information about attitudes to welfare and in questioning some of the assumptions underlying contemporary debates. The report will hopefully help to dispel some of the myths about attitudes to the Australian welfare state and thus create a climate more conducive to rational assessment of the underlying issues.

Peter Saunders  
Director

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## **1. BACKGROUND: PUBLIC OPINION, PUBLIC POLICY AND THE CONCERN OVER LEGITIMACY**

The term 'public opinion' has meant, traditionally, the opinions of those who are actively involved in political life. With advances in technology it has become more common, and some would argue misleading, to refer to public opinion as the replies to structured questions in representative surveys of the population. The focus on public opinion in this report could easily be interpreted as a one-sided and misleading view of the role of public attitudes in the policy-making process. It is easy for writers on public opinion to assume that public policy is driven by public demand. That view is not shared by this report. The mechanisms linking public opinion and public policy are complex and may vary in their significance according to the time, the circumstances and the issues under consideration. Much of the debate about public opinion and public policy is misleading because of its failure to take such factors into account. These problems are discussed elsewhere and are beyond the scope of this report (see Papadakis, 1990a), although some consideration is given to the significance of institutional factors in shaping attitudes (both in the overview of debates about the legitimacy of the welfare state and in the analysis of the data).

A principal aim of this report is to provide basic information and a preliminary analysis, from a representative survey of the Australian population, of public attitudes towards state and private welfare. The data were gathered in 1988-89 and, although some comparisons are drawn with previous surveys, they represent the first comprehensive survey of a cross-section of the Australian population and their attitudes to state and private welfare. Many of the problems addressed in this study and the methods used to measure attitudes were also the focus of a previous study carried out in the United Kingdom (Taylor-Gooby and Papadakis, 1985a and 1985b; Papadakis and Taylor-Gooby, 1986 and 1987a). An important extension of this project will be to carry out a comparative analysis of attitudes to welfare. This report provides a basis for such comparisons.

The study of public opinion and the welfare state has grown in importance as an area for research. This has been in response to a number of intellectual and political challenges. Parallel to the claims by intellectuals of an impending crisis of the welfare state, governments committed to carrying out major reforms of many of the institutions established shortly after the Second World War have been elected in many western industrialised countries. A review of the burgeoning literature on these topics can be found in Papadakis and Taylor-Gooby (1987b) and Papadakis (1990b). This report, rather than attempting a systematic analysis of intellectual trends and of attempts to change policy, provides a partial basis for

- (1) assessing the plausibility of theories and conjectures about the development of the welfare state,
- (2) testing a number of specific hypotheses about the relative influence on social policy of public opinion, policy makers and other factors and
- (3) examining the feasibility of social programs in the context of community attitudes and expectations.

The report may serve to draw attention to some of the constraints on policy makers, however politically committed they are to the goals of state regulation, privatisation and decentralisation, to the sources of popular acceptance and resistance to alternative policy directions, and to the scope for the development of universal services and for exit into the private sector.

A common theme in analyses of the welfare state in recent times has been the loss of confidence in its capacity to deliver the goods. This includes the capacity secure political legitimacy, the efficient delivery of services and the creation of a reliable and appropriate basis for funding. Most writers agree that during the past two decades the economic and social context for the formation of social policy has undergone significant changes. However, there have been major disagreements over the nature of the 'fiscal' and 'legitimation' crisis of the welfare state (O'Connor, 1973; Habermas, 1976), over the beneficial involvement of the middle classes in welfare provision (Harding, 1984; Le Grand, 1982; Goodin and Le Grand, 1987) and the success of the welfare state in tackling poverty and inequality generated by market forces (O'Higgins, 1985; Ringen, 1987) and over the need to reformulate radically the defence of the welfare state (Friedmann, Gilbert, and Scherer, 1987; Keane, 1988; Forbes, 1987; Johnson, 1987; Klein and O'Higgins, 1985; Weale, 1983; Papadakis, 1990b).

At the level of party politics, the rhetoric about a crisis of the welfare state has been orchestrated most forcefully in countries like the United Kingdom and the United States. In addition, the notion of a 'backlash' against the welfare

state has been used in political debates in many other countries, including Australia (see Papadakis, 1990c). A question mark has been placed against the settlements affecting the welfare state which date back to the latter part of the nineteenth century, to reforms in most western industrialised countries following the Second World War and to all types of welfare state (see, for example, Harris and Seldon, 1987; Saunders and Harris, 1988; James, 1984).

There has also been a revival of arguments about the similarities and differences between various types of welfare state in advanced industrialised countries. The most common characterisation has entailed a threefold division between residual, social insurance and social democratic types. The residual or liberal type has a strong tradition of means-testing social benefits that aims to provide help to those in greatest need. The social insurance type has allowed massive state intervention in the provision of benefits, whilst retaining differentials in their allocation. The social democratic type has promoted an 'equality of the highest standards, rather than an equality of minimal needs' (Esping-Andersen, 1989).

For some, the residual model, which 'provides for those in desperate circumstances', constitutes the core of the welfare state (Goodin, 1988). For others, this minimalist definition fails to address four major issues: 'whether social policies are emancipatory or not; whether they help system legitimisation or not; whether they contradict or aid the market process; and what, indeed, is meant by basic' (Esping-Andersen, 1989: 18). Case studies of particular welfare states have found that the ideal types outlined above tend to be just that - ideal types. Australia, for example, has been characterised as a combination of elements of all three types, as a 'wage-earners' welfare state (Castles, 1985; see also Mitchell, 1990).

There is a long tradition of scepticism about the welfare state. Even prized achievements like the British National Health Service have been subjected, since their inception, to criticism from within the organisation and from outside. In the 1960s critics of the welfare state expressed concern about the persistence of poverty in increasingly affluent societies. In countries like Australia major inquiries were launched into the extent of poverty (Henderson, 1974 and 1975). The oil crisis of the 1970s brought into sharp relief the problems of reconciling a declining rate of economic growth and relatively high levels of public expenditure. Marxist, centrist and new right critics of the welfare state argued that the welfare state faced both a 'fiscal' and a 'legitimation' crisis (see Mishra, 1984). Another area of controversy has been over the success or failure of the welfare state in addressing the problems of poverty and inequality and the exploitation of universal provision by the so-called middle classes. Many of the arguments are based on different methodologies used to address these issues. Whatever the merits of these arguments, they do not appear to have altered the perception of uncertainty about the future of the welfare state - at least among many intellectuals and policy makers.

This perception has been given further impetus by the electoral success of right-wing governments in the United Kingdom and the United States and of governments apparently committed either to retrenchment or containment of social services in welfare states as diverse as Australia and those commonly associated with the Scandinavian model. The collectivist ethos (if it ever existed) is apparently being replaced by a more 'viable' conception of the state as 'enabler' (Judge, 1987), by a shift to a mixed economy of welfare based on public, voluntary, commercial and informal sectors in the production and financing of welfare. The state, it is argued, should establish an institutional framework in which citizens are 'autonomous' and free to pursue their own visions of a good life (Weale, 1983). 'Welfare pluralists' have argued for greater adaptation to the constraints placed on public policy, for an expansion of the voluntary and informal sectors. The new Fabians espouse 'market socialism' and many have accepted the 'necessity' for more targeting of resources and the drift away from universalism (see Miller and Estrin, 1986). Radical reformists have questioned the foundations of the socialist tradition. The scepticism about collective arrangements based on centralised state organisations underlies all these approaches. Despite their differences, these approaches have at least one thing in common; they all claim to address problems of bureaucracy, centralisation and accountability (Papadakis, 1990b).

The most striking aspect of the theories of crisis prevalent in the 1970s is the exaggeration of the withdrawal of public support from the welfare state and the inability of governments to deal with its contradictions (Taylor-Gooby, 1985 and 1988; Papadakis, 1990c). The more recent accounts suggest an acceptance that governments have been able to shift priorities, have reduced spending in some areas and have begun to withdraw from areas in which they had previously guaranteed minimum provision. Even in Scandinavian countries the theme of consolidation has replaced that of growth (Olsson, 1987). It is also important to take an historical perspective and to bear in mind that debates about the problems facing the welfare state preceded the economic recessions of 1970s both in Australia and elsewhere (Watts, 1987; Whitwell, 1986; Alber, 1988).

## 2. THE WELFARE STATE IN AUSTRALIA

The economic and social context of social policy in Australia is undergoing change. The basic assumptions underlying the creation of a 'wage-earners' welfare state have been challenged by the transformation of the social structure (the increase over the past two decades in the number of unemployed persons, of single-parent households and of the dependent aged) and by a variety of political initiatives (like making aspects of government health care more accessible to the majority of the population) and discourses (for instance, about the relationship between taxation and public expenditure). This analysis is based on the assumption that social policy, public expenditure and taxation have all played an important part in the political discourse of the last two decades.

Some of the challenges posed by changes in the social structure have been met by attempts to carry out major reforms of the social security system. The Social Security Review (Cass, 1986) undertaken by the Department of Social Security has been one of the most thorough exercises of its kind carried out in a western industrialised country. Although it has been criticised because of its narrow terms of reference (Watts, 1990), it has made some impact on government policies.

Apart from the narrow terms of reference, the review has not addressed the problem of the political acceptability of some of its proposals for reform. Critics have argued that the targeting of resources does not necessarily imply an improvement in the situation of vulnerable groups. It may also mean that certain groups will more easily be identified or stigmatised as outsiders. It may further undermine any possibilities for government intervention on behalf of the vulnerable by defining the welfare state in the narrowest possible terms. These arguments have been challenged by studies which show that, in terms of final outcomes, the Australian welfare state may not lag as far behind the more universalistic regimes in other countries (see Gruen, 1982; Mitchell, 1990).

Irrespective of how justified these criticisms may be, some of the most striking distortions of public opinion are in the area of social security. Although there are some important differences between the major parties over their social policies, they have both been vying with each other in either implementing or proposing measures for improved detection of social security fraud and the introduction of more stringent criteria to restrict access to unemployment benefits. In the 1990 Federal Election campaign welfare rights groups were critical of both major parties (especially the Liberal-National Coalition) for attempting to fund electoral promises at the expense of low-income and disadvantaged groups.

Whereas Labor governments have often been on the defensive in relation to social security, they have been far more confident in defending reforms of health care. One of the greatest sources of conflict between the two major political parties has been over the future of the Medicare system. Changes in government over the past two decades have been accompanied by major restructuring of health care arrangements. The question of further transformations as a consequence of changes in government has remained on the political agenda.

The area of superannuation has also become more politicised. Reviews of superannuation tax concessions have been carried out by the Treasury and major changes have either been implemented or form part of the process of bargaining between government and employers and unions. Again, this has been an area of contention between the two major parties.

In the area of education, there is widespread concern over its function and role both within government, the public at large and special interest groups. Similarly, there are significant differences between the major parties on the fine details of policy. In the 1990 Federal Election, interest groups in the education sector, though far from happy with the Federal Government, took a clear stance against the Liberal-National Opposition.

This report will explore the nature of support for public and private welfare provision in the areas of health care, education and age pensions. As de Swann (1988) has pointed out, along with other aspects of social insurance, they represent the major areas of state intervention for social provision. A number of issues within each of these spheres have been of major community concern and national significance in recent years.

In the area of health care the major concerns have been with waiting lists for elective surgery, the cost of public and private provision and the shortage of specialist staff. The political salience of health care is reflected in the sharply contrasting approaches of the two major parties over retention of Medicare, the charging of fees and regulation of the health care industry. The inability of the Liberal-National opposition to present a coherent alternative to government

policies has often been cited as a significant factor in its defeat at the 1987 elections. It faced similar problems during the 1990 election campaign.

In the area of education the major concerns have been with the relevance of subjects taught in schools, the links between education and the future of the economy and problems of school discipline. Recent surveys have reflected a continuing concern with the funding of private schools and contrasting perceptions of public and private education. The issue of government intervention in the private sector is one among many that contributes to a sharp divide in policy statements by the two major parties. Information on the needs, perceptions and expectations of the public on these issues and on the relationship to party and interest group policies is of interest in at least two respects - to test many assumptions about recent developments of the welfare state and to gain some understanding of their political implications.

In general, age pensions and superannuation have generated less interest within the population than the other spheres. It would be incorrect, however, to suggest that at a more fundamental level concern about age pensions and superannuation is weaker than concerns about health care and education. In terms of public policy there are also several major problems facing this area, including the funding of pension schemes. Reviews by the Treasury of superannuation tax concessions have considered the problem of how to encourage people to continue investing in superannuation funds if the tax concessions are not great. The increase in early retirements and the 'ageing' of the community have been accompanied by calls for the abolition of the current aged pensions system. The introduction of incentives for employees and the self-employed to become involved in superannuation schemes and the bargains struck between unions and the government over limits to wage rises in exchange for improved superannuation coverage have both economic and, as shown in the 1990 election campaign, political significance. They have also come to represent one of the major areas of investment of savings.

There are several other debates specific to Australia over the importance of public attitudes in the development of social services. Here two approaches seem to predominate: the first, political and the second, economic.

There is a widely shared view among academics and political commentators that in Australia, the public is fairly unenthusiastic about the welfare state, compared to the public in other advanced democracies (and with the exception of the United States). The term 'welfare backlash' is frequently used to describe both public policy and public attitudes to social services (Stretton, 1980; Graycar, 1982), to describe the efforts by opinion formers to direct the attention of the public away from the problems of the polity and the economy by focusing on welfare recipients as a 'moral hazard'. In addition, it has been argued that the Labor Party, the obvious vehicle for any mobilisation of mass support for social welfare initiatives, has given greater priority to securing wages rather than providing universal services (Castles, 1985). This in turn has strengthened the resistance to reforms by the labour movement. If one assumes that the working class is more likely to vote for Labor even without welfare reforms, there is even less incentive for the Labor Party to increase taxes in order to fund new programs, particularly if it is seeking to maximise votes from all groups, particularly the middle classes. The 'institutionalisation of attitudes' and the dominance of the right in post-war Australia serve as the basis for a distinctively ungenerous welfare state (Castles, 1987). Surveys of attitudes to the responsibilities of government in several countries and of the dramatic decline in support for social services appear to support this characterisation of the Australian welfare state (Kolosi, 1989; Gruen, 1989).

Another line of argument is that Australia, like all OECD countries, is reacting to past and current failures to secure an appropriate funding basis for the provision of social services. It has also been suggested that the hardening of attitudes towards expenditure on social services is linked to the slower rate of growth in real incomes and the rise in the tax burden (Gruen, 1989).

An alternative account, based mainly on a broader definition of the welfare state, has been that public attitudes towards it have been far from hostile. Smith and Wearing (1987) have referred to attitudes towards expenditure and means-tests in relation to retirement pensions, health services, child endowments and various aspects of unemployment. Their argument has been linked to the 'failure' by governments accurately to reflect public opinion and hence to a rejection of public demand models for the development of the welfare state. This report provides a basis for testing many of these assumptions (see Papadakis, 1990c).

Arguments over the influence of public attitudes often fail to treat them as part of processes of social change, to specify either the time or the context or the specific area in which opinion may have been influenced by policy or vice-versa. I would suggest a more cautious approach in assessing the nature and importance of public attitudes. A more

rigorous conceptualisation of the diversity of influences on public opinion is required before we reject or accept particular models, be they 'public demand' or 'structural' or 'economic', for explaining the development of the welfare state (Papadakis, 1990a).



### 3. THE SURVEY

The survey was based on a systematic random sample of 3507 people covering all States and Territories. It was drawn by the Australian Electoral Office in April 1988 for all States and Territories except South Australia. The sample for South Australia was selected manually from the electoral rolls at the offices of the South Australian Electoral Commission in Adelaide. The method of data collection was by a questionnaire sent out by mail. A postcard which served either as a reminder or a note of thanks was sent to the entire sample on 15 August 1988. A second questionnaire and covering letter was sent to non-respondents on 29 August and a further reminder letter and questionnaire was sent by certified mail to non-respondents on 30 September. The final replies were received in January 1989. Respondents who wrote in with particular queries and concerns were contacted by telephone. The total number of replies from the original sample of 3507 was 1814. The total number of refusals was 1129. The total number of 'non-contacts' was 564.

The majority of refusals cannot be broken down into specific categories since these people did not respond to any of the mail-outs. However, 228 people wrote in to point out that they were not interested or that the survey was not relevant to their needs ( $N = 17$ ) or that they were too old to participate ( $N = 26$ ). Sixteen people wrote in to complain that the survey was an invasion of privacy, 15 only partly completed a few pages of the questionnaire and 20 wrote in to say they had no time. A small but significant proportion of people were no longer living at the addresses listed on the records of the electoral register. A large number of envelopes ( $N = 461$ ) (including the final round of mailouts by certified mail) were returned to sender because that person was no longer living at the address. We ensured that no person was counted twice in arriving at this total. A further 21 potential respondents were overseas or away from their home address during the survey. Twenty people could not read English or had great difficulty comprehending it. Messages were sent in by friends, relatives and neighbours. There were obviously others in this category who simply did not reply to the survey. A further 39 people were unable to complete the questionnaire due to ill-health. They were either in hospital or seriously ill at home and/or disabled (for instance, blind or deaf). Messages were usually sent by friends, relatives or neighbours. Another 23 people wrote in to say that they were unable to cope with the questionnaire because of old age and general poor health. The overall total of non-contacts was therefore 564, reducing the valid sample from 3507 to 2943. The response rate for the survey was 62 per cent.

Table 1 gives the number (and percentage) of electors enrolled at the close of rolls, selected for the sample and the respondents for each State and Territory. It also includes details of the sample and the weighted sample by State. With respect to State, no weighting of the data is required.

However, some groups were either over- or under-represented. Females were over-represented in the survey; 57 per cent of respondents were female and 44 per cent male. Married females aged between 25 and 54, unmarried females aged 55 to 64 and married males aged 35 to 54 were over-represented in the survey. Unmarried males, females aged 18 to 24 and over 65 were under-represented. Weights can be created for these categories using small area data from the 1986 Census of Population and Housing in Australia (see Table 2). Although the introduction of weights appears to make little difference to the percentages on most attitudinal variables used in the survey, the tables in the text reporting frequencies or bivariate analysis are based on adjustments to compensate for the bias in sex, age and marital status. With the introduction of weights the number of cases is reduced to 1807.

**TABLE 1: STATE BY ELECTORAL ENROLMENTS  
EXPECTED SAMPLE/SAMPLE/WEIGHTED SAMPLE  
1988**

State	Enrolments		Expected Sample		Sample		Weighted Sample	
	(%)	(000s)	(%)	(No.)	(%)	(No.)	(%)	(No.)
New South Wales	34.2	3541	34.1	1196	35.3	641	34.8	621
Victoria	26.3	2721	26.2	919	26.6	483	27.6	491
Queensland	16.5	1705	16.5	577	15.5	282	15.3	273
South Australia	9.0	934	9.1	319	8.9	162	8.9	159
Western Australia	8.9	911	8.8	309	8.3	150	8.3	148
Tasmania	2.9	304	2.9	103	2.9	53	3.0	53
Australian Capital Territory	1.6	165	1.6	56	1.7	30	1.3	23
Northern Territory	0.8	80	0.8	28	0.7	13	0.07	13

**TABLE 2: AGE BY SEX BY MARITAL STATUS**

(a) the population (b) the expected number of the sample (c) the sample

Age Cohort	(a) the population (thousands)			
	Males		Females	
	Married	Single	Married	Single
15-24	102	716	222	678
25-34	753	512	883	384
35-44	884	242	869	226
45-54	635	149	592	157
55-64	573	141	511	210
65+	507	186	384	569
	—	—	—	—
	3454	1946	3461	2224

  

Age Cohort	(b) the expected sample (Nos)			
	Males		Females	
	Married	Single	Married	Single
18-24	16	111	34	105
25-34	117	79	137	59
35-44	137	37	136	35
45-54	98	23	92	24
55-64	89	22	79	33
65+	78	29	59	88
	—	—	—	—
	535	301	537	344

  

Age Cohort	(c) the actual sample (Nos)			
	Males		Females	
	Married	Single	Married	Single
18-24	7	67	26	77
25-34	102	48	188	63
35-44	176	20	197	36
45-54	114	12	128	21
55-64	92	15	97	39
65+	70	20	58	43
	—	—	—	—
	561	182	694	279

**Source:** The figures in Part (a) are based on the 1986 Census of Population and Housing in Australia conducted by the Australian Bureau of Statistics. Part (b) of the Table refers to the expected number of respondents in each category distributed in proportion to their representation in the population. It is based on a hypothetical sample of 1716 people as in Part (c). The weights used in the analysis are designed to compensate for the differences between the expected number of respondents as in Part (b) and the actual number of respondents as in Part (c).

#### 4. DEFINING THE WELFARE STATE

In order to analyse public attitudes it is important to avoid confusing different aspects of statutory provision. Attitudes to policies on wages are likely to differ significantly from attitudes to policies on health care. Attitudes to health care diverge markedly from attitudes to 'social services'. Many terms are likely to cause confusion. Most respondents appear to associate social services with unemployment benefits rather than with age pensions. Support for the latter is significantly greater than for the former (see below).

I will assume that the conflicting conclusions on the extent and nature of support for the welfare state are tied in with definitions (or, more often, the lack of an explicit definition) of the core and boundaries of the welfare state (see Goodin, 1988). In this report the definitions of the welfare state will be both much broader than the one adopted by many commentators and narrower than desirable (see, for example, Graycar and Jamrozik, 1989). The massive involvement of the voluntary and informal sectors in the provision of welfare and the importance of fiscal subsidies, concessions to industry and business are not considered directly in this discussion of the welfare state. In order to diminish the arbitrariness imposed by definitions, I will attempt to distinguish between components of the welfare state. This will of course only provide a partial resolution to the problem.

The central focus of the analysis will be on attitudes to health, education and provision for old age. There will also be a systematic comparison of attitudes to both public and private welfare. There are several reasons for focusing on these areas. Health, education and retirement pensions comprise the greatest portion of government expenditure on 'social' services and a substantial proportion of investment in 'private' welfare. Nearly everyone derives some benefit from one or more of these services. There is also considerable popular interest in the politics of health, education and age pensions and superannuation. In addition, to measure support for the welfare state simply in terms of either support for or opposition to direct government supply is misleading since the private sector plays a highly significant role in health care and policies for retirement and a powerful symbolic role in education. Although it would be far less appropriate for a study of attitudes to social democratic welfare states (for instance, in the Scandinavian countries) to examine in detail popular perceptions of the private provision of services, the same argument does not apply to countries in which the market plays a much more direct role. I should stress that the distinction drawn in the survey between public and private welfare is designed partly to find out whether the rhetoric about the distinction between the two spheres is reflected in perceptions by the community. The use of this distinction for analytical purposes should not be taken to imply that there is a clear difference between the two spheres or that the state is not in some way involved either in terms of provision, subsidy and regulation (see Le Grand and Robinson, 1984; Papadakis and Taylor-Gooby, 1987b).

The term welfare was not used at any stage of this inquiry into attitudes to state and private provision because of its continued misuse in political discourse and the strong bias this might lead to in replies to questions (Papadakis, 1990a). The first three sections of the questionnaire were devoted to perceptions of government and private health services, to government and private education and to old age pensions and superannuation, respectively. An important addition to the questions asked in the UK survey was a section on perceptions of government policies, particularly on taxation and expenditure and on the range of government responsibilities. Information was collected on political identification, voting and religious denomination. Standard questions on income, age, marital status and sex were also included in the questionnaire.

The instruments used in the questionnaire allow for an investigation into the welfare state based on the narrowest basis (namely, targeted support as envisaged in the residual models) through to broader social democratic conceptions of social welfare (namely, universal provision of services and government intervention directed at social services, consumption and intervention throughout the market economy). In addition, the survey made it possible to measure the important differences between provision of welfare by the state and by the market. Detailed consideration of the provision of welfare from other sources, notably the family and networks of friends, the voluntary sector and the informal sector was, unfortunately, beyond the scope of this study.

Popular perceptions and prejudices as well as informed discussion about the welfare state have tended to focus on the provision of social services and welfare, on means-tested benefits. In Australia this includes the funding of both popular and less popular services. The former encompass age pensions, widows' pensions and invalid pensions, the latter unemployment benefits, family allowances and supporting parent benefits. Negative evaluations of welfare recipients tend to be based on the latter rather than the former, even though the former consume the greatest portions of expenditure on social services and welfare.

However, as suggested above, it is not uncommon in the social sciences to adopt a broader definition and to include social services which are available to most of the population. The major areas here include education and government health care, although this list could be extended to cover a whole range of amenities like parks and recreational facilities to which the whole community has access. One could go further and examine fiscal subsidies by the government (see Titmuss, 1976). These do not necessarily favour any particular group but in practice tend to favour the well-off. They include the institutional arrangements for membership of superannuation schemes (which have expanded considerably in recent years and will continue to expand), control of interest rates for many mortgagees and substantial occupational welfare benefits. This approach could be extended further to include subsidies and special concessions to industry and business, tax-free dividends and the taxation system which, it is argued, facilitates tax avoidance and tax evasion (Graycar and Jamrozik, 1989).

In politics and public policy the narrower definitions (based on targeted support) rather than the broader definitions (based on universal services) are most frequently used in arguments over the nature and shape of the welfare state in Australia. Yet, analysis of public attitudes shows most Australians accept the need for government to take considerable responsibility for a very broad sphere of activities. They simply do not interpret this as support for a welfare state. The term welfare is applied to a minority who are allocated a minor share of resources within that component of the budget labelled social services and welfare.

This implies certain dangers in adopting a political definition. People may support the universally-accessible components and reject the core of the welfare state, namely the relief of distress and the protection of the vulnerable in society (Goodin, 1985 and 1988). This could mean that services for the neediest groups will become particularly vulnerable because of their unpopularity, whereas the universal services will be retained. This in turn could imply a radical redefinition of the primary role of the welfare state. It has been argued that this trend is strongly evident in countries like the United States and the United Kingdom. In turn, even the more popular version of the welfare state could come under attack since what has been described as its ethical core would have been undermined to a considerable extent. However, as I have argued elsewhere (Papadakis, 1990a), the picture may be neither as bleak nor as simple as it is often portrayed. In some respects, concern about the moral hazards associated with dependency is a pervasive element of the political culture and does not discriminate between 'favoured' and 'unfavoured' services. In other respects, the complexity of modern societies means that dependency is an inherent part of them, even though there may be conflict over the specific details of how best to achieve particular goals (de Swann, 1988).

## 5. THE ANALYSIS: AN OVERVIEW

To facilitate comparison between this report and an earlier study of attitudes to the welfare state in the United Kingdom, many of the tables have been presented in a similar format. The United Kingdom study revealed strong support for both public and private welfare. It revealed a division between support for the welfare state at existing or increased levels of expenditure and a 'mixed economy of welfare' that included an expanded private sector. There was a significant linear relationship between party identification and attitudes. The private sector was seen as superior to the public sector on most aspects of services. The major concerns with improvement of the public sector appeared to be with levels of spending, resources and organisation rather than with consumer control and accountability. However, in terms of their general beliefs, most people were strongly in favour of freedom of choice and consumer sovereignty.

A wide range of factors pertaining to the particular interests of consumers were associated with attitudes and beliefs. Nonetheless, it could also be argued that the association between a narrow definition of self-interest (defined as the propensity of individuals to act so as to maximise their incomes) was less powerful than one might have expected. Multivariate models of influences on support for state/private welfare did not explain much of the variance in attitudes, even though many of the standard predictors pertaining to social and personal circumstances were used in the analysis. In order to address this issue, additional measures were introduced to the Australian study, including a range of questions on government policies and responsibilities and on general value orientations. The additional measures introduced to the Australian study did emerge as significant predictors of attitudes to state and private welfare.

The analysis presented in the following pages begins by providing basic information about the nature and extent of support for public and private welfare provision and the relationship between different indicators of support. The final part of the analysis will focus on testing the various factors outlined in the report that may or may not influence attitudes to welfare. The first section of the analysis deals with some of these variables, focusing on support for government intervention and general expenditure on services (Section 6). The following section is concerned with attitudes to the trade-off between taxes and expenditure (Section 7). The data from these two sections form the basis for questioning many of the conjectures about the relationship between public opinion and the Australian welfare state (Papadakis, 1990c). The same applies to the following section which compares support for state services with support for private services (Section 8). The central argument here is that support for the private sector does not necessarily imply opposition to the state sector (and vice-versa). Opinions about each sector appear to be fairly consistent, as shown in the section on the relationship between state and private welfare (Section 9). However, many respondents obviously had limited knowledge of and little interest in some aspects of services, especially in the private sector.

The following section reports on the relationship between attitudes and political orientations (Section 10). There are significant differences between large numbers of supporters of the major parties on a number of policy issues. However, this varies from service to service. In a short section on the connection between attitudes and needs (associated either with stage in the life cycle or personal characteristics or social and economic location), the report suggests that there is little variation in attitudes between different groups (Section 11). The arguments surrounding these issues are explored in more depth elsewhere (Papadakis, 1990d and 1990e). The most detailed section of the questionnaire was on perceptions of numerous aspects of government and private provision, especially in health care and education (Section 12). Having mapped these out, the report analyses the association between them and a wide range of variables including those identifying the structural situation of respondents, their political orientations and their opinions about relevant social issues (Section 13). The analysis is also concerned with the consistency and underlying structure of opinions about different aspects of services.

Taking up an earlier theme in more detail, the following section looks at the relationship between social location and access to private services on the one hand and perceptions of aspects of government and private provision on the other (Section 14). This section of the analysis concludes with a brief summary of the most striking similarities and differences between the patterns of attitudes in Australia and those in the UK. The following section examines the relationship between experiences of services and satisfaction with them and finds only a weak association (Section 15). Elsewhere this issue is tackled in more detail (Papadakis, 1990d). Section 16, which precedes the multivariate analysis of the influences on attitudes to welfare, returns to the theme of taxes and spending by analysing a series of questions which complement the ones reported in Sections 6 and 7. This section is an important addition to the previous UK study, and in certain respects, confirms the importance of self-interest as an influence on attitudes. However, as shown by the concluding part of the analysis, which uses multivariate models to explain variance in attitudes, this is only one among several significant factors (Section 17). The multivariate analysis also draws

attention to how, if support for the welfare state is measured in a variety of ways, different factors emerge as strong predictors of attitudes. The conclusion reports on the major findings as shown by the summary of replies to particular questions, by the simple relationships between these replies and other factors and by the combination of different factors that may influence attitudes to state and private welfare (Section 18).

## **ERRATUM**

### **SPRC Reports and Proceedings No. 88**

**Page 13 - first paragraph, line 8 should read:**

**'... citizens of the United Kingdom, Italy, Austria and Germany ...'**

**Page 15 - The heading for the last column in Table 4 should read:**

**'Germany' and not 'Denmark'.**



## 6. SUPPORT FOR GOVERNMENT INTERVENTION AND FOR EXPENDITURE ON WELFARE

Support for state and private welfare was measured in several ways. In this section the focus is mainly on two measures of support for the welfare state. Sections 7 and 8 deal with other measures. The first approach was to examine support for government responsibility or involvement in social and economic policies commonly associated with the welfare state. The second was to examine support for government spending on various relevant areas. With respect to government intervention there was considerable support, especially in relation to health and care for the aged, but markedly less so in relation to the unemployed (Tables 3 and 4). Critics of the Australian welfare state have suggested that support for government intervention is far weaker in Australia than in other countries. Table 4 which refers mainly to data from the International Social Survey Project in 1985, shows that Australians appear to lag behind citizens of the United Kingdom, Italy, Austria and Denmark, although not the United States; Australians appear less likely to be concerned with government intervention to provide a job for everyone who wants one (56 per cent), in providing a decent standard of living for the unemployed (59 per cent) and in reducing income differences between the rich and poor (54 per cent). (Note, however, the volatility of views about providing a decent standard of living for the unemployed, in other words, the rise from 59 per cent in 1985 to 68 per cent in 1988.) In addition, Australians are as likely to be concerned as others about provision of health care and support for the aged.

Comparative analysis is fraught with dangers, particularly if one ignores the institutional context and particular circumstances which may provide plausible explanations for these differences. The meaning of questions may also vary according to national context. The puzzles that underlie the differences and the similarities will have to be tackled elsewhere.

It is, nonetheless, difficult to ignore the widespread acceptance of the general principle of government intervention both in Australia and in other countries, especially in relation to nearly all the major areas of expenditure by governments. There is overwhelming support for statutory intervention in providing health care for the sick (94 per cent) and a decent standard of living for the old (96 per cent, Table 3). The divisions emerge in relation to ownership by the government of enterprises like the railways, telecommunications and airlines. The impression of strong support for the general principle of government intervention is reinforced in Table 5 (Part A). In nearly all these areas of expenditure there is little support, in principle, for retrenchment. Unemployment benefits, one of the areas usually regarded as the most vulnerable to calls for reductions in expenditure, are regarded as a target by 37 per cent of the sample. The majority either want expenditure to be maintained at current levels (36 per cent) or increased (24 per cent). The arts and culture apparently attract the least support for expenditure. There is strong support for more expenditure on health (78 per cent), education (77 per cent) and age pensions (71 per cent). There is considerable support within Australia for government intervention in most areas that impact on social policy.

There is obviously greater support for those areas of provision which might benefit most people at some stage in the life cycle. However, in implying that self-interest plays a part in evaluations of the welfare state, it should be emphasised that other motivations may also play a central role. Many of the arguments, for instance those referring to moral hazards, that have been used against services for the poor and for particular minorities can just as easily be applied to the major services (Papadakis, 1990a).

In order to specify some of the summary conclusions about support for government intervention and expenditure on welfare, responses were analysed to reveal the underlying correlational pattern among the different measures of support. The responses were therefore submitted to factor analysis. There is a debate over whether one should adopt either orthogonal or oblique solutions for factor analysis. Oblique ones allow the factors to correlate. A better 'fit' is obtained but the results are more difficult to interpret. Orthogonal solutions are 'uncorrelated', in other words, they are totally or conceptually separable. Tabachnik and Fidell (1983) have argued that the orthogonal solution is easier to interpret and more useful.

The factor solution to the general question on spending (without controlling for views on tax cuts) showed a split along two dimensions. The first related to areas which have traditionally absorbed the greater proportion of public expenditure (health, education, the military and defence and police and the law), the second loaded on the less well-funded areas (the environment, unemployment benefits and culture and the arts) (Table 5, Part B). This tends to confirm the argument about broad and consistent support for statutory intervention across areas that have for many decades or even centuries been the subject of processes of collectivisation (de Swann, 1988). The second factor may have important implications for political parties that have traditionally articulated the concern about moral hazards and

**TABLE 3: GOVERNMENT INTERVENTION IN SOCIAL AND ECONOMIC POLICIES<sup>(a)</sup>**

	Definitely Should		Should		Should Not		Definitely Should Not		Missing	
	(%)	(No.)	(%)	(No.)	(%)	(No.)	(%)	(No.)	(%)	(No.)
Provide a job for everyone who wants one	30	536	31	552	20	355	16	291	4	73
Keep prices under control	68	1225	22	399	5	95	3	47	2	41
Provide health care for the sick	72	1298	22	405	3	46	1	13	3	44
Provide a decent standard of living for the old	75	1356	21	370	2	35	1	9	2	37
Provide industry with the help it needs to grow	45	815	42	765	8	149	2	28	3	49
Provide a decent standard of living for the unemployed	24	434	44	788	22	393	7	125	4	66
Reduce income differences between the rich and poor	29	523	29	515	23	423	15	273	4	72
Sell the railways to private industry	25	459	25	446	22	394	24	435	4	72
Sell Telecom to private industry	26	462	23	418	22	390	26	469	4	67
Sell the airlines, Qantas and Australian Airlines	22	400	24	440	23	421	26	475	4	71

**Note:** (a) Question wording: 'On the whole, do you think it should or should not be the government's responsibility to...'

support for the unemployed and are now under some pressure to take a more positive stance on environmental issues. The interest, from a social policy perspective, is in whether an increase in commitment to the environment by one or more parties will have some impact on policies aimed at achieving social justice.

In examining opinions about government responsibilities, we find a clear differentiation between support for intervention in areas which, in broad terms, constitute the welfare state or the market (Table 5, Part C). Support for the welfare state ranges from specific concerns about the unemployed, to broader issues like keeping prices under control and reducing income differences between the rich and poor. Support for or opposition to the market pertains to areas in which the market could more obviously play a central role, namely the railways, telecommunications and passenger air transport. The only item that relates poorly to both factors is the provision of assistance to industry to help it grow. The second factor partly reflects the more clear-cut division of opinion over the privatisation of these industries.

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**Page 13 - first paragraph, line 8 should read:**

**'... citizens of the United Kingdom, Italy, Austria and Germany ...'**

**Page 15 - The heading for the last column in Table 4 should read:**

**'Germany' and not 'Denmark'.**

**TABLE 4: GOVERNMENT INTERVENTION IN SOCIAL AND ECONOMIC POLICIES  
- AUSTRALIA AND OTHER COUNTRIES**

(per cent who agreed the government either 'should' or 'definitely should' be responsible...)

	Australia		UK	USA	Italy	Austria	Denmark
	1988	1985	1985	1985	1985	1985	1985
Provide a job for everyone who wants one	61	53	72	35	89	84	82
Keep prices under control	90	88	93	76	98	73	76
Provide health care for the sick	94	93	99	83	100	98	98
Provide a decent standard of living for the old	96	96	98	88	99	99	97
Provide industry with the help it needs to grow	87	87	95	63	84	74	54
Provide a decent standard of living for the unemployed	68	59	86	50	85	68	85
Reduce income differences between the rich and poor	58	54	75	39	84	78	67

**Sources:** 1988 Survey of attitudes to state and private welfare, Kelley et al. (1989).  
Question wording: 'On the whole, do you think it should or should not be the government's responsibility to...'

**TABLE 5:**  
**PART A: GENERAL SUPPORT FOR GOVERNMENT SPENDING<sup>(a)</sup>**

	Much More	More	Same	Less	Much Less	Missing
Environment	18	27	38	8	5	5
Health	38	40	16	2	1	3
The police and law enforcement	37	38	20	2	1	3
Education	39	38	18	2	0	3
Military and defence	20	22	31	14	9	3
Old age pensions	34	37	24	2	1	3
Unemployment benefits	9	15	36	22	15	3
Culture and the arts	4	9	32	24	27	3

**PART B: GENERAL SUPPORT FOR GOVERNMENT SPENDING<sup>(a)</sup>**  
Consistency of opinions about government spending (factor analysis)

	<b>Varimax Rotated Factor</b>	
Environment	0.00	0.64
Health	0.67	0.36
Police and law	0.72	-0.23
Education	0.59	0.37
Military and defence	0.61	-0.31
Old age pensions	0.66	0.32
Unemployment benefits	0.23	0.60
Culture and arts	-0.06	0.68
Percentage of variance	30%	19%
Eigenvalue	2.41	1.49

**PART C: GENERAL SUPPORT FOR GOVERNMENT INTERVENTION<sup>(b)</sup>**  
Consistency of opinions about government responsibilities (factor analysis)

	<b>Varimax Rotated Factor</b>	
Provide a job for everyone who wants one	0.67	-0.09
Keep prices under control	0.64	-0.01
Provide health care for the sick	0.68	-0.10
Provide a decent standard of living for the old	0.66	-0.01
Provide industry with the help it needs to grow	0.44	0.17
Provide a decent standard of living for the unemployed	0.66	-0.10
Reduce income differences between the rich and poor	0.63	-0.12
Sell the railways to private industry	-0.05	0.89
Sell Telecom to private industry	-0.05	0.91
Sell the airlines, Qantas and Australian Airlines	-0.07	0.88
Percentage of variance	30%	22%
Eigenvalue	3.02	2.23

- Notes: (a) Question wording: 'Listed below are various areas of government spending. Please show whether you would like to see more or less government spending in each area.'
- (b) 'On the whole, do you think it should or should not be the government's responsibility to...'

## 7. TAXES VERSUS SPENDING

Whatever methodology and whatever arguments one deploys in analysing support for and opposition to the welfare state, this study will show that it is far more meaningful if careful distinctions are drawn between its different components and if attention is paid to the wording of questions.

In public and academic debate in Australia, one of the most frequent questions used to evaluate perceptions of the welfare state and the desirability of either more spending or a reduction in taxes focuses solely on 'social services'. Since this question has been asked consistently in various surveys over the past two decades, we are at least able to gain some measure of the decline in support for expenditure on social services (Table 6).

As I suggested earlier, two approaches predominate in discussions of the Australia welfare state - the political and the economic. The first is focused on the rhetoric surrounding the moral hazards of supporting the idle. Social policy analysts have come to describe this phenomenon as welfare backlash. The other parallel argument, developed by Castles (1985), is to point to the institutionalisation of attitudes as a result of compromises worked between the labour movement and the government in the early part of this century and to the dominance of the liberal governments after the Second World War. The economic argument links decline in support for social services to the slower rate of growth in real incomes and the rise in the tax burden (Gruen, 1989). Only Smith and Wearing (1987) have argued against some of these accounts by pointing to the extensive support for government expenditure on social provision over the past three decades.

Part of the difficulty, as I have already suggested, is derived from the variability in definitions of the welfare state. The replies to the question in Table 6 clearly suggest a dramatic change in opinion. The real problem lies in the meaning of the question. Gruen (1989: 2) has described this as a 'massive change in community attitudes to welfare expenditure'. I would agree that there has been a change both in attitudes and in the climate of opinion about questions of economic management and the welfare state. Nonetheless, it is easy to exaggerate two things: first, the extent to which public opinion about all aspects of the welfare state has changed dramatically and secondly, the degree of congruence between opinion and policy.

The question about spending on social services and tax cuts is ambiguous. It appears to encompass all social services provided by the Department of Social Security. Yet, the replies to this and to other questions suggest that many respondents do not interpret the question in this manner. Table 3 and Table 5 (Part A), for example, show that there is a considerable difference in support for government intervention and for social expenditure depending on whether one is referring to the needs of the aged or the needs of the unemployed. There is a difference of 47 per cent between support for more spending on old age pensions and support for more spending on unemployment benefits. There is a similar (28 per cent) difference in support of intervention by government to provide 'a decent standard of living' for these two groups.

Contrary to widespread perceptions, the proportion of funds allocated by the Department of Social Security for the needs of the aged far exceeds the amount for the unemployed. The allocation of funds is as follows. In 1988-89 the welfare and social security budget of \$23,802 million represented 29 per cent of total government outlays. Of that, \$3092 million or 13 per cent of welfare and social security spending was on unemployment benefits (Table 7). By contrast, spending on Veterans' Affairs and the aged amounted to \$11,056 million or 46 per cent of the welfare budget. If we adopt a broader definition of the welfare state and include health and education, the proportion of expenditure on 'less popular' services like unemployment benefits and sole parent pensions drops from 13 per cent and 9 per cent to 9 per cent and 5 per cent, respectively.

There is every reason to dispute arguments about welfare backlash and the decline in support for the welfare state associated with expenditure on social security and higher levels of taxation. The survey question on expenditure on social services is probably, for most people, only tapping support for or opposition to a minor component of the social security and welfare budget. The major components of this budget, namely assistance to the aged and to veterans and dependants, have for decades enjoyed considerable public support.

Several other points are worth noting. The meaning of the question about social services and taxes may have changed over time. If we trace the history of this question, we find that it was first asked in 1945 and in two surveys in 1948 and 1949. The question was only repeated in 1967 and has, since then, been a regular feature in social surveys (Smith

TABLE 6: WELFARE SPENDING VERSUS TAX CUTS<sup>(a)</sup>

(per cent)

	1967	1969	1979	1984-85	1986-87	1987-88
Strongly/mildly favour reducing taxes	26	26	59	64	74	72
Strongly/mildly favour spending more	68	71	36	33	23	26
Don't know/no reply	6	3	5	3	3	2

Note: (a) Question wording: 'If the government had a choice between reducing taxes and spending more on social services, which do you think it should do?'

Sources: D. Aitkin, *Political Attitudes Surveys*, 1967, 1969, 1979; *National Social Science Surveys*, 1984-85, 1986-87, 1987-88, cited in Gruen (1989).

and Wearing, 1987). Clearly, between 1949 and 1967 this was no longer perceived as an issue. Since 1967 there has been an apparent decline in support for spending on social services. The discrepancy between this figure and the high level of support for services that consume the greatest proportion of government expenditure warrants more careful analysis. The decline in support for 'social services' may reflect a response to the changing nature of political discourse during the 1970s, to the strong criticism, particularly after the fall of the Whitlam Government, of the growth in public expenditure and of big government. The rhetoric may have been effective in swinging opinion behind particular political groups. It appears to have had a limited impact either on support for the major services or on the continued involvement by governments in service provision.

This is not to suggest that nothing has changed, merely to point out that the change in attitudes may be far less dramatic than suggested by examining the question on taxes and spending alone. Furthermore, the question does not offer people the option of retaining expenditure and taxes at existing levels. Other surveys suggest that the majority would choose this option (Smith and Wearing, 1987: 64). This assumption is partly supported by Table 5 (Part A), which shows that 36 per cent of respondents are in favour of retaining expenditure on unemployment benefits at current levels.

The next measure of support for the welfare state adds to the conventional question on 'social services' questions on education and health. It is also framed in terms of a trade-off between taxes and spending (Table 6). It is widely recognised that if the notion of taxes is attached to questions about government expenditure (for example, some indication that more spending may imply more taxes) support for the welfare state appears to decline significantly. Table 8 highlights the importance of differentiating between types of commitment to the welfare state. Whereas only a quarter of the sample have expressed support for spending on social services, just over half expressed this view in relation to health and education services. One should note that when no mention is made of taxes, 77 per cent of the sample are in favour of more spending on education (Table 5), whereas when taxes are mentioned, support has dropped to 54 per cent. For health care the decrease is similar, from 78 per cent to 52 per cent. Interestingly, support for more spending on unemployment benefits (without any mention of taxation) (24 per cent) is similar to support for more spending on social services (without reference to taxation) (28 per cent). The biggest contrast between support for spending with and without reference to taxation is between spending on social services (28 per cent, Table 8) and spending on old age pensions (71 per cent, Table 5).

TABLE 7:

## (1) Social Security and Welfare Outlays

## (2) Social Security, Welfare, Health and Education Outlays

	\$million	(1)* %	(2)† %
<b>Social Security and Welfare</b>			
Assistance to the aged	7870	33	19
Assistance to veterans and dependants	3187	13	8
Assistance to people with disabilities	2737	11	7
Assistance to families with children	4131	17	10
<b>Analysis of assistance to families with children</b>			
- Family allowances	1714	8	4
- Sole parent pensions and allowances	2132	9	5
- Child care and other child payments	266		
Assistance to the unemployed and sick	3689	15	9
<b>Analysis of assistance to the unemployed and sick</b>			
- Unemployment benefits	3092	13	8
- Sickness benefits	533	2	
- Job search	43		
Other welfare programs	955	4	2
Aboriginal advancement programs	241	1	1
General administration	1005	4	3
Recoveries and repayments	11		
<b>Total</b>	<b>23802</b>	<b>100</b>	
<b>Education</b>	<b>6044</b>		<b>15</b>
<b>Health</b>	<b>10790</b>		<b>27</b>
<b>Total</b>	<b>40636</b>		<b>100</b>

Notes: (1)\* Percentage of total social security and welfare outlays.  
 (2)† Percentage of total social security, welfare, health and education outlays

Source: Commonwealth of Australia, Budget Statements, 1988-89, AGPS.



**TABLE 8: WELFARE SPENDING VERSUS TAX CUTS<sup>(a)</sup>****(per cent)**

	<b>Social Services</b>	<b>Health Care</b>	<b>Education</b>
Strongly favour reducing taxes	46	27	25
Mildly favour reducing taxes	22	19	19
Mildly favour spending more	14	27	30
Strongly favour spending more	14	25	24
Don't know	3	3	3
<b>N =</b>	<b>1807</b>	<b>1807</b>	<b>1807</b>
<b>Note:</b> (a)      Question wording: 'If the government had a choice between reducing taxes and spending more on social services/health/education, which do you think it should do?'			

## 8. SUPPORT FOR STATE AND PRIVATE WELFARE

In the context of the Australian welfare state, it may be misleading to measure support for the welfare state only in relation to government provision. The private sector has played a central role in health and education. Privatisation has remained a live political issue in relation to both sectors.

The prominence and symbolic importance of the private sector is reflected in Table 9. The perceived importance of the private sector in both health and education is significantly greater than in the UK study. Eighty-seven per cent felt that it was important for private health care to continue being available. Forty-five per cent felt that the private sector in health should be encouraged to expand. There was little enthusiasm for the abolition of private medical care, although a minority (19 per cent) were opposed to private medical treatment in government hospitals. The vast majority, however, appear to accept a dual system within public hospitals.

Although 74 per cent felt that it was important for private education to continue being available, there was much less enthusiasm for encouragement of the private sector to expand (24 per cent for Catholic education and 28 per cent for private education). Only small minorities were in favour of a reduction or abolition of private and Catholic schools. Not surprisingly, there was considerable support for tax relief on contributions to superannuation schemes and on income earned by superannuation funds.

It would, however, be a mistake to interpret these findings as a clear mandate for the private sector. Overall, most people felt that both the government and the private sectors were either important or very important. Contrary to the arguments by Harris and Seldon (1979 and 1987), support for the private sector does not imply opposition to the state. The previous section has shown the strong support for government intervention on social services.

The data do, nonetheless, draw attention to the potential constraints on policy makers in deciding on the future shape and direction of the welfare state. This is not to suggest that they scrupulously complied with public opinion in the past. Rather, it draws attention to the over-simplified arguments that Australians are either fundamentally unsympathetic to the intervention by governments in the provision of welfare or that policy makers have consistently overridden the views of the public at large.

Most people support both the private and government sectors (Table 10), which is not to say they support each sector for similar reasons. In relation to health care, most respondents (72 per cent) who rated the private sector as important or very important also rated the state sector as important or very important. This is shown most clearly by examining the figures in brackets which refer to the total universe of respondents. Only a minority (28 per cent) appeared either to support the state but not the private sector (10 per cent) or to support the private and not the state sector (18 per cent). Although Taylor-Gooby (1985) has characterised the support by many individuals for both state and private welfare as a sign of ambivalence, there is no necessary inconsistency between support for state and private welfare (Papadakis, 1990a).

In relation to education, most respondents (72 per cent) value both state and private sectors. Opposition to the state sector coupled with support for the private sector was expressed by 19 per cent and support for the private sector coupled with opposition to the state by 7 per cent. A similar pattern emerges in relation to support for Catholic and government education (68 per cent) and opposition to the Catholic sector (23 per cent). Most respondents (75 per cent) valued both government old age pensions and superannuation. Small minorities gave a low rating either to the government scheme as opposed to the private one (6 per cent) or vice-versa (4 per cent).

The importance of the private sector needs to be considered in any attempt to define the Australian welfare state. For example, this can be done by using an index of support for or opposition to the welfare state which combines the replies to two sets of questions; the first relates to views about the choice between taxes and spending (Table 8), the second to views about whether the private sector should be encouraged to expand (Table 9). Support for the welfare state (either in health or education) was measured by cross-tabulating support for spending and taxes with support for the expansion of the private sector (Table 11). This creates a threefold division between strong 'opponents of the welfare state', 'strong supporters' and the majority who lie somewhere between these two positions (plus a small group that do not want more spent and are unsure about the expansion of the private sector). According to this measure, support for the welfare state appears stronger in education than in health (23 per cent and 13 per cent,

**TABLE 9:**  
**PART A: ATTITUDES TO GOVERNMENT AND PRIVATE WELFARE**

	Government Health Care	Government Education	Old Age Pensions
Very important	50	59	57
Fairly important	29	25	29
Not very	11	6	7
Not at all	7	4	4
Don't know	3	7	4
N =	1807	1807	1807

	Health Care	Catholic Education	Private Education	Superannuation
Very important	61	32	37	52
Fairly important	26	36	37	35
Not very	7	15	13	6
Not at all	3	9	7	3
Don't know	3	9	6	5
N =	1807	1807	1807	1807

**Notes:**

- (a) Question wording: 'How important is it to people in this country that government health care/government education/old age pensions continue?'
- (b) 'How important is it to people in this country that private health care/education/superannuation continue to be available?'

TABLE 9 (Continued):

## PART B: ATTITUDES TO PRIVATE WELFARE AND FISCAL SUBSIDIES

Expansion of Private Welfare<sup>(a)</sup>  
(per cent)

	Health Care	Catholic	Education	Private
Agree strongly	15	6		8
Agree	33	18		20
Disagree	16	32		27
Disagree strongly	4	9		9
Don't know	32	35		36
N =	1807	1807		1807

  

	Fiscal subsidies <sup>(b)</sup>	
	(i)	(ii)
Should pay tax	8	14
Should get tax relief	79	74
Don't know	12	12
N =	1807	1807

## Private medical treatment and hospitals

Private medical treatment in all hospitals should be abolished	4
Private medical treatment should be allowed in private hospitals but not in government hospitals	19
Private medical treatment should be allowed in both private and government hospitals	74

## Private Catholic Schools

'Should there be...?'			
More Private schools	20	More Catholic schools	15
Same as now	49	Same as now	46
Fewer	11	Fewer	10
None at all	6	None at all	7
Don't know	3	Don't know	18
Other	14	Other	5
N =	1807		1807

- Notes: (a) Question wording: 'Private health care/Private education should be encouraged to expand'.  
 (b) (i) 'Do you think people should pay tax on contributions to superannuation schemes';  
 (ii) 'Do you think the Government should tax the income earned by superannuation funds?'

TABLE 10: SUPPORT FOR GOVERNMENT AND PRIVATE PROVISION

Judgements of importance of private provision by judgements of importance of government provision<sup>(a)</sup>

Government health		Private health							
		Very (%)		Fairly (%)		Not Very (%)		Not At All (%)	
Very	50	(32)	48	(13)	58	(4)	64	(2)	
Fairly	27	(17)	39	(10)	34	(3)	16	(1)	
Not very	13	(8)	10	(3)	6	(-)	8	(-)	
Not at all	10	(6)	3	(1)	3	(-)	11	(-)	
N =		1096		467		133		49	
Government education		Private education							
		Very (%)		Fairly (%)		Not Very (%)		Not At All (%)	
Very	66	(26)	57	(23)	71	(10)	67	(5)	
Fairly	24	(9)	36	(14)	18	(3)	15	(1)	
Not very	5	(2)	6	(2)	8	(1)	5	(-)	
Not at all	5	(2)	1	(1)	4	(1)	13	(1)	
N =		651		657		232		119	
Government education		Catholic education							
		Very (%)		Fairly (%)		Not Very (%)		Not At All (%)	
Very	75	(26)	53	(21)	62	(10)	63	(6)	
Fairly	18	(6)	37	(15)	27	(5)	21	(2)	
Not very	4	(1)	7	(3)	9	(1)	4	(-)	
Not at all	2	(1)	3	(1)	4	(1)	12	(1)	
N =		565		630		270		156	
Old Age Pensions		Superannuation							
		Very (%)		Fairly (%)		Not Very (%)		Not At All (%)	
Very	83	(45)	30	(11)	28	(2)	32	(1)	
Fairly	13	(7)	59	(22)	25	(1)	7	(-)	
Not very	2	(1)	8	(3)	44	(3)	7	(-)	
Not at all	2	(1)	2	(1)	4	(-)	54	(2)	
N =		928		622		100		51	

Notes: The figures in brackets refer to the total percentage of respondents in each of the four sections of the table.

(a) For question wording, see Table 9, Part A.

**TABLE 11: SUPPORT FOR/OPPOSITION TO THE WELFARE STATE (HEALTH AND EDUCATION)<sup>(a)</sup>**

	Health (%)	Education (%)
<b>'Anti' Welfare State</b>		
- don't spend more and for private expansion	25	15
<b>'Mixed Economy'</b>		
- spend more and for private expansion		
- don't spend more and no private expansion		
- spend more and unsure about private expansion	49	47
<b>'Pro' Welfare State</b>		
- spend more and no private expansion	13	23
<b>Other</b>		
- don't spend more and unsure about private expansion	14	15

Notes: (a) Question wording: 'If the government had a choice between reducing taxes and spending more on social services/health/education, which do you think it should do?'  
'Private health care/Private education should be encouraged to expand'.

respectively). I should stress that this is not supposed to imply that these percentages accurately represent the depth of support for the welfare state, which is far more widespread. Rather, it draws attention to those who are most committed to retention of the welfare state and the exclusion of private alternatives (and vice-versa).

Further analysis shows that there is some correspondence between attitudes to government spending and the expansion of private welfare (Table 12). However, the association is only modest. Of those who want reductions in taxes and spending in both social services and health and education, only 25 per cent and 15 per cent are in favour of encouragement for the expansion of private provision in health and education, respectively. The same trend is evident if we focus solely on taxes and spending in either health or education and relate it to views about the expansion of the private sector.

There is no evidence of strong and consistent support across various sectors for private welfare. Although there is a fairly strong statistical association between support for or opposition to the expansion of the private sector in health and education, only 20 per cent either agree or agree strongly that the private sector should be encouraged to expand in both health and education and only 13 per cent have adopted the opposing standpoint (Table 13, Part A). This tends to undermine arguments about a massive and consistent shift across various sectors of the welfare state in support for privatisation. In terms of the importance of education, health and old age pensions or superannuation, there is more consistent support for the government than the private sector (Table 13, Part B). Thirty-one per cent of the sample labelled government provision as very important by contrast to 20 per cent for private provision.

In relation to government spending and taxation, the degree of consistency rises sharply if one excludes social services (Table 13, Parts C and D). Thirty-four per cent were opposed to spending and for tax cuts in all three areas. The proportion in favour of spending and opposed to tax cuts shifts from 24 per cent when all three areas are considered (Table 3, Part C), to 43 per cent in relation to health and education (Table 3, Part D). The analysis has shown that support for government and for private provision can exist independently of each other. Again, the implications of this are explored elsewhere. The following section analyses questions designed to explore perceptions of hypothesised relationships between state and private provisions.

**TABLE 12: ATTITUDES TO GOVERNMENT SPENDING AND THE EXPANSION OF PRIVATE WELFARE \***

Health Care										
Private provision should be encouraged to expand...										
Taxes versus Spending on Health, Education and Social Services										
	Strongly Agree (%)		Agree (%)		Unsure (%)		Disagree (%)		Strongly Disagree (%)	
Cut taxes and spending	53	(8)	48	(17)	44	(13)	30	(5)	37	(1)
Mixed	15	(2)	22	(8)	24	(7)	32	(5)	8	(-)
Increase taxes and spending	31	(5)	30	(10)	32	(10)	38	(7)	55	(2)
N =	261		584		498		291		64	
Education										
Cut taxes and spending	55	(5)	47	(10)	45	(14)	38	(11)	37	(3)
Mixed	18	(2)	23	(5)	25	(8)	24	(7)	19	(2)
Increase taxes and spending	27	(2)	30	(6)	29	(9)	39	(11)	45	(4)
N =	151		351		522		488		153	
Health Care										
Private provision should be encouraged to expand...										
Taxes versus Spending on Health										
	Strongly Agree (%)		Agree (%)		Unsure (%)		Disagree (%)		Strongly Disagree (%)	
Strongly in favour of reducing taxes	38	(6)	30	(3)	24	(7)	21	(4)	21	(1)
Mildly reduce taxes	12	(2)	20	(7)	23	(7)	18	(3)	16	(1)
Mildly increase spending	22	(3)	27	(9)	30	(9)	34	(6)	21	(1)
Strongly reduce spending	28	(4)	23	(8)	23	(7)	27	(5)	42	(2)
N =	263		586		504		294		64	
Education										
Taxes versus Spending on Education										
Strongly in favour of reducing taxes	36	(3)	27	(6)	23	(7)	23	(7)	21	(2)
Mildly reduce taxes	15	(1)	20	(4)	23	(7)	18	(5)	13	(1)
Mildly increase spending	27	(2)	29	(6)	30	(9)	35	(10)	27	(3)
Strongly reduce spending	21	(2)	24	(5)	24	(7)	24	(7)	39	(4)
N =	151		34		525		489		156	

**Notes:** The figures in brackets refer to the total percentage of respondents in each of the four sections of the table.

\* The spending variable was constructed by adding up the scores on views on spending in relation to social services, health care and education and dividing the total into three components: an anti-tax component (score of 3 to 6), a mixed component (score of 7 to 8) and a pro-spending component (score of 9 to 12). The question wording can be found in Table 8 and Table 9.

**TABLE 13: CONSISTENCY OF VIEWS ACROSS SECTORS****PART A:**

Support for the expansion of both private health and private education<sup>(a)</sup>  
(total percentage of respondents)

Private Health	Private Education		
	Agree/agree strongly	Not Sure	Disagree/disagree strongly
Agree/agree strongly	20	15	15
Not sure	6	13	10
Disagree/disagree strongly	4	4	13

**PART B:**

Perceptions of the importance of the private and government sectors in health and education  
and old age pensions and superannuation<sup>(b)</sup>  
(per cent)

	Private	Government
Very important in all three areas	20	31
Very important in two out of three areas	23	20
Very important in one out of three areas	25	17
Remainder	32	31

**PART C:**

Consistency in support for government spending and tax cuts in health, education and social services<sup>(c)</sup>  
(per cent)

Opposed to spending and for tax cuts in all three areas	34
Opposed to spending and for tax cuts in two out of three areas	19
In favour of spending and opposed to tax cuts in two out of three areas	24
In favour of spending and opposed to tax cuts in all three areas	24

**PART D:**

Consistency in support for government spending and tax cuts in health and education<sup>(c)</sup>  
(per cent)

Opposed to spending and for tax cuts in both	34
Opposed to spending and for tax cuts in one	22
In favour of spending and opposed to tax cuts both	43

- Notes:**
- (a) Question wording: 'Private health care/Private education should be encouraged to expand'.
  - (b) For question wording, see Table 9, Part A.
  - (c) Question wording: 'If the government had a choice between reducing taxes and spending more on social services/health/education, which do you think it should do?'



## 9. PERCEPTIONS OF THE RELATIONSHIP BETWEEN STATE AND PRIVATE WELFARE

In order to explore potential sources of conflict and agreement over issues pertaining to state and private welfare, respondents were asked either to agree or disagree with a series of statements which focused broadly on four areas. In Table 14 these can be identified as: issues pertaining to choice and opportunities for exit from the state sector (items B, E, G and H), notions of fairness and equity (A, C and D), a concern with resources (F and I) and a concern about efficiency (J).

This division is also reflected in Table 15 which uses factor analysis to gain some measure of the underlying correlational structure of opinions. Three factors were extracted. The first loaded strongly on freedom of choice, expansion of the private sector, the restriction of Medicare to lower income groups and the opportunity to exit from the private sector; the second, on the use of government facilities by the private sector, the impact of the private sector on staffing in the government sector and the priority accorded to private patients on waiting lists and the third, on the possibility of increasing the Medicare levy in order to extend cover to dental and optical services and to improve hospitals and medical care in general. There is a high degree of consistency in these results. The first factor reflects opinions about choice and exit into the private sector, the second taps into notions of fairness and equity, and the third is concerned with resources.

Returning to Table 14, only a minority feel that private medical care uses facilities and equipment that should be reserved for patients using the government service (22 per cent) or that private medical care takes the best staff away from the government service (25 per cent), although a large group (45 per cent) believe that private medical treatment gives people who can pay for it unfair priority in waiting lists. I should point out, however, that those who are either not sure or have not replied to this question also comprise substantial numbers (28 per cent, 32 per cent and 21 per cent, respectively).

There is fairly strong support for the expansion of private medicine (48 per cent). However, a large group (32 per cent) were either not sure or gave no reply to this question. There appears to be less uncertainty about the general postulate that private medical care gives people a wider choice (78 per cent).

Views on the Medicare system are mixed. Sixty per cent of the sample felt that the levy should be increased in order to cover dental and optical services, although only 20 per cent felt it should be increased in order to improve public hospitals and medical care. This could present a major obstacle to any government wishing to secure a more substantial basis for the funding of public services. More than two-thirds of the sample (69 per cent) felt that services could be improved without an increase in the levy. More than half of the sample (58 per cent) believed that people should be free to opt out of the system altogether and over a third (38 per cent) were in favour of restricting it to those on lower incomes. However, if we are looking for majorities on many of these items, the balance lies in the 'not sure' category which on many items comprised at least one-fifth of the respondents.

Most people felt that the availability of private medical treatment in government hospitals is either a good thing (48 per cent) or makes no difference (21 per cent) to the government service (Table 16). There was, once again, a large number of people who either 'did not know' or held no opinion on these issues.

If we turn to education (Table 17), we find less concern about 'unfair advantages' (for example, advantages gained by students who attended private schools) than about the 'unfair priority in waiting lists' for hospitals (Table 14). By contrast, there was more concern about the drain by the private sector on staff from the public sector (33 per cent). More than half the sample (57 per cent) believed that private education increased social class differences. Only 28 per cent felt that the private sector should be encouraged to expand. Nonetheless, 58 per cent believed it gave most parents a wider choice of schools. A large proportion of respondents were either uncertain or gave no reply to these questions, for example in response to the question about the expansion of private education (36 per cent).

Similarly, nearly a third of the sample were uncertain or did not venture an opinion about Catholic education. Compared to views about private education, there was less concern about unfair advantages gained through Catholic education (12 per cent) or the drain on teaching staff (13 per cent) or about the impact on class differences (32 per cent).

**TABLE 14: PERCEPTIONS OF STATE AND PRIVATE HEALTH<sup>(a)</sup>**

	Agree Strongly (%) (No.)		Agree (%) (No.)		Not Sure (%) (No.)		Disagree (%) (No.)		Disagree Strongly (%) (No.)		Missing (%) (No.)	
A. Private medical care uses facilities and equipment that should be reserved for patients using the government service	7	132	15	273	25	446	36	654	14	253	3	48
B. Private medical care gives most people a wider choice in health care	27	482	51	924	11	192	8	148	1	22	2	40
C. Private medical care takes the best staff away from the government service	8	150	17	306	29	518	37	662	7	125	3	46
D. Private medical treatment gives people who can pay for it unfair priority in waiting lists	18	318	27	485	18	321	28	502	7	128	3	52
E. Private medicine should be encouraged to expand	15	272	33	599	29	520	16	296	4	70	3	50
F. The Medicare levy should be increased to cover dental and optical services	30	532	30	537	9	168	18	320	11	204	3	45
G. Medicare should be available only to those with lower incomes. This would mean that contributions and taxes could be lower and most people would take out medical insurance or pay for health care	17	310	21	374	12	210	33	596	15	271	3	45
H. People should have the option of staying out of Medicare and not have to pay the levy	26	466	32	569	11	190	21	374	9	163	2	44
I. The Medicare levy should be increased in order to improve public hospitals and medical care	6	109	14	260	19	338	40	715	19	335	3	49
J. Public hospitals and medical care could be improved without increasing the Medicare levy	25	452	44	794	19	345	8	143	2	29	2	44

**Note:** (a) Question wording: 'Here are some views on health issues that people think are important in Australia today. Please show whether you agree or disagree with each view.'

**TABLE 15: CONSISTENCY OF OPINIONS ABOUT THE PRIVATE SECTOR<sup>(a)</sup>**  
**(factor analysis)**

	Varimax Rotated Factor		
	I	II	III
Private medical care uses facilities and equipment that should be reserved for patients using the government service	-0.06	0.67	0.19
Private medical care gives most people a wider choice in health care	0.62	-0.15	-0.03
Private medical care takes the best staff away from the government service	0.06	0.77	0.02
Private medical treatment gives people who can pay for it unfair priority in waiting lists	-0.19	0.73	0.20
Private medicine should be encouraged to expand	0.67	-0.38	0.09
The Medicare levy should be increased to cover dental and optical services	-0.04	0.14	0.81
Medicare should be available only to those with lower incomes. This would mean that contributions and taxes could be lower and most people would take out medical insurance or pay for health care	0.73	0.19	-0.06
People should have the option of staying out of Medicare and not have to pay the levy	0.66	0.00	-0.38
The Medicare levy should be increased in order to improve public hospitals and medical care	-0.09	0.18	0.77
Percent of variance	29%	17%	12%
Eigenvalue	2.57	1.50	1.10

**Note:** (a) Question wording: 'Here are some views on health issues that people think are important in Australia today. Please show whether you agree or disagree with each view.'

**TABLE 16: PERCEPTIONS OF STATE AND PRIVATE HEALTH**

Question wording: 'Do you think that the availability of private medical treatment in government hospitals is a good or bad thing for the government service, or doesn't it make any difference to the government service?'

	(%)	(No.)
Good thing	48	870
Bad thing	12	209
No difference	21	384
Don't know	16	294
Missing	3	49

Question wording: 'And do you think that the existence of private medical treatment in private hospitals is a good or bad thing for the government service, or doesn't it make any difference to the government service?'

	(%)	(No.)
Good thing	45	815
Bad thing	7	121
No difference	29	516
Don't know	17	305
Missing	3	51

Only a quarter of the sample (23 per cent) felt that if there were fewer private schools in Australia state schools would benefit (Table 18). The majority felt that state schools would either suffer (40 per cent) or that it would make no difference (20 per cent). Similar proportions of the sample felt this way about the relationship between Catholic and government schools.

Factor analysis revealed two underlying correlational patterns in attitudes towards private education (Table 19). The first loaded strongly on notions of unfair advantages, the effect on staffing in state schools and social class differences and the second on freedom of choice and the expansion of the private sector.

This more detailed analysis of perceptions of state and private provision suggests that on some issues, a significant number of people are aware of an interaction between the two spheres. A large minority are uncertain about the interaction between private and government sectors. Many do not perceive the private sector as a threat to the government sector.

The following section explores the political correlates of attitudes to welfare. These are particularly important since political parties often provide cues for the mobilisation of opinion on social policy issues.

**TABLE 17: PERCEPTIONS OF STATE, PRIVATE AND CATHOLIC EDUCATION<sup>(a)</sup>**

	Agree Strongly (%) (No.)		Agree (%) (No.)		Not Sure (%) (No.)		Disagree (%) (No.)		Disagree Strongly (%) (No.)		Missing (%) (No.)	
Private education gives those who have it an unfair advantage	12	216	24	441	15	270	35	634	7	134	6	111
Private education takes the best teachers away from state schools	10	175	23	422	21	387	34	605	6	111	6	107
Private education gives most parents a wider choice of schools	11	206	47	848	15	272	18	330	3	47	6	103
Private education increases social class differences	20	355	37	663	15	274	19	342	3	60	6	112
Private education should be encouraged to expand	8	153	20	360	30	541	27	496	9	157	6	101
Catholic education gives those who have it an unfair advantage	2	43	10	186	23	412	49	886	10	180	6	99
Catholic education takes the best teachers away from state schools	3	45	10	188	24	437	48	872	9	164	6	100
Catholic education gives most parents a wider choice of schools	6	115	38	686	22	397	25	449	3	50	6	109
Catholic education increases social class differences	9	130	23	409	22	395	35	636	7	126	6	111
Catholic education should be encouraged to expand	6	104	18	331	29	515	32	582	9	162	6	111

**Note:** (a) Question wording: 'Here are some views on education issues that people think are important in Australia today. Please show whether you agree or disagree with each view by circling the number that comes closest to your opinion.'

**TABLE 18: PERCEPTIONS OF STATE AND PRIVATE (INCLUDING CATHOLIC) EDUCATION**

Question wording: 'If there were fewer Catholic schools in Australia today do you think, on the whole, that state schools would ...'

	(%)	(No.)
Benefit	23	(407)
Suffer	40	(715)
Or, would it make no difference?	20	(366)
Don't know	13	(234)
Missing	5	(85)

Question wording: 'If there were fewer private schools in Australia today do you think, on the whole, that state schools would...'

	(%)	(No.)
Benefit	26	(465)
Suffer	39	(696)
Or, would it make no difference?	20	(353)
Don't know	12	(211)
Missing	5	(82)

**TABLE 19: CONSISTENCY OF OPINIONS ABOUT THE PRIVATE SECTOR<sup>(a)</sup>**  
**(factor analysis)**

	Varimax Rotated Factor	
	I	II
Private education gives those who have it an unfair advantage	0.82	-0.11
Private education takes the best teachers away from state schools	0.78	0.11
Private education gives most parents a wider choice of schools	-0.16	0.87
Private education increases social class differences	0.78	-0.13
Private education should be encouraged to expand	-0.44	0.67
Percent of variance	44%	24%
Eigenvalue	2.18	1.18

**Note:** (a) Question wording: 'Here are some views on education issues that people think are important in Australia today. Please show whether you agree or disagree with each view by circling the number that comes closest to your opinion.'

## 10. PARTY POLITICS AND ATTITUDES

The relationship between public opinion and policy is important for several reasons. Evidence of support for or opposition to the welfare state (expressed either by public opinion or by the articulation of opinion by elites, interest groups and organised coalitions) is central to the legitimacy both of the institutions themselves and the parties that operate through these institutions. Shifts in public opinion may reflect deep-seated changes in the economic and ideological basis for welfare politics. Attempts by governments in all OECD countries to adjust to the economic constraints on welfare expenditure have led to a reassessment of the basis for welfare provision, of the links between welfare and the state and of the public and private dimensions of service delivery (OECD, 1988; Papadakis and Taylor-Gooby, 1987b). Although conflicts over redistribution and clashes between competing values have always been a feature of the development of the welfare state, the intensity of debates over the allocation of resources and ideas for reform has increased markedly since the 1970s.

The intensity of these debates is moderately reflected in public attitudes. Support for government health care is more marked among Labor than Liberal and National Party supporters. I shall, from now on, refer to Liberals as a shorthand for supporters of the Liberal or the National Party. The differences over government education and over old age pensions and superannuation are less pronounced. Support for private health care and private education is appreciably greater among Liberal and National voters than among Labor ones. Supporters of the Democrats and the Nuclear Disarmament Party (NDP) are consistently more likely to share the opinions of Labor than of Liberal supporters.

There is some correspondence between the stance taken by major parties over taxes and spending and the direction of public opinion (Table 20). Fifty-five per cent of Liberal supporters expressed a strong preference for reducing taxes rather than spending more on social services in contrast to 40 per cent of Labor supporters. Similar differences applied to health care (32 per cent and 21 per cent, respectively) and to education (32 per cent and 19 per cent respectively). The differences between the parties reflect a modest but consistent association between party support and views on taxes and spending. The gap between the major parties is further highlighted when we compute the differences between those who support expenditure on all three areas. There is a gap of 17 percentage points between Liberals and Labor over support for state expenditure on both social services and health and education (15 per cent and 32 per cent, respectively). Supporters of the Democrats and the NDP are likely to be much closer to the position of Labor than of the Liberals.

Similar patterns emerge in relation to support for the private sector. Before examining these, it is useful to draw attention to some of the differences in policy between the two major parties. Although they both espouse a mixed system of health care, Labor views access to public hospitals as a right for all citizens. Apart from the commitment to Medicare, there have been pledges to 'control the growth of, and public expenditure on, the private hospital sector' (Labor Party, 1986: 157). In its 1986 and 1988 platforms the Labor Party was opposed to the expansion of foreign-owned private health facilities since they played 'no positive role'. The Liberal and National parties, in contrast, have portrayed Medicare as a disincentive to self-provision and to competition and efficiency. Under their government Medicare would have served as a safety net for disadvantaged groups. Freedom of choice is evoked as a guiding principle. In order to facilitate this, it is argued that those who

*... are prepared to make a realistic contribution to their health care costs should not be penalised by having to pay twice over - for themselves and for those who could pay but choose to pay only the Medicare Levy and then rely on the additional funds contributed by all taxpayers for their needs. (Liberal Party and National Party, 1988: 20)*

The role of government would apparently be reduced considerably.

The theme of freedom of choice is extended to the sphere of education. In addition, the Liberal and National Parties stress the importance of parental influence and the raising of standards. Schools would not experience a decline in funding if resource levels were raised 'through private effort' (Liberal Party and National Party, 1988: 23). It is argued that the preoccupation by Labor with equality has undermined opportunity (including opportunity for talented but disadvantaged pupils). However, the Labor Party has not been as overly concerned with the 'dogma' of universal, free education as suggested by the Liberal and National Parties. Rather, there has been a sharper focus on the 'relevance' of education to 'contemporary society and the economy', to producing 'flexibly trained, generally



**TABLE 20: PARTY SUPPORT<sup>(a)</sup> AND WELFARE POLICIES<sup>(b)</sup>**

(per cent)

	Lib/Nat	Labor	Democrats/NDP	Whole Sample
<b>Social Services</b>				
Strongly favour reducing taxes	55	40	44	47
Mildly favour reducing taxes	27	21	21	24
Mildly favour spending more	11	18	19	15
Strongly favour spending more	7	21	15	15
N =	713	728	97	1561
<b>Health Care</b>				
Strongly favour reducing taxes	32	21	26	27
Mildly favour reducing taxes	23	16	19	19
Mildly favour spending more	26	31	29	28
Strongly favour spending more	19	32	26	26
N =	714	726	97	1558
<b>Education</b>				
Strongly favour reducing taxes	32	19	23	25
Mildly favour reducing taxes	22	16	22	19
Mildly favour spending more	30	34	32	32
Strongly favour spending more	17	31	24	24
N =	716	724	96	1560
	Lib/Nat	Labor	Democrats/NDP	
Opposed to state expenditure in all three areas	43	24	28	
Mixed	42	44	46	
Support state expenditure in all three areas	15	32	25	
N =	710	723	96	
<b>Notes:</b>				
(a)	Question wording: 'Generally speaking, in federal politics do you usually think of yourself as Liberal, Labor, National Party, Australian Democrat, Nuclear Disarmament Party, Other...'			
(b)	'If the government had a choice between reducing taxes and spending more on social services/health/education, which do you think it should do?' For construction of the variable on taxes versus spending in all three areas, see Table 12.			

knowledgeable and competent people who are able to be involved in the control and improvement of working life' (Labor Party, 1988: 63). Freedom of choice and expansion of the private sector does not, however, play a significant role in this scheme.

In relation to social services, there is an emphasis by both parties on efficient and effective targeting of resources. However, the Liberals and Nationals have gone further in highlighting moral arguments about the failure of the social services and dependency on the state:

*Over the years, the increase in dependence of individuals on the government resulted in a situation where for every two people in the workforce one other person became dependent on them for their well-being. Welfare changed from a system of support for the needy to one where everyone believed they were entitled to something. Young people became vulnerable to welfare benefits which seemed to provide more incentive to become unemployed than continue with their education, and which encouraged others to leave their family home. (Liberal Party and National Party, 1988: 72)*

The Labor Party has responded to this sort of criticism by extending the mechanisms for detecting fraudulent claims by social security recipients. In contrast to the Liberal and National Parties, the elimination of poverty and the reduction of inequality have remained key themes of its approach to social security.

The differences between the supporters of the major parties are particularly striking in relation to views on the expansion of the private sector (Table 21). Sixty-five per cent of Liberal supporters are in favour of the expansion of the private sector in health care in contrast to 38 per cent of Labor supporters. This gap (27 per cent) is less pronounced in relation to education. Thirty-nine per cent of Liberal supporters are in favour of the expansion of private education in contrast to 20 per cent of Labor supporters. The differences over Catholic education are minimal. It is worth noting that a large proportion of respondents fall into the 'not sure' category. This applies especially to supporters of the Democrats and the NDP in relation to health.

These patterns recur in replies to the question about private medical treatment in government hospitals and private medical treatment in private hospitals. There is likely to be far less enthusiasm among Labor supporters (67 per cent) than among Liberal supporters (86 per cent) for a 'mixed system' which allows private medical treatment in both public and private hospitals. A core of Labor supporters (32 per cent) want private medical treatment abolished either in government hospitals (27 per cent) or in all hospitals (5 per cent). Liberal supporters are twice more likely than Labor supporters to want more private schools.

These opinions about private and public services are reflected in general attitudes about spending (without reference to taxes) on health, education, old age pensions and unemployment benefits (Table 22). The differences between Labor and the Liberals over support for 'much more' expenditure are 15 per cent for health, 15 per cent for education, 13 per cent for old age pensions and 9 per cent for unemployment benefits. Liberals are far more likely to be concerned with spending less or much less on unemployment benefits (50 per cent) in comparison to Labor supporters (27 per cent).

These differences also apply with respect to opinions about the responsibilities of government (Table 23). Of Labor supporters, 37 per cent feel that it is definitely the government's responsibility to provide a job for everyone who wants one, in contrast to 24 per cent of Liberals; 83 per cent of Labor supporters feel that the government should provide health care for the sick, in contrast to 64 per cent of Liberals; 84 per cent of Labor supporters feel that it should provide a decent standard of living for the old, in contrast to 70 per cent of Liberals; and 33 per cent of Labor supporters that it should provide a decent standard of living for the unemployed, in contrast to 17 per cent of Liberals.

In the United Kingdom, there was little variation in attitudes between supporters of the Conservative and Labor parties over the importance of government health, education and pensions. This may reflect the continuing influence of the consensus achieved between all the major parties in the aftermath of the Second World War over the development of the welfare state. By contrast, in Australia, there is a high degree of divergence between the total number of Labor and Liberal voters in perceptions of the importance of government health care and somewhat less divergence over education and retirement pensions (Table 24). The largest differences are over the importance of government and private health care. Whereas 61 per cent of Labor supporters feel that government health care is very important, the same applies to only 42 per cent of Liberal supporters. The gap is even greater over private health care, with 75 per

TABLE 21: PARTY SUPPORT AND THE PRIVATE SECTOR

(per cent)

	Lib/Nat	Labor	Democrats/NDP	Whole Sample
<b>'Expand Private Sector Health Care'</b>				
Strongly agree	23	9	10	15
Agree	42	29	31	35
Disagree	9	25	15	17
Strongly disagree	2	6	4	4
Not sure	25	31	40	29
N =	715	719	96	1555
<b>'Expand Private Sector Education'</b>				
Strongly agree	13	5	5	9
Agree	26	15	20	21
Disagree	25	35	31	30
Strongly disagree	5	13	9	9
Not sure	32	32	35	32
N =	702	704	88	1518
<b>'Expand Catholic Education'</b>				
Strongly agree	8	5	4	6
Agree	21	18	17	19
Disagree	33	35	42	34
Strongly disagree	7	12	9	10
Not sure	31	31	28	31
N =	699	701	87	1510
<b>'Private medical treatment in government hospitals is a ...'</b>				
Good thing	60	41	40	50
Bad thing	8	16	17	12
No difference	20	25	18	22
Don't know	12	18	25	16
N =	716	718	96	1553

**TABLE 21: PARTY SUPPORT AND THE PRIVATE SECTOR**  
(Continued)

(per cent)

	Lib/Nat	Labor	Democrats/NDP	Whole Sample
<b>'Private medical treatment in private hospitals is a ...'</b>				
Good thing	54	39	43	44
Bad thing	4	10	9	7
No difference	29	31	30	30
Don't know	13	20	19	17
N =	715	717	96	1551
<b>'Private medical treatment should be...'</b>				
Abolished in all hospitals	2	5	4	4
Abolished in government hospitals	12	27	30	21
Allowed in public and private hospitals	86	67	66	76
N =	706	718	95	1543
<b>'If there were fewer private schools, state schools would'</b>				
Benefit	21	34	23	27
Suffer	48	34	34	40
No Difference	22	19	29	21
Don't know	9	14	14	12
N =	706	714	89	1530
<b>'Should there be...'</b>				
More private schools	28	14	21	21
Same as now	54	50	51	52
Less	7	15	13	12
None at all	3	10	5	7
Don't know	8	11	10	10
N =	707	709	98	1525

**TABLE 22: PARTY SUPPORT AND GOVERNMENT SPENDING<sup>(a)</sup>**

(per cent)

	Lib/Nat	Labor	Democrats/NDP	Whole Sample
<b>Views on health spending</b>				
Much more	32	47	44	40
More	42	39	41	41
Same	21	13	11	17
Less	3	1	3	2
Much less	2	-	1	1
N =	712	725	97	1557
<b>Views on education spending</b>				
Much more	33	48	41	40
More	38	39	45	39
Same	26	13	14	19
Less	2	1	-	2
Much less	1	-	-	-
N =	704	728	96	1551
<b>Views on spending on old age pensions</b>				
Much more	29	42	36	35
More	39	37	38	38
Same	29	19	21	24
Less	3	2	3	3
Much less	1		2	1
N =	711	726	97	1557
<b>Views on spending on unemployment benefits</b>				
Much more	5	14	8	9
More	10	20	19	15
Same	36	39	42	37
Less	28	18	21	22
Much less	22	9	11	16
N =	710	725	97	1555

**Note:** (a) Question wording: 'Listed below are various areas of government spending. Please show whether you would like to see more or less government spending in each area.'

**TABLE 23: PARTY SUPPORT AND GOVERNMENT RESPONSIBILITIES<sup>(a)</sup>**

(per cent)

	Lib/Nat	Labor	Democrats/NDP	Whole Sample
<b>Provide a job for everyone who wants one...</b>				
Definitely	24	37	33	31
Probably	29	34	35	32
Probably not	23	17	23	21
Definitely not	24	11	9	17
N =	703	716	97	1537
<b>Provide health care for the sick...</b>				
Definitely	64	83	80	74
Probably	31	17	18	23
Probably not	5	1	2	3
Definitely not	1	-	-	1
N =	715	726	97	1562
<b>Provide a decent standard of living for the old...</b>				
Definitely	70	84	76	77
Probably	27	15	19	21
Probably not	3	1	5	2
Definitely not	1	-	1	1
N =	719	729	97	1568
<b>Provide a decent standard of living for the unemployed...</b>				
Definitely	17	33	26	25
Probably	47	45	52	46
Probably not	27	17	18	22
Definitely not	10	5	5	7
N =	702	725	96	1545
<b>Note:</b>	<b>(a) Question wording: 'On the whole, do you think it should or should not be the government's responsibility to...'</b>			

**TABLE 24: PARTY SUPPORT AND THE IMPORTANCE OF STATE AND PRIVATE WELFARE<sup>(a)</sup>**

(per cent)

<b>Judgement of Importance</b>	<b>Liberal/National</b>	<b>Labor</b>	<b>Democrats/NDP</b>
<b>Government health care</b>			
Very important	42	61	47
Fairly important	32	29	38
<b>Government schools</b>			
Very important	61	68	58
Fairly important	30	23	33
<b>Old age pensions</b>			
Very important	56	63	60
Fairly important	31	28	31
<b>Private health care</b>			
Very important	75	50	63
Fairly important	19	34	27
<b>Private schools</b>			
Very important	48	32	32
Fairly important	39	40	42
<b>Superannuation</b>			
Very important	55	56	49
Fairly important	36	36	43
<b>N =</b>	<b>716</b>	<b>720</b>	<b>94</b>
<b>Note:</b>	<b>(a) Question wording: 'How important is it to people in this country that government health care/government education/old age pensions continue?'</b> <b>'How important is it to people in this country that private health care/education/superannuation continue to be available?'</b>		

cent of Liberals coding this as very important in comparison to 50 per cent of Labor supporters. The other major divide appears to be over private schools. By contrast, the aggregate levels of support for government schools, old age pensions and superannuation are similar among supporters of both major parties.

The differences of opinion over private health, private education and superannuation, though striking, are considerably less pronounced in Australia than in the United Kingdom. This may reflect the historically much more prominent role of the private sector in Australia, especially in health care and education. Access to private health care and education has been relatively restricted in the United Kingdom and could more easily be identified with differences in income, wealth and privilege.

I have only made brief references to the association between party programs and support for state and private welfare among voters. Research in other countries and contexts has suggested a limited association between changing ideologies and views on specific social policies (see Ringen, 1987). Opposition to the welfare state is strongest in relation to social services, particularly unemployment benefits, and to significant minorities attracted to the Liberal and National Parties.

This report has stressed the importance of taking into consideration support for the private sector. The divisions between the total number of Labor and Liberal supporters become more pronounced over this issue. The measure for support or opposition to the welfare state is derived from the questions on the trade-off between taxes and spending for health and for education and views about the expansion of the private sector (see Table 11). As indicated above, this is not meant to be treated as a measure for the strong underlying support for statutory intervention. There is, in my opinion, little doubt about the strength of support for such intervention. Rather, this particular measure reflects a particular type of commitment which combines support for the welfare state with a negative stance on the expansion of the private sector or opposition to the welfare state with a positive attitude towards the expansion of the private sector. The largest proportion of respondents, around 50 per cent, fall into a 'mixed' category, as indicated in Table 11. It should also be stressed that this is only one way of measuring support for the welfare state and the other measures of support are examined both in the bivariate analysis and in the multivariate models that estimate the influence of a variety of factors on different aspects of state and private welfare. In health there is a gap of 22 percentage points between Liberals (36 per cent) and Labor (14 per cent) in relation to 'opposition' to the welfare state, in education the gap is worth 13 percentage points (Table 25, Part A). The Democrats and the NDP are again closer to Labor.

Table 25 (Part B) replaces the labels of Labor and Liberal with self-placement on a left-right scale. Support for the welfare state in health care is considerably greater among those who locate themselves on the Left (30 per cent) than the Centre (12 per cent) or the Right (7 per cent). Most respondents placed themselves in the Centre. Apart from a small number of respondents on the far Left who opposed the welfare state in health, the results are consistent with those pertaining to party identification. The patterns for education are similar, with a greater likelihood of support for the welfare state among those on the Left than on the Right. The majority, however, are in the Centre. The divisions in attitudes (particularly over support for private versus state welfare and to a lesser degree between a conservative and a social democratic orientation) suggest some conflict over the political direction of the welfare state. The analysis so far suggests that politics plays a substantial role in shaping attitudes to the various aspects of state and private welfare. The report now goes on to examine other potential sources of discontent or satisfaction with current arrangements.

Section 11 and Section 12 will explore the relationships between 'need' for services and attitudes, before considering the salience of consumption sector (namely, private health cover or superannuation or private education) and perceptions of services. Section 13 and Section 14 will map out the correlates of perceptions of government and private provision and examine perceptions of government services, support for public and private welfare, class and consumption sector. Section 15 will examine the relationships between experiences of services and expressions of satisfaction and dissatisfaction. This will be followed by an analysis of the relationship between views on taxes and spending on the welfare state and general views about taxation and government intervention. The final section of the analysis will focus exclusively on multivariate analyses in order to identify the major predictors of attitudes to welfare.



TABLE 25:

## PART A: SUPPORT FOR THE WELFARE STATE\* AND PARTY SUPPORT

(per cent)

	Lib/Nat	Labor	Democrats	Whole Sample
<b>Health</b>				
(1) no welfare state	36	14	19	25
(2) mixed economy	46	53	55	50
(3) pure welfare state	5	21	10	13
(4) other	13	12	16	12
N =	701	707	82	1525
<b>Education</b>				
(1) no welfare state	21	8	12	14
(2) mixed economy	45	48	52	46
(3) pure welfare state	16	33	25	25
(4) other	19	11	12	15
N =	695	695	74	1500
<b>Note:</b> *      See notes to Part B.				

TABLE 25:

**PART B: SUPPORT FOR THE WELFARE STATE\*  
AND SELF-PLACEMENT ON A LEFT-RIGHT SPECTRUM<sup>(a)</sup>**

(per cent)

		<b>Strongly Left</b>	<b>Somewhat Left</b>	<b>Centre</b>	<b>Somewhat Right</b>	<b>Strongly Right</b>	<b>Whole Sample</b>
<b>Health</b>							
(1)	no welfare state	25	12	24	31	30	25
(2)	mixed economy	33	52	48	49	51	49
(3)	pure welfare state	36	30	12	7	6	13
(4)	other	6	6	16	13	13	14
<hr/>							
N =		40	162	976	274	112	1566
<hr/>							
<b>Education</b>							
(1)	no welfare state	17	8	12	21	24	14
(2)	mixed economy	27	39	49	48	49	47
(3)	pure welfare state	52	46	24	16	10	25
(4)	other	4	7	15	14	17	14
<hr/>							
N =		40	161	960	269	112	1543

**Notes:**      \*      The index for 'welfare state' is the same as the one devised for Table 11:

                 (1)      don't spend more and private expansion

                 (2)      spend more and private expansion; don't spend more and no private expansion; spend more and unsure about private expansion

                 (3)      spend more and no private expansion

                 (4)      don't spend more and unsure about private expansion

                 (a)      Question wording: 'In political matters, people talk of the 'left' and the 'right'. Where would you say you are? Strongly to the left, somewhat to the left, in the centre, somewhat to the right, strongly to the right.'

## 11. NEED AND ATTITUDES

As in other studies, a distinction was drawn between need associated with stages in a life cycle and personal characteristics on the one hand and social and economic characteristics which influence opportunities on the other. The first group includes marital status, age, dependent children and sex. The second includes occupational prestige, income, employment sector, employment status and union membership.

Age, dependent children, sex and marital status appear to be weakly associated with attitudes to the welfare state (Table 26). This weak association partly reflects the kind of measure used in the analysis: support for or opposition to the welfare state was measured by the index that included attitudes to the expansion of the private sector. It should be emphasised that there are statistically significant relationships between these variables and other measures of support for state and private welfare (see Papadakis, 1990d and 1990e). Variables like age emerge as consistent and significant predictors of attitudes to various aspects of the welfare state. Sex also plays a small but significant role with respect to some attitudes. It should also be emphasised that although women and married people were overrepresented in the sample, this made no difference to the patterns of attitudes (even with the introduction of weights in the analysis to control for any possible effects).

The pattern was slightly more complex on the second set of measures. Respondents in high prestige occupations were more likely than those in middle or low prestige occupations to be either strong supporters or strong opponents of the welfare state (Table 27, Part A). Nearly one third of respondents in the highest occupational prestige groups were opposed to the welfare state in relation to health (32 per cent and 30 per cent) in contrast to about a fifth of the three groups in occupations with lower prestige scores (22 per cent, 22 per cent and 21 per cent). However, the proportion of those with the highest prestige score was slightly higher than the proportion of those with lower scores to support the welfare state in relation to health provision. The pattern is even more pronounced in the area of education. The highest prestige group is (with 18 per cent) 3 percentage points above average in opposing the welfare state and (with 29 per cent) six percentage points above the average in supporting it. This suggests some divisions over policy direction among elites or groups with best access to elites in society. These divisions were less marked when measured by total annual income (Table 27, Part B). The higher income groups were marginally more likely to be opposed to the welfare state, but there were no divisions between income groups in overall levels of support for it. The evidence suggests that the association between interests and social location is far more complex than is frequently suggested in the social sciences (Hindess, 1987). To use interests as an explanation for social action 'is not necessarily wrong, but seriously incomplete' (Hindess, 1988: 71). This issue is tackled in more detail elsewhere (Papadakis, 1990e).

With respect to the employment sector, the main division was between the self-employed (who were anti-welfare) and those employed by government and private companies (Table 28, Part A). Of the self-employed 37 per cent were opposed to the welfare state in health compared to 24 per cent of those working for the government or private companies. With respect to education 26 per cent of the self-employed were opposed to the welfare state, compared to 13 per cent of government employees and 14 per cent of private company employees. Government employees were more likely to be supportive than the other two groups of the welfare state in education. With respect to health care the unemployed (23 per cent) were far more likely to support the welfare state than those either in employment (12 per cent) or retirement (14 per cent, Table 28, Part B). Students and the unemployed are more likely than other groups not to oppose the welfare state in education. Once again, however, the association between social location or economic circumstances and attitudes is not particularly strong.

There is no direct relationship between union membership and support for the welfare state. There were some minor variations in attitudes according to region. The outlier in all cases was the Northern Territory. However, this only comprised a small number of respondents who were decidedly opposed to the welfare state. Respondents from Tasmania, South Australia and West Australia were slightly more likely than those from elsewhere to be opposed to the welfare state in health. In relation to education opposition was weaker and was centred on West Australia, Queensland and South Australia. Respondents from South Australia were the least likely to express support in relation to education and from Tasmania with respect to health.

Access to private pensions or superannuation, private health and private education as well as home ownership were all associated with attitudes to the welfare state. Those covered by private health insurance were twice as likely as those without cover to be opponents of the welfare state in health (30 per cent and 15 per cent, respectively) and about twice

TABLE 26:

## PART A: SUPPORT FOR THE WELFARE STATE\* AND AGE

(per cent)

		17-24	25-34	35-44	45-54	55-64	65+
<b>Health</b>							
(1)	no welfare state	26	22	26	25	26	25
(2)	mixed economy	48	47	47	48	49	55
(3)	pure welfare state	9	13	13	15	14	12
(4)	other	16	16	16	13	13	14
<b>Education</b>							
(1)	no welfare state	13	11	18	15	16	16
(2)	mixed economy	51	53	43	49	43	40
(3)	pure welfare state	21	24	25	24	21	27
(4)	other	15	13	14	11	20	17

## PART B: SUPPORT FOR THE WELFARE STATE AND CHILDREN/MARITAL STATUS

(per cent)

		No Children	Children	Male	Female	Single	Married
<b>Health</b>							
(1)	no welfare state	25	24	27	23	25	25
(2)	mixed economy	50	46	45	52	49	49
(3)	pure welfare state	12	14	14	12	14	12
(4)	other	13	16	14	14	12	14
<b>Education</b>							
(1)	no welfare state	15	15	16	13	14	15
(2)	mixed economy	47	48	45	49	44	49
(3)	pure welfare state	23	25	24	24	27	21
(4)	other	15	13	15	14	14	15

Note: \* The index for 'welfare state' is the same as the one devised for Table 11, used for Table 25.

TABLE 27:

## PART A: SUPPORT FOR THE WELFARE STATE\* AND OCCUPATIONAL PRESTIGE†

(per cent)

		Occupational Prestige					
		High		Middle		Low	Total
<b>Health</b>		1	2	3	4	5	
(1)	no welfare state	32	30	22	22	21	25
(2)	mixed economy	40	45	52	51	52	48
(3)	pure welfare state	15	12	12	13	12	13
(4)	other	13	13	14	14	14	14
<b>Education</b>		1	2	3	4	5	
(1)	no welfare state	18	17	11	15	11	15
(2)	mixed economy	43	47	46	47	56	48
(3)	pure welfare state	29	19	26	24	20	23
(4)	other	11	16	17	14	14	15

PART B: SUPPORT FOR THE WELFARE STATE AND INCOME (DOLLARS)<sup>(a)</sup>

(per cent)

		-20,000	20,001 -30,000	30,001 -39,000	39,001 -51,000	51001+	total
Health							
(1)	no welfare state	22	25	21	26	28	25
(2)	mixed economy	53	49	52	46	41	48
(3)	pure welfare state	14	12	11	13	14	13
(4)	other	12	14	15	15	17	15
Education							
(1)	no welfare state	10	16	14	13	16	14
(2)	mixed economy	50	48	47	49	49	49
(3)	pure welfare state	25	22	21	27	23	24
(4)	other	16	14	18	11	13	14

- Notes:
- \* The index for 'welfare state' is the same as the one devised for Table 11, Table 25.
  - † The index for 'occupational prestige' is derived from F. L. Jones (1989). The sample was divided into five quintiles with approximately equal numbers in each group.
  - (a) The scores for income refer to total annual income of the household.

TABLE 28:

**PART A: SUPPORT FOR THE WELFARE STATE\* AND EMPLOYMENT SECTOR**

(per cent)

		Private Company	Government	Farm	Self-employed	Total
<b>Health</b>						
(1)	no welfare state	24	24	31	37	26
(2)	mixed economy	49	48	63	37	48
(3)	pure welfare state	12	15	6	12	13
(4)	other	15	13	-	14	14
<b>Education</b>						
(1)	no welfare state	14	13	-	26	15
(2)	mixed economy	50	45	53	41	47
(3)	pure welfare state	22	28	24	18	24
(4)	other	14	15	24	14	15

**PART B: SUPPORT FOR THE WELFARE STATE AND EMPLOYMENT STATUS**

(per cent)

		Employed	Unemployed	Retired	Student	Keeping House	Total
<b>Health</b>							
(1)	no welfare state	27	11	26	18	21	25
(2)	mixed economy	46	47	53	53	51	48
(3)	pure welfare state	12	23	14	15	13	13
(4)	other	15	19	7	14	15	14
<b>Education</b>							
(1)	no welfare state	14	9	16	9	15	15
(2)	mixed economy	49	57	43	53	45	47
(3)	pure welfare state	22	26	26	27	25	24
(4)	other	15	9	15	11	15	15

TABLE 28:

**PART C: SUPPORT FOR THE WELFARE STATE AND PRIVATE HEALTH INSURANCE/PRIVATE SCHOOLING**

(per cent)

		Health Insurance		Educational Experience			Total
		Not Covered	Covered	Government	Catholic	Private	
<b>Health</b>							
(1)	no welfare state	15	30	23	31	31	25
(2)	mixed economy	52	46	48	49	47	48
(3)	pure welfare state	19	10	13	11	9	12
(4)	other	13	15	16	10	13	14
<b>Education</b>							
(1)	no welfare state	10	17	11	24	29	15
(2)	mixed economy	47	48	49	44	46	48
(3)	pure welfare state	30	20	26	15	16	23
(4)	other	13	15	15	15	11	14

Note: \* The index for 'welfare state' is the same as the one devised for Table 11, Table 25.

less likely be outright supporters (10 per cent and 19 per cent, respectively) (Table 28, Part C). With reference to education, those with experience of private education were almost three times as likely as those with government education (29 per cent and 11 per cent, respectively) to be opposed to the welfare state in education and almost twice less likely to be supporters (16 per cent and 26 per cent, respectively). Home owners were consistently more likely to be opposed to the welfare state. The association was weakest in relation to private pensions and superannuation. The factors which provide some indication of needs, including those associated with life cycle, personal characteristics and various measure of social location are analysed in more detail in Section 13. The next section examines perceptions of services. This is followed by a detailed analysis of the relationships between the factors examined in this section and (a) perceptions of government and private services and (b) support for public and private provision.

## 12. PERCEPTIONS OF SERVICES

The most detailed sections of the questionnaire explored perceptions of services. Items used in the questionnaire were both compatible with many of those used in previous surveys and reflected public perceptions of the most salient issues as reported both in academic research and in media coverage (see above).

Responses to these detailed questions are important for several reasons:

- to identify the areas of government and private services that are perceived to be their greatest strengths and weaknesses;
- to map out the perceived superiority of one sector over another;
- to attach some weight to the priorities for improvement in the government sector;
- to provide a basis for examining arguments about the potentially 'destabilising' effect of the private sector on the government sector; and
- to examine the ways in which public perceptions might be rearticulated by political parties and interest groups to mobilise support for policy changes.

The UK study was informed by similar concerns. Although this report does not undertake a systematic comparison between the two sets of findings, it is worth noting two points. First, there are striking similarities in the pattern of attitudes, even though the institutional structures of the two countries differ in many respects. Second, there are differences which alert us to the significance of institutional factors in shaping attitudes.

Perceptions of the strengths and weaknesses of government and private services were measured by using separate ten-point scales for each sector. A 'high' score implies strong agreement with the statement about that particular aspect of the services (see Tables 29 and 31). Scores from the two scales (covering both government and private sector) were deducted from each other in order to obtain a measure of the perceived superiority of (or differences between) either sector (see Tables 30 and 32). In addition, respondents were asked whether government provision in each area was satisfactory or needed improvement. They were then asked to rank these areas for improvement in order of priority.

The government sector scored reasonably well on the friendliness of hospital staff (46 per cent), the equality of care for all (38 per cent) and the provision of emergency care (43 per cent, Table 29). It was given low scores by large numbers of respondents on the following: waiting lists (54 per cent), the number of doctors and nurses (46 per cent) and the issue of privacy in hospital (36 per cent). The private sector was given higher scores than the government sector on all items. It scored particularly well on offering sufficient freedom of choice (58 per cent), privacy in hospital (64 per cent), friendliness of hospital staff (53 per cent) and high standards of treatment (50 per cent). The biggest gaps between (the high score of) the government and (the high score of) the private sectors were in relation to freedom of choice (45 percentage points), privacy in hospital (48 percentage points), the number of doctors and nurses (21 percentage points) and standards of treatment (18 percentage points). There was also a gap of 33 percentage points over the issue of waiting lists.

The differences between the two sectors are more clearly apparent in Table 30, where the private sector comes out better on every measure, particularly freedom of choice (69 per cent), privacy in hospital (69 per cent), the number of staff (58 per cent) and waiting lists (52 per cent). These concerns are reflected in the question about areas of the government sector that need to be improved: 80 per cent coded the problem of waiting lists, 69 per cent the issue of privacy and 59 per cent were concerned with freedom of choice. However, when asked to rank these items in order of priority for improvement, most respondents were concerned about the provision of adequate resources to tackle waiting lists (25 per cent) and staffing levels (26 per cent). Far fewer were concerned with matters like privacy in hospital (2 per cent) and consultation (1 per cent). This should not, however, be interpreted as indifference towards these matters, given the indications that these areas are also in need of improvement. Rather, they suggest concern about basic levels of provision within the government sector.



**TABLE 29: PERCEPTIONS OF HEALTH CARE AND RANKING OF STATE AND PRIVATE SECTORS<sup>(a)</sup>**

(per cent)

Aspect of Service	State Sector			Don't Know	Private Sector			Don't Know
	High	Middle	Low		High	Middle	Low	
Offers sufficient freedom of choice	13	46	39	3	58	30	6	6
Standards of hospital treatment high	30	52	15	3	50	39	6	6
Doctors have time to answer questions	25	47	25	3	43	43	8	7
Hospital staff are friendly	46	43	8	3	53	37	4	7
Has enough hospital nurses and doctors	12	39	46	3	33	48	12	7
Has privacy in hospital	16	44	36	4	64	24	5	7
Hospital administration is efficient	23	55	19	4	41	47	4	8
Fair complaints procedures	19	59	17	6	27	57	6	10
Equal care for all	38	43	14	5	43	41	7	8
Good for:								
- Emergency care	43	36	17	4	37	44	11	9
- Day to day care	31	51	14	4	41	43	6	9
- Care for elderly	24	50	22	5	37	47	8	9
Waiting lists too long	54	24	18	4	21	41	30	8
There is adequate consultation of the public	13	50	32	6	25	51	14	10

**Note:** (a) Question wording: 'In this question we are interested in your general views and impressions about the government health service and private health care.' The data presented above represent scores on a 10-point scale ranging from strong agreement to strong disagreement with each proposition as applicable to the private or government service. The classification 'High', 'Middle' and 'Low' corresponds to the first two points, the middle six points and the last two points on the scale, respectively.

TABLE 30: PERCEPTIONS OF GOVERNMENT AND PRIVATE PROVISION

(per cent)

Aspect of the Service	Differences between Private and Government Sectors <sup>(a)</sup>			Is Government Provision Satisfactory? <sup>(b)</sup>		Priority for Improvement <sup>(c)</sup>		
	Private Sector Better	Both Equal	Government Sector Better	Needs Improvement	Satisfactory	1st	2nd	3rd
Offers sufficient freedom of choice	69	24	7	59	27	8	6	8
Standards of hospital treatment high	46	42	12	35	54	8	6	7
Doctors have time to answer questions	46	46	8	41	48	3	6	6
Hospital staff are friendly	26	66	8	16	74	0	1	1
Has enough hospital nurses and doctors	58	36	6	69	18	26	15	8
Has privacy in hospital	69	27	3	49	38	2	3	5
Hospital administration is efficient	50	42	8	36	45	2	4	4
Fair complaints procedures	35	57	8	39	33	1	1	3
Equal care for all	32	53	15	31	53	2	4	4
Good for:								
- Emergency care	34	39	27	37	52	8	10	6
- Day to day care	39	46	15	30	55	1	3	3
- Care for elderly	43	44	13	47	35	6	8	10
Waiting lists (too long)	52	27	22	80	8	25	19	15
There is adequate consultation of the public	42	49	10	56	23	1	3	6

## Notes:

- (a) These measures were computed by deducting the scores for perceptions of government provision from those for private provision (see Table 29). A positive score is interpreted to mean 'private sector better', zero to mean 'both equal' and a negative score to mean 'government sector better'.
- (b) Question wording: 'Please read the following statements and indicate whether each aspect of the government health service in these areas is satisfactory or needs to be improved.'
- (c) Question wording: 'Of the things that need to be improved, which is it most important to improve?'

**TABLE 31: PERCEPTIONS OF EDUCATION AND RANKING OF STATE AND PRIVATE SECTORS<sup>(a)</sup>**

(per cent)

Aspect of Service	State Sector			Don't Know	Private Sector			Don't Know
	High	Middle	Low		High	Middle	Low	
Enough teachers	20	44	30	6	46	39	4	11
Enough books and equipment	21	48	26	6	47	37	4	11
Keeps parents informed	29	51	14	6	54	32	3	12
Fair complaints procedure	27	54	13	7	39	46	4	12
Pays attention to parents' views	17	55	20	8	32	51	5	13
Discipline is adequate	11	41	40	7	38	43	6	12
Class too large	36	39	18	7	14	50	23	13
Meets the needs of:								
- Clever and able	23	48	21	7	47	37	4	12
- Those with learning difficulties	16	48	30	7	21	54	13	12
Teaches basic skills	26	52	15	7	39	46	3	12
Provides adequate choice of subject	34	48	11	7	41	43	4	13
Encourages girls to do as well as boys	43	42	8	8	43	40	4	13
Encourages staying on after 16	27	50	16	8	51	33	3	13
Prepares pupils for work	18	53	21	8	28	51	8	13

**Note:** (a) Question wording: 'In this question we are interested in your general views and impressions about the government health service and private health care.' The data presented above represent scores on a 10-point scale ranging from strong agreement to strong disagreement with each proposition as applicable to the private or government service. The classification 'High', 'Middle' and 'Low' corresponds to the first two points, the middle six points and the last two points on the scale, respectively.

TABLE 32: PERCEPTIONS OF GOVERNMENT AND PRIVATE PROVISION

(per cent)

Aspect of the Service	Differences between Private and Government Sectors <sup>(a)</sup>			Is Government Provision Satisfactory? <sup>(b)</sup>		Priority for Improvement <sup>(c)</sup>		
	Private Sector Better	Both Equal	Government Sector Better	Needs Improvement	Satisfactory	1st	2nd	3rd
Enough teachers	56	37	8	62	26	26	13	8
Enough books and equipment	56	34	9	50	36	4	10	6
Keeps parents informed	49	43	8	37	48	1	1	3
Fair complaints procedure	38	51	11	29	51	0	1	1
Pays attention to parents' views	46	44	10	38	42	1	2	2
Discipline is adequate	62	32	6	67	22	20	16	10
Classes too large	43	38	19	54	34	8	10	8
Meets the needs of:								
- Clever and able	51	41	7	41	43	2	3	3
- Those with learning difficulties	44	38	19	60	24	6	7	10
Teaches basic skills	42	51	8	43	46	9	8	7
Provides adequate choice of subject	33	53	14	31	56	1	2	4
Encourages girls to do as well as boys	22	64	14	24	61	1	1	2
Encourages staying on after 16	47	47	6	39	45	2	4	6
Prepares pupils for work	40	48	12	53	34	7	9	14

- Notes:
- (a) These measures were computed by deducting the scores for perceptions of government provision from those for private provision (see Table 31). A positive score is interpreted to mean 'private sector better', zero to mean 'both equal' and a negative score to mean 'government sector better'.
  - (b) Question wording: 'Please read the following statements and indicate whether each aspect of the government education service in these areas is satisfactory or needs to be improved.'
  - (c) Question wording: 'Of the things that need to be improved, which is it most important to improve?'

In relation to education, the government sector was rated 'high' by substantial numbers of respondents on the encouragement of girls to do as well as boys (43 per cent), providing an adequate choice of subjects (34 per cent), keeping parents informed about a child's progress (29 per cent), encouraging pupils to stay on after the age of 16 (27 per cent) and having fair procedures for handling complaints (27 per cent) (Table 31). Many gave the government sector a low score on discipline (40 per cent), the size of classes (36 per cent), the supply of teachers (30 per cent) and meeting the needs of those with learning difficulties (30 per cent). The private sector was given high scores by large numbers of respondents on keeping parents informed about a child's progress (54 per cent), encouraging pupils to stay on after the age of 16 (51 per cent), meeting the needs of clever and able pupils (47 per cent) and on the supply of equipment (47 per cent) and the number of staff (46 per cent).

As with private health care, private education was perceived as better on every measure, particularly on discipline (62 per cent), on having enough teachers (56 per cent) and books and equipment (56 per cent) and on meeting the needs of clever and able pupils (51 per cent, Table 32).

A large proportion of respondents regarded the following areas as unsatisfactory and in need of improvement: discipline (67 per cent), the number of teachers (62 per cent), meeting the needs of those with learning difficulties (60 per cent), the size of classes (54 per cent) and preparing pupils for work (53 per cent). In contrast to health, the top priorities for improvement included both resources and content: 26 per cent placed the supply of teachers as the top priority, followed by discipline (20 per cent). Teaching basic skills was seen as a high priority by 9 per cent of the respondents.

Education in Catholic schools was also perceived as superior to government education, although the differences were less pronounced than those between the government and private sectors (Table 33). There was little difference between perceptions of the adequate choice of subjects and encouragement of girls to do as well as boys in government and Catholic schools.

In the area of government age pensions nearly two-thirds of respondents appeared to be less than satisfied with the provision for widows and widowers, the amount of say they had in how the scheme was run and the information about it (Table 34). There also appeared to be some concern about superannuation schemes. Of those who were covered by a superannuation scheme, around 50 per cent felt they wanted more information about it and more say in how it was run. A large proportion (around 40 per cent) felt that the schemes did not provide adequately for widows and widowers.

These findings, particularly with respect to health care and education, have helped to identify areas of government and private provision that are regarded as their greatest strengths or weaknesses. Overall, the private sector is perceived as superior in most respects. However, it would be misleading to imply that this provides a basis for a massive withdrawal of support from the government sector. As indicated earlier, there is, at another level, a significant (and enduring) basis for support of statutory provision. The analysis has also helped to identify perceptions of priorities for improvement in the government sector. Finally, it is easy to see how a highly selective approach to the data by political parties and interest groups could contribute to the creation of radically different platforms for reform in social policy. The fuller implications of these findings are, however, explored in another context.

**TABLE 33: PERCEPTIONS OF GOVERNMENT AND CATHOLIC EDUCATION**

(per cent)

Aspect of the Service	Differences between Catholic and Government Sectors <sup>(a)</sup>		
	Catholic Sector Better	Both Equal	Government Sector Better
Enough teachers	47	41	13
Enough books and equipment	44	42	15
Keeps parents informed	44	46	11
Fair complaints procedure	34	54	13
Pays attention to parents' views	40	48	12
Discipline is adequate	61	34	5
Classes too large	34	46	20
Meets the needs of:			
- Clever and able	41	50	10
- Those with learning difficulties	39	45	16
Teaches basic skills	35	57	9
Provides adequate choice of subject	23	57	20
Encourages girls to do as well as boys	16	66	18
Encourages staying on after 16	38	55	7
Prepares pupils for work	33	54	13

**Note:** (a) These measures were computed by deducting the scores for perceptions of government provision from those for catholic provision. A positive score is interpreted to mean 'catholic sector better', zero to mean 'both equal' and a negative score to mean 'government sector better'.

**TABLE 34: PERCEPTIONS OF OLD AGE PENSIONS AND SUPERANNUATION**

(per cent)

		<b>Superannuation</b>	<b>Government Old Age Pensions</b>
'Have you ever felt you wanted more information on how the scheme works?'	Yes	19	59
	No	21	37
	Don't know/		
	Not applicable	60	4
'Do you feel that you should have more say in how it is run?'	Yes	19	65
	No	20	28
	Don't know/		
	Not applicable	61	7
'Does the scheme provide adequately for widows and widowers?'	Yes	21	29
	No	14	60
	Don't know/		
	Not applicable	65	12

### 13. THE CORRELATES OF PERCEPTIONS OF GOVERNMENT AND PRIVATE PROVISION

The next stage of the analysis was focused on the relationship between perceptions of government and private provision on the one hand and a wide range of 'objective' and subjective measures on the other (Tables 35 and 36). The indices of perceptions of government and private provision are derived from Tables 30 and 32. They differentiate between those who

- (i) regard the private sector as better than the government sector
- (ii) regard them as equal and
- (iii) regard the government sector as better than the private sector.

The full description of the correlates of perceptions of government and private provision can be found in the notes preceding Tables 35 and 36. Where correlation coefficients are not given, the relationships were very weak and not even significant at the 10 per cent level. Table 35 is intended as a guide to the bivariate relationships between perceptions and a wide range of objective and subjective measures.

The evidence in this chart tends further to reaffirm the finding that the association between interests and social location is less than straightforward. Many of the 'objective' indicators of social circumstances (occupational prestige, employment and income) were only weakly associated with perceptions. The relationships between income and perceptions of the following issues were statistically significant: freedom of choice (Pearson's  $r = 0.14$ ,  $p < 0.01$ ), privacy (Pearson's  $r = 0.16$ ,  $p < 0.01$ ), the number of hospital doctors and nurses (Pearson's  $r = 0.11$ ,  $p < 0.01$ ), hospital administration (Pearson's  $r = 0.11$ ,  $p < 0.01$ ) and so on. The association between occupational prestige and perceptions is far from uniform. Low prestige is associated with the view that the government sector is better in coping with emergencies (Pearson's  $r = 0.12$ ,  $p < 0.01$ ) and tackling waiting lists (Pearson's  $r = 0.11$ ,  $p < 0.01$ ). High prestige is more closely associated with the view that the private sector is better in providing privacy (Pearson's  $r = 0.11$ ,  $p < 0.01$ ), choice (Pearson's  $r = 0.08$ ,  $p < 0.01$ ) and an adequate number of doctors and nurses (Pearson's  $r = 0.09$ ,  $p < 0.01$ ).

There are weak associations between personal circumstances (age, sex, marital status and the presence of dependent children) and perceptions of government and private provision. This is at first surprising given the greater reliance of certain groups on services and the assumption in much of the literature on social policy of a close connection between needs and attitudes. Age emerges as the strongest correlate, with young people viewing the private sector as superior particularly in relation to choice, standards of treatment, privacy, administration and emergency care. The only exception to this pattern is the perception of waiting lists. Young people, it appears, are more likely than older people to see the private sector as superior in numerous respects. The aged, who are disproportionately affected by waiting lists, tend to view the private sector as superior in this respect.

If we take location in the consumption sector (namely private health insurance) as an objective measure of social circumstances, there is a more marked association with perceptions. Not surprisingly, private health cover correlates with a positive evaluation of the private sector. This applies more to issues of consumer control (freedom of choice, consultation, privacy and the time taken by general practitioners (GPs) during consultations) and of quality of services (the standard of treatment and the efficiency of administration) than to resource issues (waiting lists and emergency care). There is little or no association between other aspects of consumption sector and perceptions.

Party identification relates only modestly to the issues of consultation, care for the elderly, friendliness of staff, equity and fairness in handling complaints. There appears to be no significant division between most supporters of different parties over the issue of waiting lists and only weak division over the question of emergency care, privacy and the number of doctors and nurses. The experience of satisfactory treatment by GPs is not associated with perceptions. The main exception to this pattern is the perceived superiority of the private sector in ensuring the privacy of patients. The experience of consultants and of being an outpatient in hospital does relate to perceptions of hospitals, especially to standards of hospital treatment, the efficiency of administration, the friendliness of staff, emergency care and care for the elderly. Union membership shows little or no association.



## NOTES FOR TABLES 35 AND 36

Table 35

The horizontal axis, 'private sector better' refers to the items in Table 30 and was computed in the same way.

Choice	=	offers freedom of choice
standard	=	standards of treatment high
GP time	=	doctors have time to answer questions
friendly	=	hospital staff are friendly
enough	=	has enough doctors and nurses
privacy	=	has privacy in hospital
admin	=	administration is efficient
fair	=	fair complaints procedure
equal	=	equal care for all
emergency	=	good for emergency care
day-to	=	good for day-to-day care
elderly	=	good for care for the elderly
waiting	=	waiting lists are too long
consult	=	there is adequate consultation of the public

Table 36

The horizontal axis, 'private sector better' refers to the items in Table 32 and was computed in the same way.

qualif	=	enough teachers
books	=	enough books and equipment
inform	=	keeps parents informed
complaint	=	fair complaints procedure
parents	=	pays attention to parents' views
discipl	=	discipline is adequate
large	=	classes are too large
clever	=	meets the needs of clever and able pupils
difficult	=	meets the needs of those with learning difficulties
skills	=	teaches basic skills
choice	=	provides adequate choice of subjects
girls	=	encourages girls to do as well as boys
sixteen	=	encourages staying on at school after the age of 16
work	=	prepares pupils for work

Tables 35 and 36

The vertical axis comprises a large number of variables which are used in both Tables 35 and 36,

occupational prestige is computed in the manner suggested by F.L. Jones (1989)

employment is computed as follows:	at work	=	1
	unemployed	=	2
	retired	=	3
	student	=	4
	keeping house	=	5

total annual income	=	the total annual income of the household
union	=	union membership

**NOTES FOR TABLES 35 AND 36**  
(Continued)

(dis)satisfaction refers to the following questions:

'In general, how satisfied or dissatisfied are you with the kind of health care you and your household have received from your general practitioner/from consultants or as a patient in hospital? How satisfied are you with the school (your oldest child) goes to?' Replies were coded on a five-point scale.

children = the presence of dependent children in the household

views on spending versus tax cuts = computed scores based on replies to three separate questions on taxes versus spending on health, education and social services (see Table 12)

spending versus tax cuts - soc. services = taxes versus spending on social services (see Table 8)

spending versus tax cuts - health = taxes versus spending on health (see Table 8)

spending versus tax cuts - education = taxes versus spending on education (see Table 8)

tax/spend and priv. expansion (health) (education) = support for/opposition to government expenditure on health services and support for/opposition to the expansion of the private sector (see Table 11)

tax business, rich, high incomes = computed scores based on whether people (dis)agreed with the following statements (each coded on a five point scale): 'rich people should be taxed more heavily than they are now; business and industry should be taxed more heavily than they are now; people with high incomes are taxes too much'

tax household, society= computed scores based on whether people (dis)agreed with the statement that 'I would prefer to live in a society with much lower taxes than we have in Australia today' (based on a five point scale) and whether they felt that the 'amount of income tax your household has to pay is too high or too low' (based on a five point scale)

expansion of private health care/education = replies to a question (with a five point scale) on whether private health care/education should be encouraged to expand (see Tables 14 and 17)

unfairness of private health care = replies to a question (with a five point scale) on whether 'private medical care uses facilities and equipment that should be reserved for patients using the government service' (see Table 14)

unfairness of private education = replies to a question (with a five point scale) on whether 'private education gives those who have it an unfair advantage' (see Table 17)

opt out of Medicare = replies to a question (with a five point scale) on whether 'people should have the option of staying out of Medicare and not have to pay the levy' (see Table 14)

priv/govt sector more important (health) (education) = computed on the basis of replies to questions about the importance of government/private health care/education (see Table 9a)

postmaterialism = 'postmaterialist values' derived from the scale developed by Inglehart (1979)

home owner = respondent either owns a home outright or has a mortgage or loan on the home

private education = has attended a private school. A scale was constructed to include attendance at either a Catholic or government school. Attendance at a Catholic school occupied the middle position.

private pension/super = membership or beneficiary of a private pension or superannuation scheme

private health insurance = covered by private health insurance

TABLE 35: CORRELATES OF PERCEPTIONS OF GOVERNMENT AND PRIVATE PROVISION (HEALTH)

Private Sector Better:	Choice	Standard	GP Time	Friendly	Enough	Privacy	Admin	Fair	Equal	Emergency	Day-to	Elderly	Waiting	Consult
<b>Work:</b>														
occupational prestige	.08***	-	-	.05**	.09***	.11***	-	-	-	-.12***	-	.07***	-.11***	-
employment	.07***	.06***	.04**	-	-	.06***	.04*	-	-.05**	-	-	-	-.07***	-
total annual income	.14***	-	.11***	.09***	.11***	.16***	.11***	.05*	.06**	-	.08***	.06**	.08***	-
union	-	-	-	-.07***	-	-	-	-.06***	-.03*	-.10***	-.03*	-.06***	-	-.07***
<b>(Dis)satisfaction:</b>														
dissatisfaction with GP	.04**	-	-	-	.03*	.10***	.05**	.04**	-	-	-	-	-	-
dissatisfaction with hospital/consultants	.06***	.15***	.11***	.14***	.08***	-	.13***	.10***	.09***	.11***	.12***	.11***	-	.08***
<b>Personal:</b>														
children	.06***	.03*	-	.03*	.06***	.03*	.04*	-	.03*	-	.04**	.07***	-.06***	-
age (young)	.16***	.13***	.08***	.04**	.08***	.14***	.12***	.06**	-	.10***	.07***	.08***	-.11***	.04**
sex (female)	-	.03*	-	-	.03*	-	-	.07***	.06***	.03*	-	-	-	.06***
married	.05***	-	.06***	.09***	-	-	.04*	.05**	.06***	-	.07***	.05**	-	.07***
Party Identification (Liberal)	.05***	.09***	.07***	.12***	.05**	.05**	.07***	.11***	.11***	.05**	.10***	.13***	-	.13***
<b>Attitudes:</b>														
views on spending versus tax cuts (anti)	.07***	.10***	.04*	.06***	-	-	.06***	.11***	.09***	.08***	.08***	.06***	-	.06***
spending versus tax cuts - soc. services	.10***	.11***	.07***	.07***	-	.03*	.09***	.15***	.11***	.09***	.11***	.10***	-	.07***
spending versus tax cuts - health care	.06***	.09***	-	.07***	-	-	.05***	.10***	.08***	.10***	.06***	.06***	-	.05***
spending versus tax cuts - education	-	-	-	.03*	-.06***	-.04**	-	.05**	.05***	.03*	.04**	-	-	.03*
tax/spend and priv.expansion (health)	.12***	.16***	.09***	.11***	-	-	.11***	.14***	.13***	.14***	.12***	.13***	-	.11***
tax/spend and priv. expansion (education)	.06***	.08***	.06***	.06***	.03*	-	.05**	.09***	.08***	.07***	.10***	.05	.04*	.09***
tax business, rich, high incomes	.11***	.09***	.10***	.10***	-	.10***	.07***	.13***	.05***	.05**	.09***	.10***	-.05***	.07***
tax household, society	.09***	.14***	.09***	.08***	-	-	.07***	.13***	.14***	.10***	.09***	.11***	-	.09***
expansion of private health care	.15***	.21***	.18***	.14***	.03*	.04*	.17***	.15***	.18***	.14***	.17***	.17***	-.03*	-.19***
unfairness of private health care	-.16***	-.16***	-.14***	-.13***	-.07***	-.13***	-.12***	-.09***	-.10***	-.04***	-.11***	-.15***	-.08***	-.15***
opt out of Medicare	.17***	.18***	.14***	.18***	.04**	.07***	.17***	.17***	.18***	.12***	.16***	.13***	-.04*	.16***
priv/govt sector more important (health)	.24***	.27***	.27***	.24***	.12***	.16***	.25***	.25***	.25***	.15***	.24***	.25***	.07***	.24***
priv/govt sector more important (education)	.11***	.14***	.12***	.13***	.05***	.12***	.14**	.12***	.16***	.11***	.12***	.13***	.05**	.12***
postmaterialism	-	.07***	-	.03*	.04*	-.03*	-	.03*	.07***	-	.04**	-	.09***	.09***
<b>Consumption Sector:</b>														
home owner	-	-	.04**	.03*	-	-	-	.04*	.04*	-	-	.04**	-.03*	-
private education	-	-	-	-	-	.05**	-	-	-	-	-	-	-.06***	.04*
private pension/super	.04**	.04**	-	-	.04**	.06***	-	-	-	-	-	.06***	-	-
private health insurance	.22***	.20***	.20***	.20***	.14***	.17***	.21***	.13***	.14	.04**	.13***	.15***	.06***	.15***

Note: The entries are Pearson correlation coefficients. Three stars refer to coefficients that are significant at the 1 per cent level, two stars at the 5 per cent level and one star at the 10 per cent level.

TABLE 36: CORRELATES OF PERCEPTIONS OF GOVERNMENT AND PRIVATE PROVISION (EDUCATION)

Private Sector Better:	Qualif	Books	Inform	Complaint	Parents	Discipl	Large	Clever	Difficult	Skills	Choice	Girls	Sixteen	Work
<b>Work:</b>														
occupational prestige	-	.06**	.10***	-	-	.11***	.07***	.12***	-	.06***	-	-	.10***	-
employment	.03*	.07***	.04**	-	-	.09***	-.04*	.06***	-	-	-.04**	-.03*	.05***	-.06***
total annual income	-	.09***	.13***	-	.05*	.11***	-.11***	.14***	-	.09***	-	.08***	.14***	-
union	-	.05**	-.05**	-.06***	-.05**	-	-	.03*	-.05**	-	-	-.04**	-	-.04**
dissatisfaction with education	.12***	.09***	.13***	.07*	.07*	-	-	-	.07**	.09**	.08**	-	.09**	.07**
<b>Personal:</b>														
children	-	-	-.07***	-.04**	-.05***	-.05**	-	-	-	-	-	-	-	.04**
age (young)	-	.10***	.09***	-	-	.06***	-.11***	.10***	-	.04*	-.05**	-	.08***	-.11***
sex (female)	-.03*	-	-	-	-	-	-	-.05***	-	-	-	.06***	-	-
married	-.05***	-.05**	-.04**	-	-	.04*	-	-	.08***	-	-	-	-	.06***
Party Identification (Liberal)	-	-	.03*	-	.08***	.06***	-	-	.07***	.07***	-	.04**	-	-
<b>Attitudes:</b>														
views on spending versus tax cuts (pro)	.05**	.14***	-	-	-	-	-.05**	.06***	-	-	.07***	-.03*	-	-
spending versus tax cuts - soc. services	-	.08***	-	-	-	-.05**	-	-	-.04**	-	.06***	-	-	-
spending versus tax cuts - health care	-	.07***	-	-	-	-.05**	.03*	-	-	-.04*	.03*	-	-	-
spending versus tax cuts - education	.09***	.18***	.04*	-	-	-	-.05**	.08***	-	-	.06***	-.05**	.04**	-.03*
tax/spend and priv. expansion (health)	-	-.09***	-	.04*	-	.07***	.05**	-	-	.07***	-.05**	.04*	-	.04*
tax/spend and priv. expansion (education)	-.06***	-.19***	-	.08***	.07***	.06***	.09***	-.05**	.08***	.04**	-	.11***	-	.09***
tax business, rich, high incomes	-	.10***	-.06***	-.08***	-.08***	-.11***	-.06***	-.03*	-.06***	-.08***	-	-.04**	-.07***	-.07***
tax household, society	-	.07***	-	-	-.05**	-	-.05**	-	-.06***	-	-	-.04**	-	-.05**
expansion of private education	.05**	-.10***	.12***	.15**	.14***	.12***	.13***	.04**	.13***	.14***	.07***	.14***	.09***	.13***
unfairness of private education	.08***	.14***	-.03*	-	-.06***	-.09***	.05***	.08***	-.06***	-	.05***	-	.08***	-
priv/govt sector more important (health)	.05**	-	.08***	.07***	.08***	.13***	-	.04**	.10***	.14***	-	.08***	.07***	.09***
priv/govt sector more important (education)	.07***	.05**	.16***	.19***	.15***	.17***	.05**	.09***	.18***	.21***	.11***	.18***	.14***	.16***
postmaterialism	-.03*	-.08***	-	.05**	-	-	.09***	-.05**	-	-	-.04*	-	-.08***	.07***
<b>Consumption Sector:</b>														
home owner	-	-	-	-	-	-	.05**	-	.05**	-	-	-	-	.05**
private education	.07***	.04*	.13***	.06**	.10***	.09***	-	.06***	-	.06***	-	.09***	.10***	.04*
private pension/super	.04**	.04**	.04*	-	-	.06***	-.03*	.10***	-	-	-	-	.06***	-.04*
private health insurance	-	-	.06***	-	.07***	.14***	-	.06***	.04**	.09***	-	-	.05***	.04**

Note: The entries are Pearson correlation coefficients. Three stars refer to coefficients that are significant at the 1 per cent level, two stars at the 5 per cent level and one star at the 10 per cent level.

It was noted above that there is a consistent pattern of association between consumption location (private health insurance) and perceptions of the superiority of the private sector over the government sector. There is an even stronger association between perceptions of specific aspects of services and general perceptions of the relative importance of the private and government sectors ('priv/govt sector more important'). Those who (in general) see the private sector as more important than the government sector are more likely to perceive the private sector as superior to the government one in relation to specific services. The two exceptions to this trend are perceptions of waiting lists and the number of staff. On both these (resource) issues, the association tends to be weaker. This pattern is repeated (in a weaker form) in the context of views about the relative importance of private and government education.

Opposition to government spending and support for tax cuts correlates with the view that the private sector is better (and vice-versa). This applies to notions of fairness for handling complaints, freedom of choice, the standard of treatment and other issues but not to resource issues (waiting lists and the number of staff). If we take into account attitudes to the trade-off between spending and tax cuts and views on the expansion of the private sector ('tax/spend and priv. expansion' or the 'welfare state' variable) the relationships with perceptions are similar and also stronger than with the previous variable on taxes and spending. In other words, those opposed to the 'welfare state' in health are in general more likely to have a favourable view of the private sector as far as particular aspects of service delivery are concerned. Nonetheless, the relationships tend to be fairly weak.

Those who feel that the rich, those on high incomes and business and industry should be taxed more heavily are slightly more likely to see the private sector as better in relation to freedom of choice, standards, the time doctors have for patients, friendliness of staff, fair procedures for complaints and care for the elderly. Those who are less concerned than others either about the level of taxation in society or about the tax burden on themselves are more likely than those who are more concerned about these issues to perceive the private sector as superior in similar aspects of health care. Once again, however, the relationships are generally fairly weak.

With reference to opinions about the expansion of the private sector, about the fairness of private health provision and about the possibilities for opting out of the government sector, there are consistent associations with perceptions of whether the government or the private sector is better on specific issues. Once again, the exception to this trend pertains to specific concerns about resources (the number of staff and waiting lists), which do not correspond to general beliefs about the fairness and desirability of the private sector.

This finding (which also occurs in relation to views on taxation both of individuals and of specific groups in society) suggests, for most people, a dual pattern of opinions. On issues which more obviously reflect concern with consumer control and quality of services, general beliefs about the state and the market tend to be associated with opinions about specific aspects of health care. Opinions about resource issues are more homogeneous. More significantly, these are the issues that are ranked highest on the scale of areas that need to be improved (see Table 30).

Finally, the relationship between values as measured by a propensity towards 'materialism' (namely a concern with economic growth and traditional values) or 'postmaterialism' (namely a concern with self-fulfilment, greater participation and aesthetic needs, see Inglehart, 1977) and perceptions is generally weak and only arises in relation to perceptions about standards, equality of care, waiting lists and consultation.

Table 36 maps out the correlates of perceptions of education and other factors. The relationships in this table are generally weaker than in the previous one which referred to perceptions of health care. Views about education are more homogeneous than those on health. In relation to objective social circumstances, (high) total annual income and (high) occupational prestige are weakly associated with concerns about information on children's progress at school, meeting the needs of clever pupils, encouraging pupils to stay on at school after the age of 16 and discipline. Those on lower incomes are more concerned about the size of classes (Pearson's  $r = -0.11$ ,  $p < 0.01$ ).

Location in the consumption sector relates far more weakly to perceptions of education than to perceptions of health. This may partly be explained by the fact that the consumption sector variable on private education is based on past experience of the education system, whereas the variable on health care is based on current commitment to private health care. There is, as indicated above, a greater homogeneity of attitudes in relation to education.

Of the various measures of personal circumstances, age again appears to be the most significant. Younger age groups perceive the private sector as superior in the supply of books and equipment, information about a child's progress,

meeting needs of clever and able pupils and retention of children at school after the age of 16. Older people perceive the private sector as superior in preparing pupils for work and in the size of classes.

The experience of satisfaction with the education system (namely, the experience of those who have children of school age) relates to perceptions about resources (the number well-qualified teachers and the supply of books and equipment) and to concerns about information on children's progress. In general, however, the correlations are fairly weak.

Party identification also plays a marginal role and does not influence perceptions of resource issues at all. It does relate weakly to perceptions of keeping parents informed about a child's progress, meeting the needs of children with learning difficulties and teaching basic skills. Union membership is again only weakly associated with perceptions.

The strongest relationships pertain to views on the relative overall importance of government as opposed to private education ('priv/govt sector more important'). This applies especially to perceptions about teaching basic skills, meeting the needs of those with learning difficulties, encouraging girls to do as well as boys, preparing pupils for work and discipline. Perceptions about resource issues (well-qualified teachers, books and equipment and the size of classes) are far weaker than those about consumer control and quality of service.

There is also a weak relationship between views on the trade-off between spending and tax cuts and perceptions. The only exception is the concern about resources in the form of books and equipment, for instance, with reference to views on the trade-off between taxes and spending on education (Pearson's  $r = 0.18$ ,  $p < 0.01$ ). Those who perceive the private sector as superior also tend to be in favour of more spending on government education (see Table 37). This lends further credence to the thesis that support for the private sector does not necessarily imply a decline in support for the government sector. The same relationship emerges if one combines views about taxes and spending with opinions about the expansion of the private sector (in other words, the relationship holds between perceptions of resources and the 'welfare state' in the education variable) (Pearson's  $r = 0.19$ ,  $p < 0.01$ ).

General views on the expansion of private education are correlated with perceptions about education, particularly concerns about consumer control (procedures for complaints, attention to parents' views, information about children's progress), discipline, basic skills, the size of classes, assisting pupils with difficulties and preparing pupils for work. There is an inverse relationship with concerns about books and equipment. Concerns about the unfairness of private education relate most of all to perceptions about resources (books and equipment) and to a lesser extent about the number of well-qualified teachers, discipline, meeting the needs of clever pupils and encouraging pupils to remain at school after 16 years of age.

General views on taxation of individuals and of powerful groups in society (the rich, business and industry) relate less to perceptions of education than to perceptions of health care. Materialism and postmaterialism relates weakly to most aspects of services. Materialists are slightly more inclined than postmaterialists to see the private sector as superior in the supply of books and in retaining children at school beyond the age of 16. Postmaterialists are slightly more likely than materialists to see the private sector as superior in preparing pupils for work and in having classes which are not too large.

Overall the issues that relate most to objective and subjective factors are the provision of books and equipment and discipline. Views on the number of well-qualified teachers are, by contrast, the most homogeneous.

The general pattern of correlates is far weaker in education than health. Clearly, there is much differentiation between sectors of the welfare state. The main division within services appears between resource and other concerns (particularly consumer control in the area of health care), though even these divisions are not particularly strong. We now explore these in more detail.

Factor analysis of the perceived differences in government and private health care does not reveal underlying structures that might easily form the basis for further examination of differences between (grouped) aspects of services (Table 38). The first factor loads on standards of treatment, friendliness of staff, efficiency, complaints procedures, consultation, equality of care, emergency care, day-to-day care and care for the elderly. The second factor loads on freedom of choice, the time GPs have to answer questions, staffing, privacy, efficiency and waiting lists. These findings are strikingly similar to those in the UK study. Above all, they show no clear separation between resource and consumer control issues.

**TABLE 37: PERCEPTIONS ABOUT RESOURCES<sup>(a)</sup> AND SUPPORT FOR THE WELFARE STATE<sup>(b)</sup>****Provision of Books and Equipment**

	Private Sector is Better	Both Equal	Government Sector is Better
More spending (and no tax cuts) on education services	64	42	47
Less spending (and tax cuts) on education services	36	58	53

Notes: (a) Perceptions about books and equipment are derived from the scale in Table 32.  
 (b) Question wording: 'If the government had a choice between reducing taxes and spending more on social services/health/education, which do you think it should do?'

Factor analysis of perceived differences in education does, however, reveal an underlying association between issues of consumer control (concerns about complaints procedures and keeping parents informed) and the general quality of education (teaching basic skills, meeting the needs of pupils with learning difficulties and so on) (Table 39). By contrast, the second factor loads strongly on resource issues, namely the size of classes, the supply of teachers and the provision of books and equipment. Again, there are strong similarities with the analysis carried out in the UK study.

The final stage of this analysis examines the relative impact of different aspects of services on variables that appeared to relate to them, notably views on the trade-off between spending and tax cuts, views on spending and tax cuts combined with opinions about the expansion of the private sector, views on the expansion of the private sector, evaluation of the relative importance of government and private provision and location in the consumption sector (namely, private health cover and so on). This is done through regression equations which consider the impact of all the perceptions of each service. As in the UK study, ordinary least squares regressions were used in order to provide standardised coefficients. These allow for direct comparability within an equation. In addition, the method provides for a measure of 'explanatory power' ( $R^2$ ).

The homogeneity of attitudes emerges clearly in the first two equations which combine, in various ways, views on spending, taxation and the expansion of the private sector as the dependent variables (Table 40). Very little variance (4 per cent and 7 per cent) is explained in these two equations. Perceptions of services relate more strongly to general views on the private sector. This is hardly surprising given that the perceptions pertain to views about the relative superiority of the private over the government sector (and vice-versa). These equations explain 13 per cent and 17 per cent of variance in attitudes. The final equation examines the relationship between perceptions and objective location in the consumption sector. The issue of freedom of choice remains as a significant predictor (beta coefficient = 0.19,  $p < 0.01$ ), whereas concern with the number of staff drops out of the equation.

Of the various measures, perceptions of freedom of choice and of the number of nurses and doctors are the best and most consistent predictors of general views on taxation, spending and the private sector. Perceptions of the perceived superiority of the private sector in enabling freedom of choice are negatively associated with support for the government sector. Perceptions of the perceived superiority of the private sector in having enough hospital doctors and nurses is, however, positively associated with support for government services. Other aspects of service provision are also, to a lesser degree, associated with support for the welfare state. Perceptions of the superiority of the private sector in relation to public consultation and emergency care are related to support for more spending rather than tax cuts. The issues of administrative efficiency, emergency care, standards of treatment and consultations are relevant to

**TABLE 38: PERCEIVED DIFFERENCES IN GOVERNMENT AND PRIVATE HEALTH CARE  
(factor analysis)**

Rotated Factor Matrix			
Aspect of Service	Factor 1	Factor 2	Communality
Offers sufficient freedom of choice	0.33	0.64	0.52
Standards of treatment high	0.57	0.42	0.50
Doctors have time to answer questions	0.49	0.52	0.51
Hospital staff are friendly	0.50	0.39	0.41
Has enough hospital nurses and doctors	0.19	0.67	0.49
Has privacy in hospital	0.25	0.71	0.54
Hospital administration is efficient	0.51	0.52	0.53
Fair complaints procedures	0.66	0.36	0.57
Equal care for all	0.71	0.15	0.52
Good for:			
- Emergency care	0.70	-0.08	0.49
- Day to day care	0.63	0.22	0.46
- Care for elderly	0.64	0.25	0.48
Waiting lists too long	-0.36	0.50	0.38
Adequate consultation	0.63	0.35	0.52
Percentage of Variance Explained	40%	9%	
Eigenvalue	5.6	1.3	



**TABLE 39: PERCEIVED DIFFERENCES IN GOVERNMENT AND PRIVATE EDUCATION  
(factor analysis)**

<b>Rotated Factor Matrix</b>			
<b>Aspect of Service</b>	<b>Factor 1</b>	<b>Factor 2</b>	<b>Communality</b>
Enough teachers	0.38	0.65	0.57
Enough books and equipment	0.23	0.75	0.62
Keeps parents informed	0.66	0.30	0.52
Fair complaints procedures	0.69	0.17	0.51
Pays attention to parents' views	0.71	0.16	0.53
Discipline is adequate	0.62	0.26	0.45
Classes too large	0.17	-0.65	0.45
Meets needs of:			
- Clever and able	0.58	0.38	0.48
- Those with learning difficulties	0.65	0.01	0.43
Teaches basic skills	0.69	0.10	0.49
Provides adequate choice of subject	0.59	0.19	0.38
Encourages girls to do as well as boys	0.63	-0.15	0.42
Encourages staying on after 16	0.67	0.18	0.48
Prepares pupils for work	0.70	0.03	0.50
<b>Percentage of Variance</b>			
Explained	39%	10%	
Eigenvalue	5.44	1.37	

**TABLE 40: ATTITUDES TO THE WELFARE STATE AND PERCEPTIONS OF GOVERNMENT AND PRIVATE HEALTH CARE**

Private Sector seen as superior in:	State Spending Preferred to Tax Cuts	Support Welfare State in Health*	Oppose Expansion of Private Provision	Continuance of State Provision More Important than Private Provision	Private Health Cover
Offers sufficient freedom of choice	-.09***	-.12***	-.14***	-.19***	-.19***
Standards of treatment high		.08**		-.08***	-.06*
Doctors have time to answer questions			-.09***		
Hospital staff are friendly					-.07**
Has enough nurses and doctors	.10***	.12***	.11***	.09***	
Has privacy in hospital		.06*	.05*		
Administration is efficient		-.10***		-.06*	
Fair complaints procedure	.06*				
Equal care for all				-.12***	
Good for: - Emergency care - Day to day care	-.06**	-.09*** -.05*	-.06*	-.10***	.06**
Care for elderly			-.09***		
Waiting lists too long				.08***	.06**
Consultation of public	.08**	.08**			
R <sup>2</sup>	.04	.07	.13	.17	.09

Notes: (1) All coefficients are standardised regression coefficients.  
 (2) Three stars mean significant at one per cent level; two stars at five per cent level; and one star at ten per cent level.  
 \* This measure is based on the one computed in Table 11.

opinions about support for the welfare state (based on views about taxes, spending and the expansion of the private sector). The time doctors have to answer questions and care for the elderly relate to views on the expansion of the private sector. Perceptions about standards of treatment, waiting lists, day-to-day care and equality of care have some impact on perceptions of the relative importance of private and government services.

The overriding impression is of a weak relationship between perceptions of the perceived superiority of services and support for the welfare state (defined in a number of different ways). In addition, the relationship between perceptions and circumstances (defined by membership of a private health scheme) is significant in certain respects, but generally weak.

The analysis of government and private education produced similar results with respect to the amount of variance explained by each equation (Table 41). The main predictors of views on taxation, spending and location in the private sector were perceptions of the provision of books and equipment and, to a lesser degree, the question of discipline. Concern about books and equipment implied support for the government sector, whereas concern about discipline implied support for the private sector.

Other aspects of service provision exert very limited impact on views about taxes and spending. Perceptions of class sizes, complaints procedures, teaching of basic skills and meeting the needs of those with learning difficulties have some impact on support for private expansion. Some of the same factors were also linked to views about the relative importance of state and private provision.

An important difference between these results and similar analysis of attitudes in the United Kingdom is the greater salience of notions of consumer control in health care in Australia. This may be linked to the far more prominent role played by the private sector in Australia. By contrast, resource issues are far more salient (than consumer control) in education in both countries. Overall, the greatest concern for improvements in the government sector was directed towards resources rather than consumer involvement. Again, this is not meant to imply that consumer control is a secondary concern in general.

As suggested by previous analysis, there is only a modest association between social location and perceptions of services. This is further highlighted in Table 42. There is a very weak association between perceptions of the 'need for improvement' and occupational prestige.

With respect to health care the middle groups, particularly the second one, are most likely to be critical on almost every item, particularly over issues like consultation of the public, the time doctors have to answer questions, equality of care for all, the standards of treatment and privacy in hospital. It may well be that these middle groups contain a disproportionate number of respondents who are both less likely to be able to 'exit' from the government sector than the higher groups and are less 'loyal' to it than the lower groups (see Hirschman, 1970; Papadakis and Taylor-Gooby, 1987a). In effect they may be the most frustrated.

This argument applies to perceptions of the need for improvement in government education. The second and middle groups are more likely to be concerned with the preparation of pupils for work, the provision of an adequate choice of subjects, the teaching of basic skills, keeping parents informed and the supply of books and equipment. These results differ from those in the UK study to the extent that the higher occupational groups in Australia are less likely to be concerned than the middle ones about improving the government sector. This may once again be accounted for by institutional and historical factors like the greater prominence of the private sector in Australia.

There are some similarities in perceptions of pensions in both countries, with the lower groups more likely to express concern than others about information on how pension schemes work, the desire for more say and the adequacy of the scheme for widows and widowers (Table 43).

**TABLE 41: ATTITUDES TO WELFARE AND PERCEPTIONS OF GOVERNMENT  
AND PRIVATE EDUCATION**

Private Sector seen as superior in:	State Spending Preferred to Tax Cuts	Support Welfare State in Education*	Oppose Expansion of Private Provision	Continuance of State Provision More Important than Private Provision	Private Education
Enough teachers					
Enough books and equipment	.17***	.23***	.23***	.18***	-.12***
Keeps parents informed					
Fair complaints procedure		-.06*	-.08***	-.09***	
Pays attention to parents' views					
Discipline is adequate	-.12***	-.11***	-.12***	-.13***	.14***
Classes too large		-.05**	-.10***		
Meets needs of:					
- Clever and able		.07**			
- Those with learning difficulties		-.07**	-.08**	-.09***	-.08**
Teaches basic skills			-.08***	-.11**	
Provides adequate choice of subject	.06*				
Encourages girls to do as well as boys				-.07***	
Encourages staying on after 16					.11***
Prepares pupils for work					
R <sup>2</sup>	.05	.10	.14	.14	.05

Notes: (1) All coefficients are standardised regression coefficients.  
 (2) Three stars mean significant at one per cent level; two stars at five per cent level; and one star at ten per cent level.  
 \* This measure is based on the one computed in Table 11.

**TABLE 42: NEED FOR IMPROVEMENT IN SERVICES BY CLASS (OCCUPATIONAL PRESTIGE) \***

(per cent)

Occupational Prestige	High 1	2	3	4	Low 5	Total
Aspect of health service that needs improvement						
The level of freedom of choice	59	71	66	59	55	62
Standards of hospital treatment high	36	40	42	38	33	38
Doctors have time to answer questions	43	51	46	42	37	44
Hospital staff are friendly	15	16	20	19	17	17
Has enough hospital nurses and doctors	70	76	75	70	71	72
Has privacy in hospital	49	55	57	50	49	52
Hospital administration is efficient	42	41	41	38	35	39
Fair complaints procedure	40	44	40	44	40	42
Equal care for all	27	36	33	34	30	32
Good for:						
- Emergency care	36	36	40	41	42	39
- Day to day care	29	37	35	29	35	33
- Care for elderly	47	56	53	47	49	50
Waiting lists too long	78	89	85	82	82	83
Consultation of the public	53	63	65	61	55	59

**TABLE 42: NEED FOR IMPROVEMENT IN SERVICES BY CLASS (OCCUPATIONAL PRESTIGE) \***  
(Continued)

(per cent)

Occupational Prestige	High 1	2	3	4	Low 5	Total
<b>Aspect of education service that needs improvement</b>						
Enough teachers	61	68	69	66	63	66
Enough books and equipment	55	53	59	54	54	55
Keeps parents informed	37	40	42	43	39	40
Fair complaints procedure	26	36	28	31	37	32
Pays attention to parents' views	34	42	43	44	41	41
Discipline is adequate	76	76	73	73	68	73
Classes too large	51	65	58	59	58	58
Meets needs of:						
- Clever and able	50	48	47	42	38	45
- Those with learning difficulties	62	69	66	62	62	64
Teaches basic skills	45	54	47	46	41	47
Provides adequate choice of subject	30	37	37	33	29	33
Encourages girls to do as well as boys	24	27	24	27	23	25
Encourages staying on after 16	39	44	43	41	43	42
Prepares pupils for work	53	61	60	58	54	57

**Note:** \* Class is derived from the index for 'occupational prestige' (see Jones 1989); see also Table 27.

**TABLE 43: PERCEPTIONS OF OLD AGE PENSION SCHEMES, SUPERANNUATION  
AND SOCIAL CLASS**

(per cent)

		Old Age Pensions (a)					Superannuation (b)				
		Occupational Prestige					Occupational Prestige				
		high 1	2	3	4	low 5	high 1	2	3	4	low 5
Want more information on how the scheme works	Yes:	55	61	61	63	68	45	51	43	53	44
	No:	45	39	39	37	32	55	49	57	47	56
Want more say in how the scheme works	Yes:	61	73	74	72	73	45	53	43	58	45
	No:	39	28	26	28	27	55	47	57	42	55
Scheme provides adequately for widows widowers	Yes:	31	32	32	32	33	70	65	64	50	53
	No:	69	68	68	68	68	30	35	36	50	47

**Notes:** (a) All respondents were asked to reply to this question.  
(b) Only respondents eligible for superannuation were asked to reply to this question.

#### 14. PERCEPTIONS OF GOVERNMENT SERVICES, SUPPORT FOR PUBLIC AND PRIVATE WELFARE, CLASS AND CONSUMPTION SECTOR

This section examines the influence of class (measured by occupational prestige) and of consumption location (measured by private health cover and by experience of private education, respectively) on perceptions of areas that need improvement and on support for the government and private sectors. The focus on areas in need of improvement provides a measure of dissatisfaction with government provision.

The UK study showed only a weak association between dissatisfaction and either support for or opposition to government provision. The same applied to the Australian survey. Issues of consumer sovereignty have nonetheless played a more prominent role in the Australian context. The relationship between dissatisfaction with government provision and (1) support for the expansion of the private sector and (2) the desire for more spending (versus tax cuts) on services is very weak. The sample is fairly evenly divided between those who are dissatisfied with specific aspects of the services and the orientation towards the two distinct options for policy: column one in Table 44 and in Table 45 shows that around half the sample appear to link dissatisfaction with various aspects government provision to support for private expansion or for more spending (rather than tax cuts) on services. For instance, 56 per cent of those who are concerned about freedom of choice are also in favour of the expansion of private health care; the same applies to 55 per cent of those who are concerned about standards of hospital treatment and so on (Table 44, Column one). Of those who want more spending rather than tax cuts, 52 per cent are concerned about freedom of choice and 50 per cent about standards of treatment in hospitals (Table 45, Column one).

This pattern is disrupted slightly if we take class (or occupational prestige) into account. For example, those in the highest group (60 per cent) are slightly more likely than those in other groups to be concerned about freedom of choice. By contrast, in relation to standards of hospital treatment, those in the highest group (47 per cent) are less likely than those in the second highest (59 per cent) or those in other groups to express concern. However, the differences between the upper, middle and lower groups are far less striking than in the UK study. Those in the second highest status group are most likely to be concerned about issues like waiting lists, care for the elderly, administration, privacy in hospital and standards of treatment and to link this to views about the expansion of the private sector (Table 44). Those in the highest status group are more likely to be concerned about people being able to see the doctor they want. The lower groups are more likely to be concerned about day-to-day care and the middle group about emergency care, the number of doctors and nurses and adequate consultation. The middle and the lowest status groups are the most likely to link concern about the government sector with the desire for more spending on government services (Table 45). For instance, around 55 per cent of respondents in the middle and the two lowest groups are concerned about emergency care and want more spending, a figure about 10 per cent higher than that for the first (44 per cent) and second highest groups (46 per cent). Similar patterns emergence in relation to issues like day-to-day care, care for the elderly and waiting lists.

The major differences (over all aspects of service provision) emerge between those who either are or are not covered by private health insurance and the desire to expand private provision (Table 44). For example, of those who are covered by private health insurance and want the private sector expanded, 61 per cent are concerned about privacy in hospital, compared to only 38 per cent of those who are not covered by private health insurance. Similarly, those who are covered by private health insurance are much more likely (than those who are not) to be concerned about resources like having enough hospital nurses and doctors (57 per cent and 36 per cent, respectively). The relationship between those who are and those who are not covered by private insurance is reversed if we take into account views on government spending on health services (Table 45). Those not covered by private health insurance are more likely than those who are covered to link negative evaluations of services with the need for more spending by the government. For example, 59 per cent of those who have no private health cover are concerned about equality of care for all compared to 51 per cent of those who are covered by private health insurance. Similarly, in relation to waiting lists there is a gap of 10 per cent (60 per cent and 50 per cent, respectively).

The pattern of dissatisfaction, class and support for or opposition to government spending or private expansion is even less distinct in relation to education and much less consistent (Tables 46 and 47). Overall, only about a third of the sample linked dissatisfaction with various aspects of government provision with encouragement of the private sector to expand. With respect to class, the group at the lower end of the prestige scale tended to be less likely than the other groups to link private sector expansion with dissatisfaction. The most pronounced divisions are between those who experienced either Catholic or private schooling in contrast to those who experienced government schooling. Those



**TABLE 44: SUPPORT FOR THE EXPANSION OF PRIVATE HEALTH CARE, SATISFACTION WITH GOVERNMENT HEALTH CARE AND CLASS/PRIVATE HEALTH COVER**

Per cent who are dissatisfied with aspects of government health care and want the private sector expanded:

Aspect of the Service		Sample	Class: 1	2	3	4	5	Covered by Private Insurance Scheme	Not Covered
The level of freedom of choice	% No.	56 1039	60 166	58 211	52 172	56 189	55 153	61 716	42 270
Standards of hospital treatment high	% No.	55 624	47 99	59 188	54 110	56 123	55 93	60 423	42 172
Doctors have time to answer questions	% No.	51 731	52 121	53 154	53 120	49 134	47 103	58 466	37 229
Hospital staff are friendly	% No.	51 291	45 40	56 46	51 52	51 62	50 46	61 165	36 110
Has enough hospital nurses and doctors	% No.	50 1228	52 195	54 225	53 197	45 227	50 200	57 795	36 374
Has privacy in hospital	% No.	54 867	54 136	59 163	54 150	51 159	54 137	61 585	38 245
Hospital administration is efficient	% No.	50 644	50 117	59 123	50 105	53 122	53 97	59 410	40 203
Fair complaints procedures	% No.	53 695	51 111	52 132	51 105	54 140	53 113	59 443	41 214
Equal care for all	% No.	57 552	55 74	56 104	55 87	59 109	56 83	61 367	51 155
Good for:									
- Emergency care	% No.	53 543	48 101	55 107	54 104	48 132	52 119	56 431	42 185
- Day to day care	% No.	52 842	56 82	63 110	55 89	60 91	61 99	64 367	43 152
- Care for elderly	% No.	52 842	53 130	54 167	51 137	51 151	52 136	59 565	36 234
Waiting lists too long	% No.	52 1415	52 218	57 266	51 220	49 263	50 232	59 923	37 426
Adequate consultation	% No.	52 994	49 147	57 190	56 167	51 196	50 152	58 650	40 292

**TABLE 45: SUPPORT FOR INCREASED STATE SPENDING (VERSUS TAX CUTS), SATISFACTION WITH GOVERNMENT HEALTH CARE AND CLASS/PRIVATE HEALTH COVER**

Per cent who are dissatisfied with aspects of government health care, and want more spending (versus tax cuts):

Aspect of the Service		Sample	Class: 1	2	3	4	5	Covered by Private Insurance Scheme	Not Covered
The level of freedom of choice	% No.	52 1033	44 163	50 209	57 172	53 189	55 158	48 718	60 264
Standards of hospital treatment high	% No.	50 620	43 100	47 119	50 110	55 123	52 93	46 423	56 168
Doctors have time to answer questions	% No.	52 727	46 120	51 153	50 121	60 134	52 104	50 467	57 225
Hospital staff are friendly	% No.	55 289	55 41	55 47	54 52	52 61	43 46	47 166	61 107
Has enough hospital nurses and doctors	% No.	55 1217	46 192	55 226	56 197	57 222	56 201	51 790	61 371
Has privacy in hospital	% No.	53 870	52 137	51 160	55 150	51 160	58 142	49 590	61 245
Hospital administration is efficient	% No.	51 641	48 116	45 124	57 106	53 120	48 99	48 409	56 201
Fair complaints procedures	% No.	54 689	52 108	52 131	57 105	50 141	57 115	51 442	58 211
Equal care for all	% No.	55 548	48 75	49 103	59 87	60 108	53 87	51 368	59 152
Good for:									
- Emergency care	% No.	51 653	44 102	46 108	54 103	55 129	55 121	48 432	57 184
- Day to day care	% No.	53 542	53 82	46 110	50 90	55 92	57 100	49 368	61 150
- Care for elderly	% No.	52 838	48 129	48 166	56 138	53 150	57 139	50 568	57 228
Waiting lists too long	% No.	54 1410	48 215	52 165	55 222	54 260	58 236	50 923	60 422
Adequate consultation	% No.	55 989	49 145	53 188	57 167	56 195	57 156	53 650	59 290

**TABLE 46: SUPPORT FOR THE EXPANSION OF PRIVATE EDUCATION, SATISFACTION WITH STATE EDUCATION AND CLASS**

Percentage of those who are dissatisfied with aspects of state education and want the private sector expanded:

Aspect of the Service		Sample	Class: 1	2	3	4	5	Government Schooling	Catholic Schooling	Private Schooling
Enough teachers	%	30	28	35	29	35	25	26	44	44
	No.	1097	170	197	174	210	173	748	161	85
Enough books and equipment	%	27	29	29	26	32	20	23	45	42
	No.	892	152	153	147	171	146	631	117	66
Keep parents informed	%	35	42	37	30	37	31	28	51	47
	No.	656	103	115	105	135	106	411	121	64
Fair complaints procedure	%	36	52	30	32	42	28	28	53	56
	No.	516	71	104	69	96	100	313	97	56
Pays attention to parents' views	%	36	44	36	32	40	29	30	52	54
	No.	666	94	124	104	137	113	441	111	65
Discipline is adequate	%	32	34	37	29	35	25	27	46	52
	No.	1189	210	216	184	234	183	779	203	103
Classes too large	%	29	24	37	26	34	22	25	38	47
	No.	948	143	189	144	188	156	643	136	85
Meets the needs of:										
- Clever and able	%	36	32	36	38	40	25	29	46	50
	No.	725	138	136	116	134	102	484	117	65
- Those with learning difficulties	%	31	32	34	28	38	24	26	46	48
	No.	1057	173	195	163	199	168	721	157	86
Teaches basic skills	%	34	38	39	26	39	27	29	51	49
	No.	755	124	154	118	145	109	561	120	67
Provides adequate choice of subject	%	30	37	37	26	30	23	26	44	54
	No.	541	82	105	93	105	80	377	76	41
Encourages girls to do as well as boys	%	34	36	38	29	44	29	30	46	41
	No.	423	67	80	61	86	62	277	64	42
Encourages staying on after 16	%	33	35	36	28	41	27	28	49	50
	No.	694	109	127	104	133	121	446	115	67
Prepares pupils for work	%	33	38	38	29	38	23	27	50	52
	No.	933	146	176	149	185	150	640	141	72

**TABLE 47: SUPPORT FOR INCREASED STATE SPENDING (VERSUS TAX CUTS), SATISFACTION WITH STATE EDUCATION AND CLASS**

Per cent who are dissatisfied with aspects of state education and want more spending (versus tax cuts):

Aspect of the Service		Sample	Class: 1	2	3	4	5	Government Schooling	Catholic Schooling	Private Schooling
Enough teachers	%	60	60	56	63	62	62	62	55	55
	No.	1100	169	198	177	209	175	753	155	85
Enough books and equipment	%	64	67	60	69	63	63	65	60	63
	No.	890	151	153	150	169	148	632	113	64
Keep parents informed	%	59	59	56	61	60	62	61	55	51
	No.	657	103	115	109	134	106	412	118	64
Fair complaints procedure	%	57	61	58	59	56	56	58	59	43
	No.	521	71	105	72	95	101	315	97	56
Pays attention to parents' views	%	57	58	58	56	60	56	59	52	45
	No.	667	94	124	109	135	112	443	109	65
Discipline is adequate	%	55	53	53	58	56	56	55	52	49
	No.	1194	209	220	188	232	186	787	198	101
Classes too large	%	61	63	60	62	63	61	62	61	49
	No.	951	139	191	149	185	157	648	131	83
Meets the needs of:										
- Clever and able	%	60	62	58	65	57	59	62	57	54
	No.	729	137	139	120	132	104	491	112	65
- Those with learning difficulties	%	58	61	51	61	59	61	60	54	48
	No.	1064	172	200	168	196	170	728	155	84
Teaches basic skills	%	56	52	50	65	62	54	56	60	48
	No.	761	124	157	121	145	113	505	120	67
Provides adequate choice of subject	%	61	60	52	70	70	51	62	52	48
	No.	545	82	107	95	106	80	379	75	41
Encourages girls to do as well as boys	%	60	65	60	65	58	51	61	57	62
	No.	422	67	80	62	85	62	227	63	42
Encourages staying on after 16	%	58	56	59	61	60	58	60	58	46
	No.	695	109	128	109	130	120	448	112	67
Prepares pupils for work	%	56	52	51	62	58	56	56	54	46
	No.	942	146	179	154	187	149	645	142	72

who attended private and Catholic schools are much more likely to link the wish for expansion of the private sector with concern about most aspects of the government sector (Table 46). With respect to occupational prestige, there are no consistent patterns between views on spending and perceptions of aspects of the education system. On some aspects, the third and fourth groups are more likely to be concerned than others, for instance with respect to the choice of subjects and the teaching of basic skills. The differences between those who attended either government schools or Catholic or private schools are less pronounced when it comes to linking dissatisfaction with government services with the desire for more spending on them (Table 47). On the whole those who attended government schools and are dissatisfied with government provision are more likely to want more state spending. For instance, only 23 per cent of those who had had government schooling were concerned about the lack of books and equipment, compared to 45 per cent of those who had been to Catholic schools and 44 per cent of those who had attended private schools. Similarly, 28 per cent of those who had been to government schools were concerned about the need to keep parents informed, by contrast to 51 per cent and 47 per cent among those who had attended Catholic and private schools, respectively.

Several points emerge from this analysis. There is no straightforward connection between dissatisfaction with particular aspects of services and either the unwillingness to pay taxes for services or the desire for expansion of the private sector. Secondly, social location defined by occupational status shows a modest relationship to perceptions of the need for improvement of services. Thirdly, social location derived by position in the consumption sector (private health cover or the experience of private or Catholic education) does appear to play a more significant role. The effects are similar in both health and education. The most striking contrast is between the experience of private or Catholic education and the experience of government education in relation to dissatisfaction with government services and the desire for the expansion of the private sector. It should be emphasised that the items used to tap educational experience are more likely to relate to direct experience in the distant past, whereas the items on health care relate to current experience of private health care. Yet, the links to dissatisfaction with government services appear to be more significant in the case of education than health. These two sets of experiences (in relation to health and education) are of a different nature and cannot therefore be easily compared.

The next stage of the analysis identifies similarities and differences between perceptions of the need for improvement in services and the perceived differences between private and government provision. This is done by factor analysis.

Perceptions of the need for improvement in services (Tables 48 and 49) follow a similar pattern to perceived differences of public and private provision (Tables 38 and 39). There are, however, some important distinctions. The first factor in Table 48 (which loads on freedom of choice, enough doctors and nurses, privacy, waiting lists, consultation and care for the elderly) explains three times more of the variance than it did in Table 38. The second factor (which loads on standards, friendliness of staff, efficiency, complaints procedures and equality of care), explains four times less of the variance. The picture for education is slightly more complex. The first factor in Table 39 has split into two factors in Table 49. The first revolves around information, complaints, parents' views, discipline and basic skills, the second around choice of subject, encouragement of girls and retention of 16 year olds. The amount of variance explained is almost identical. The second factor in Table 39 (teachers, books and equipment and class size) is repeated in Table 49 and explains the same amount of variance.

One of the most striking aspects of these results is the similarity between Australia and the UK in the grouping of different factors. Despite important differences in institutional structures, respondents in both countries may, at a general level, have similar concerns about state and private welfare.

Institutional structures are, however, highly significant in shaping the strength and coherence of these perceptions. This can be shown by comparing the first factor in Table 38 and the first one in Table 48 with the comparable factors in the UK study (see Taylor-Gooby and Papadakis, 1985a). The analysis of Australian attitudes explains far less variance than the comparable factors in the UK study. By contrast, the patterns for education are more similar in both countries. The 'consistency' of underlying structures of attitudes can partly be ascertained by comparing the factor analyses of perceived differences of opinion about state and private welfare and of views on the improvement of services. In both health and education Australian respondents were more 'consistent' than those from the UK. In broad terms, however, the pattern of views about government services and of the perceived superiority of one over the other is similar in both countries, despite the institutional differences.

The differences between the two countries are more marked in the relationship between class and perceptions. As in the UK study, indices were constructed on the basis of the factors reported in Tables 48 and 49. These were then

**TABLE 48: IMPROVEMENTS DESIRED IN GOVERNMENT HEALTH CARE**  
(factor analysis)

<b>Rotated Factor Matrix</b>			
<b>Aspect of Service</b>	<b>Factor 1</b>	<b>Factor 2</b>	<b>Communality</b>
Offers sufficient freedom of choice	0.65	0.19	0.45
Standards of hospital treatment high	0.23	0.65	0.48
Doctors have time to answer questions	0.37	0.39	0.28
Hospital staff are friendly	-0.11	0.71	0.52
Has enough hospital nurses and doctors	0.60	0.16	0.39
Has privacy in hospital	0.56	0.20	0.36
Hospital administration is efficient	0.23	0.63	0.44
Fair complaints procedure	0.32	0.60	0.47
Equal care for all	0.30	0.54	0.38
Good for:			
- Emergency care	0.35	0.36	0.25
- Day to day care	0.41	0.38	0.31
- Care for elderly	0.51	0.36	0.39
Waiting lists too long	0.77	0.04	0.59
Adequate consultation	0.67	0.22	0.50
<hr/>			
<b>Percentage of Variance</b>			
<b>Explained</b>	<b>33%</b>	<b>9%</b>	
<b>Eigenvalue</b>	<b>4.6</b>	<b>1.2</b>	
<hr/>			
<b>Pearson Correlations</b>			
<b>Social Class</b>			
<b>Correlation:</b>	<b>0.002</b>	<b>0.004</b>	
<b>P</b>	<b>0.447</b>	<b>0.444</b>	
<b>Expansion of Private Health Care:</b>			
<b>Correlation:</b>	<b>-0.094</b>	<b>-0.118</b>	
<b>P</b>	<b>0.000</b>	<b>0.000</b>	
<b>State Spending as against tax cuts:</b>			
<b>Correlation:</b>	<b>-0.001</b>	<b>-0.007</b>	
<b>P</b>	<b>0.481</b>	<b>0.378</b>	

**TABLE 49: IMPROVEMENTS DESIRED IN GOVERNMENT EDUCATION**  
(factor analysis)

Rotated Factor Matrix				
Aspect of Service	Factor 1	Factor 2	Factor 3	Communality
Enough teachers	0.21	0.71	0.06	0.56
Enough books and equipment	0.08	0.67	0.25	0.52
Keeps parents informed	0.71	0.08	0.26	.58
Fair complaints procedure	0.71	-0.00	0.30	.59
Pays attention to parents' views	0.72	0.06	0.28	.59
Discipline is adequate	0.61	0.36	-0.29	.58
Classes too large	0.00	0.72	0.16	.55
Meets needs of:				
- Clever and able	0.24	0.45	0.37	.40
- Those with learning difficulties	0.38	0.51	0.22	.45
Teaches basic skills	0.57	0.26	0.06	.40
Provides adequate choice of subject	0.13	0.34	0.59	.48
Encourages girls to do as well as boys	0.17	0.12	0.77	.63
Encourages staying on after 16	0.31	0.25	0.55	.46
Prepares pupils for work	0.49	0.37	0.18	.41
Percentage of Variance				
Explained	34%	10%	8%	
Eigenvalue	4.8	1.4	1.1	
Pearson Correlations				
Social Class				
Correlation:	0.001	0.018	0.005	
P	0.485	0.250	0.418	
Expansion of Private Education:				
Correlation:	-0.089	0.098	0.008	
P	0.000	0.000	0.373	
State Spending as against tax cuts:				
Correlation:	-0.041	0.184	0.087	
P	0.044	0.000	0.000	

correlated with various other measures. (The results are given in the lower portion of Tables 48 and 49.) Whereas class was associated with perceptions of the need for improvement in the UK, such an association was not apparent in Australia. This confirms the finding reported earlier of a much weaker relationship between class (occupational status) and perceptions of services in Australia. There was some association on most indices with expansion of the private sector, whilst views on state spending versus tax cuts played no role in relation to health but a significant role in education.

The next step in the analysis was to examine the relationship between perceptions of areas that needed to be improved and the numerous objective and subjective factors considered so far (Tables 50 and 51). The results were also compared to the correlates of perceived differences between public and private sectors (Tables 35 and 36). There are broad similarities between correlates of perceived differences between sectors and of support for improvements of particular aspects of government services. I will only draw attention to some of the important differences.

In relation to health care the associations between specific aspects of services and other factors are generally weaker in Table 50 than in Table 35. This applies especially to those variables that tap into opinions about the private sector and about the trade-off between government spending and taxes. Most of the relationships are not even statistically significant, the exceptions being views about freedom of choice (Pearson's  $r = 0.07$ ,  $p < 0.01$ ) and hospital standards (Pearson's  $r = 0.08$ ,  $p < 0.01$ ). The most significant correlates of views about the expansion of private health care are concerns about freedom of choice (Pearson's  $r = 0.13$ ,  $p < 0.01$ ), privacy (Pearson's  $r = 0.10$ ,  $p < 0.01$ ), standards of treatment (Pearson's  $r = 0.08$ ,  $p < 0.01$ ), equality of care (Pearson's  $r = 0.10$ ,  $p < 0.01$ ) and day-to-day care (Pearson's  $r = 0.08$ ,  $p < 0.01$ ). Private health insurance and party identification also play a considerably weaker role in relation to perceptions of the need for improvement in services than in views about the perceived superiority of the private over the government sector. The most significant correlates of private health insurance coverage are the concerns about freedom of choice, privacy and care for the elderly. Party identification only relates (weakly) to concern about the number of doctors and nurses. Objective social circumstances relate weakly to perceptions. Total annual income is significant in relation to concerns about privacy, choice, complaints procedures and the time doctors have to answer questions. The association with union membership is not statistically significant.

The shift in focus from a comparison between public and private provision to a straightforward concern with the improvement of government services has shown that there is far less variance between occupational categories, location in the consumption sector, political allegiances and various attitudinal measures in relation to concerns about improvement in government services than views about the perceived superiority of state and private provision.

The major difference between the two tables is the much greater salience in Table 50 of experiences of dissatisfaction with hospitals or consultants and concerns about standards of treatment (Pearson's  $r = 0.30$ ,  $p < 0.01$ ), equality of care (Pearson's  $r = 0.21$ ,  $p < 0.01$ ), the time doctors have to answer questions (Pearson's  $r = 0.23$ ,  $p < 0.01$ ), the fairness of complaints procedures (Pearson's  $r = 0.17$ ,  $p < 0.01$ ) and so on. Dissatisfaction with the kind of health care received from general practitioners is, not surprisingly, associated with views on the time GPs have to talk and answer questions. There are weaker associations with views on standards of hospital treatment, friendliness of hospital staff, procedures for handling complaints, emergency care and day-to-day care.

Personal circumstances do relate to many issues. Younger age groups are concerned with both resources and the quality of services. Women tend to be a little more concerned than men about equality of care, choice and privacy.

The weaker relationship between specific concerns and views about the private sector, government spending and consumption sector is apparent if we compare the regression models in Tables 40 and 52. The models in Table 52 explain far less variance than those in Table 40 even though similar issues emerge as significant in both sets of equations. Views on freedom of choice are, not surprisingly, significantly associated with private health cover and with evaluations about the private sector. Concern about the number of doctors and nurses relates to views on taxes and spending and the expansion of the private sector. Only a small amount of variance is explained when we introduce satisfaction with GPs and with consultants and hospitals as dependent variables. Concern about the time doctors have to talk and answer questions is related significantly to satisfaction with treatment by general practitioners; concern about standards of treatment is related significantly to satisfaction with treatment by consultants and in hospitals.



**TABLE 50: CORRELATES OF PERCEPTIONS OF NEED FOR IMPROVEMENT IN GOVERNMENT SERVICE (HEALTH)**

Government Sector Needs Improvement:	Choice	Standard	GP Time	Friendly	Enough	Privacy	Admin	Fair	Equal	Emergency	Day-to	Elderly	Waiting	Consult
<b>Work:</b>														
occupational prestige	.04*	-	.05**	-	-	-	.06**	-	-	-.05**	-	-	-	-
employment	-	.03*	.04**	-	-	-	-	-	.05**	.06***	.05**	-	.04*	-
total annual income	.08***	.05*	.08***	.07**	.07**	.10***	-	.08***	.09***	-	.07**	-	-	-
union	-	-	-	-	.03*	-	-.03*	-	-	-	.04**	.03*	-	-
dissatisfaction with GP	.04**	.13***	.23***	.12***	-	-	.08***	.11***	.96***	.10***	.12***	.06***	.04**	.04**
dissatisfaction with hospital/consultants	.13***	.30***	.20***	.18***	.10***	.14***	.15***	.17***	.21***	.13***	.18***	.15***	.10***	.12***
<b>Personal:</b>														
children	.06***	.06***	.05**	-	.08***	.05***	-	.03**	.06***	.08***	.03*	.05***	.07***	.07***
age (young)	.07**	.11***	.16***	.09***	.13***	.09***	.10***	.06***	.07***	.09***	.11***	-	.09***	-
sex (female)	.06***	.05**	-	.04**	.05**	.06***	-.04**	-	.08***	-	-	.03*	-	.05**
married	.06***	-	-	-.04*	-	.06***	.04*	.05**	.05**	-	-	-	.06***	.06***
<b>Party Identification (Labor)</b>	-	-	-	-	.06***	-	-	-	-	.04*	-	-	-	-
<b>Attitudes:</b>														
view son spending versus tax cuts (for spending)	-.04*	-.05**	-	-	.07***	-	-.03*	-	-	-	-	-	-	-
spending versus tax cuts - soc. services	-.06***	-.04**	-	-	.04*	-	-.04*	-	-	-	-	-	-	-
spending versus tax cuts - health care	-	-.05**	-	-	.05**	-	-	-	-	-.03*	-	-	-	.04*
spending versus tax cuts - education	-	-	-	-	.07***	.05**	-	.05**	-	-	-	-	-	.03*
tax/spend and priv.expansion (health)	.07***	.08***	-	-	-.06***	.03*	.03*	-	-	-	-	-	-	.03*
tax/spend and priv. expansion (education)	.04*	.05**	-	-	-.07***	-	-	-.04*	-	.04*	.06***	-	-	-
tax business, rich, high incomes	-.06***	-	.04*	-	.03*	-	-	-	-	-	-	-	-	.04**
tax household, society	.15***	.11***	.09***	.07***	-	.09***	.07***	.11***	.12***	.08***	.13***	.11***	.11***	.11***
expansion of private health care	.13***	.08***	.04*	-	-	.10***	.04*	.03*	.10***	-	.08***	.03*	.07***	.03*
unfairness of private health care	-.12***	-.03*	-.04**	.03*	-	-.09***	-	-	-.03*	-.03*	-	-	.06***	-
opt out of Medicare	-.14***	-.11***	-.03*	-.07***	-	-.12***	-.08***	-.05**	-.10***	-.04*	-.06***	-.07***	.08***	-.05**
govt/priv sector more important (health)	.23***	.18***	.08***	-	.07***	.14***	.08***	.09***	.13***	.09***	.11***	.12***	.10***	.10***
govt/priv sector more important (education)	.15***	.11***	.09***	.03*	-	.10***	.08***	.04**	.08***	.08***	.09***	.07***	.04*	.03*
materialism	-	-	.04*	.06***	.04*	-	.03*	-	-	-	-	-	-	-
<b>Consumption Sector:</b>														
home owner	-	-	-	-.07***	-	-	-	-	-	-	-	-	-.03*	-
private education	.09***	.05**	.06***	-	-	.07***	.07***	-	-	-	-	-	-.05	-
private pension/super	-	-	.04**	-	-	-	-	-	-	-	-	-	.03*	-
private health insurance	.16***	.07***	-	-.05**	.04**	.09***	-	.03*	.06***	.03*	.06***	.09***	.06***	.06***

**Note:** The entries are Pearson correlation coefficients. Three stars refer to coefficients that are significant at the 1 per cent level, two stars at the 5 per cent level and one star at the 10 per cent level. For further explanation, see notes to Tables 35 and 36 on pages 60 and 61.

TABLE 51: CORRELATES OF PERCEPTIONS OF NEED FOR IMPROVEMENT IN GOVERNMENT SERVICE (EDUCATION)

Government Sector Needs Improvement:	Qualif	Books	Inform	Complaint	Parents	Discipl	Large	Clever	Difficult	Skills	Choice	Girls	Sixteen	Work
<b>Work:</b>														
occupational prestige	-	-	-	-.05**	-.04*	.06***	-	.08***	-	.04**	-	-	-	-
employment	-	-	-.03*	-	-	-.04**	-	-.04*	-	-	.04*	-.05**	-	-
total annual income	-	-	-	-	-	-	.06**	.13***	.06**	-	-	.09***	.07**	-
union	-	-.04*	-	.03*	-	-	-.07***	-	-	-	-	-	-	-
dissatisfaction with education	.18***	.11***	.17***	.17***	.18***	.15***	.10***	.07*	.15***	.22***	.18***	.15***	.16***	.14***
<b>Personal:</b>														
children	.04**	.08***	-	-	-	-.04**	.04**	.03*	.04**	-	-	-	-	-
age (young)	.08***	.12***	.11***	.08***	.07***	-	.18***	.09***	.10***	-	.10***	-	.10***	.07***
sex (female)	-	.04*	-	-	-	-	.08***	-	-	-	.04*	.08***	-	-
married	.05***	.04*	-	-	-	.06***	-	-	.04*	-	-	-	-	-
Party Identification (Labor)	-	.08***	-	-	-.04*	-.08***	.04*	-	-	-	.07***	.09***	-	-
<b>Attitudes:</b>														
views on spending versus tax cuts (for spending)	.09***	.17***	.04**	-	-	-	.08***	.04*	.07***	-	.07***	.04**	.04**	-
spending versus tax cuts - soc. services	.04**	.11***	-	-	-	-	.04*	-	.03*	-	.07***	.05**	-	-
spending versus tax cuts - health care	.05***	.12***	-	-	-	.05**	.04*	-	.03*	-	-	-	-	-
spending versus tax cuts - education	.12***	.19***	.05**	-	-	-	.13***	.09***	.07***	-	.07***	.05**	.05**	-
tax/spend and priv. expansion (health)	.06***	.15***	-	-	-	-.06***	.06***	-	.05**	-	.05***	.04*	-	-
tax/spend and priv. expansion (education)	.10***	.21***	-	-	-	-.04*	.13***	.06***	.06***	-	.07***	-	-	-
tax business, rich, high incomes	.06***	.15***	-	-	-	-.05**	.07***	-	-	-	.07***	.10***	.03*	-
tax household, society	-	-	.04**	.04*	.06***	.06***	-	-	-	.03*	-	-	-	.04*
expansion of private education	-	-.13***	.06***	.07***	.05***	.05**	-.08***	.04**	-	.05*	-.04	-	-.04*	-.03*
unfairness of private education	.09	.14***	-	.03*	-	-.05**	.09***	.08***	.06***	.04**	.07***	.11***	.07***	.03*
govt/priv sector more important (health)	-	.06***	-	-	-	-.08***	-	-.03*	-.03*	-.10***	-	-	-	-.08***
govt/priv sector more important (education)	-	.09***	-.10***	-.10***	-.07***	-.08***	-	-.06***	-.05**	-.09***	-	-.04**	-.06***	-.05***
postmaterialism	.05**	.10***	-	-	-	-.10***	.11***	.10***	.03*	-	.09***	.10***	.07***	-.05**
<b>Consumption Sector:</b>														
home owner	-	-.07***	-.06***	-.04**	-	-	-.05***	-	-	-	-.04**	-	-.05**	-.04*
private education	-.04**	-.07***	.08***	.10***	.05**	.05**	-	-	-	-	-.04*	-	.06***	-
private pension/super	-	-	-	-	-	.06***	.05**	.05**	-	-	-	-	-	-
private health insurance	-	-.05***	-	-	-	.06***	-	-	-	-	-	-	-	-

Note: The entries are Pearson correlation coefficients. Three stars refer to coefficients that are significant at the 1 per cent level, two stars at the 5 per cent level and one star at the 10 per cent level. For further explanation, see notes to Tables 35 and 36 on pages 60 and 61.

**TABLE 52: ATTITUDES TO WELFARE AND PERCEPTIONS OF NEED FOR IMPROVEMENT OF GOVERNMENT HEALTH CARE**

Areas in need of improvement:	State Spending Preferred to Tax Cuts	Support Welfare State in Health*	Oppose Expansion of Private Provision	Continuance of State Provision More Important than Private Provision	Private Health Cover (none)	Satisfaction with GPs	Satisfaction with Hospitals and Consultants
Offers sufficient freedom of choice	-.06**		-.11***	-.18***	-.15***		
Standards of hospital treatment high		-.09**	-.07***	-.12***		.05*	.21***
Doctors have time to answer questions						.22***	.09***
Hospital staff are friendly				.07***	.09**	.06***	.06**
Has enough hospital nurses and doctors	.11***	.10***	.08***			-.06**	
Has privacy in hospital			-.05*				
Hospital administration is efficient							
Fair complaints procedures							
Equal care for all			-.09***	-.05***			.08***
Good for:							
- Emergency care						.05**	
- Day to day care			-.06**			.06**	.06**
- Care for elderly							
Waiting lists too long							
Consultation of public		.07*					
R <sup>2</sup>	.02	.02	.04	.08	.04	.07	.12

Notes: (1) All coefficients are standardised regression coefficients.  
 (2) Three stars mean significant at one per cent level; two stars at five per cent level; and one star at ten per cent level.  
 \* This measure is based on the one computed in Table 11.

The pattern for education is similar in some respects and different in others. The correlates of perceived differences in public and private provision were earlier described as weak (Table 36). With respect to perceptions of the need for improvement of education services, most of these correlates have remained weak (Table 51). Dissatisfaction with education is much more closely associated with views about improvement of services than with views about perceived differences between public and private sectors. This applies as much to concerns about resources as to consumer control and quality of services. For instance, there is a marked association between dissatisfaction with schools and perceptions of the need for more well-qualified teachers (Pearson's  $r = 0.18$ ,  $p < 0.01$ ), for fair procedures for handling complaints (Pearson's  $r = 0.17$ ,  $p < 0.01$ ) and for teaching basic skills (Pearson's  $r = 0.22$ ,  $p < 0.01$ ). Younger age groups also tend to be much more concerned about improvement of services than about perceived differences between sectors. They are concerned about the size of classes (Pearson's  $r = 0.18$ ,  $p < 0.01$ ) and to a lesser extent, about books and equipment, keeping parents informed about the progress of a child, meeting the needs of those with learning difficulties, choice of subjects and retention beyond the age of sixteen. The presence of dependent children, marital status and sex tend only to be associated with one or two aspects of concerns about government schooling. Sex is associated with concerns about girls being encouraged to do as well as boys (Pearson's  $r = 0.08$ ,  $p < 0.01$ ) and with class sizes (Pearson's  $r = 0.08$ ,  $p < 0.01$ ). The associations between views about the need for improvement and objective social circumstances and trade union membership are generally very weak.

The associations with party identification are generally weak, although Labor supporters are more concerned with resources (books), choice of subjects and encouragement of girls to do as well as boys, whereas Liberals are more likely to be concerned with discipline.

Views on tax cuts and spending are associated with concerns about resources (books and equipment, the number of qualified staff and the size of classes), but with little else. Those who believe the private sector is more important than the government sector are less likely to be concerned with resources than with discipline and aspects of consumer control (information about a child's progress, complaints procedures, attention to parents' views) and to the quality of provision (teaching basic skills, encouraging pupils to stay on after the age of 16 and meeting the needs of clever and able pupils). Similarly, the experience of private education has an inverse relationship with a concern about resources and a weak positive relationship with some aspects of consumer control and quality of provision.

Regression equations confirm the previous finding of a weaker relationship in the area of education than in health care between specific concerns and views about the private sector, government spending and consumption sector (Tables 53 and 41). Resources and discipline emerge consistently as the most salient issues.

In certain respects the analysis so far has revealed a structure of attitudes strikingly similar to that of the UK study. These include:

- (1) the perception that the private sector is superior to the government sector on every dimension measured by the surveys;
- (2) the pertinence of this pattern to both resource issues and to concerns about consumer sovereignty and participation;
- (3) the lack of any connection between policy options (for instance, more government spending and expansion of the private sector) and dissatisfaction with services;
- (4) the consistent association between social location as measured by consumption sector and dissatisfaction; and
- (5) the similarities in the grouping of different aspects of services and the consistency in this grouping in relation
  - (a) to perceived differences between the public and private sectors and
  - (b) to the need for improvement of government services.

It is important to note that location in the private sector is far more widespread in Australia. This may help to explain why the association between consumption location and dissatisfaction is more significant in the Australian context.

**TABLE 53: ATTITUDES TO WELFARE AND PERCEPTIONS OF NEED FOR IMPROVEMENT OF GOVERNMENT EDUCATION**

Areas in need of improvement:	State Spending Preferred to Tax Cuts	Support Welfare State in Education*	Oppose Expansion of Private Provision	Continuance of State Provision More Important than Private Provision	Private Education (none)	Satisfaction with government schools
Enough teachers						.09**
Enough books and equipment	.17***	.20***	.17***	.15***	.09***	
Keeps parents informed				-.06*	-.07**	
Fair complaints procedure			-.05*	-.09***		
Pays attention to parents' views						
Discipline is adequate	-.04*	-.05*	-.05*	-.04*	-.05**	
Classes too large		.07**	.05*			
Meets needs of:						
- Clever and able			-.06*	-.04*		-.08*
- Those with learning difficulties						
Teaches basic skills				-.05*		.11**
Provides adequate choice of subject					.06*	.08*
Encourages girls to do as well as boys						
Encourages staying on after 16					-.07***	
Prepares pupils for work					.07***	
R <sup>2</sup>	.04	.06	.05	.04	.03	.10

Notes: (1) All coefficients are standardised regression coefficients.  
 (2) Three stars mean significant at one per cent level; two stars at five per cent level; and one star at ten per cent level.  
 \* This measure is based on the one computed in Table 9.

There are several other important differences between the two surveys. In relation to Australia these include

- (1) the weight attached to issues of consumer sovereignty,
- (2) the divisions between the highest and the middle occupational group, with the latter more likely to express dissatisfaction with services and to connect this with a preference for the expansion of the private sector, and
- (3) the overall weakness of the divisions between social (occupational) groups.

Explanations for these similarities and differences are explored elsewhere. The comparability of the data will allow for a more rigorous testing of a range of hypotheses about the relative importance of public and societal factors and of government and institutions in public policy formation.

## 15. EXPERIENCE OF SERVICES, SATISFACTION AND DISSATISFACTION

This section of the analysis is devoted to measures of satisfaction with statutory provision based on actual or mediated experience. In relation to health care nearly all respondents (97 per cent) indicated that either they themselves or someone in their household had visited a doctor or general practitioner in the last four years and 63 per cent had visited a specialist or been admitted to hospital through the government health care system in the last four years. Twenty-eight per cent had children that went to school. The majority (21 per cent) went to government schools and the remainder to Catholic (5 per cent) and other private schools (2 per cent). Thirty-seven per cent worked for employers with a superannuation scheme (although only 27 per cent were actual members).

In relation to general levels of satisfaction with health and education services, the majority were either very or fairly satisfied (Table 54). There is far less satisfaction with both occupational and state pensions. A substantial minority (40 per cent) are either not very or not at all satisfied with the government old age pension scheme, even though most people (86 per cent) felt that it was important that the scheme should continue.

One reason for examining experiences is that people themselves attach weight to their own experience of a service in making judgements about it (Table 55). For instance, 68 per cent of respondents felt that their own experiences had influenced their views about Medicare and government hospitals and 62 per cent felt that their own experiences had had the greatest influence on their opinions. Similarly, social researchers like Saunders and Harris (1988) attach great importance to experience of services. It should be emphasised, however, that general questions about satisfaction and experiences only provide a rough guide to the relationship between experiences and perceptions of services. Qualitative interviews of experiences and perceptions of services tend to reveal a different (and more differentiated) structure of preferences (Papadakis and Taylor-Gooby, 1987a).

The first step in exploring possible sources of dissatisfaction based on experiences was to crosstabulate perceptions of aspects of services that needed improvement with general expressions of satisfaction or dissatisfaction in relation to GPs, hospitals, schools and pensions. As shown in Table 50, on most aspects of health care there is a statistically significant association between perceptions of the need for improvement and dissatisfaction with services. This applies especially to services from hospitals and consultants. The associations are generally not very strong, but they are significant. The same applies to the connection between the need for improvement of various aspects of education and dissatisfaction with government schools (Table 51). A more powerful association emerges between perceptions of how government old age pensions schemes are run and satisfaction with them in general (Table 56). The strongest association was between dissatisfaction and a concern about the level of pensions (Pearson's  $r = 0.35$ ,  $p < 0.0000$ ). Of those who were fairly dissatisfied or very dissatisfied 82 per cent and 88 per cent, respectively, felt that government schemes did not provide adequately for widows and widowers.

The correlates of satisfaction with services are presented in Table 57. There is a modest but statistically significant association between satisfaction with different services. For example satisfaction with education is associated with satisfaction with GPs (Pearson's  $r = 0.19$ ,  $p < 0.01$ ), with hospitals and consultants (Pearson's  $r = 0.21$ ,  $p < 0.01$ ) and with old age pensions (Pearson's  $r = 0.08$ ,  $p < 0.01$ ). This implies some consistency across service areas. In relation to health care the older age groups are far more likely to express satisfaction with services than younger age groups (Pearson's  $r = 0.19$ ,  $p < 0.01$ ; Pearson's  $r = 0.21$ ,  $p < 0.01$ ). Females and married people are also more likely than males and single people to be satisfied with GP services; the same applies to people with dependent children in relation to hospital and consultant services. Private health insurance is negatively correlated to satisfaction with government services. Labor voters are more likely than Liberal and National voters to be satisfied with health services. This applies more to consultations with GPs than to treatment in hospitals.

Satisfaction with government schools is negatively associated with consumption location including experience of private education and private health cover. There is a positive relationship with people who are married and with perceptions that private education leads to unfair advantages. Overall, there are far fewer divisions in opinion over education and pensions than over health care. In relation to pensions the aged are less satisfied than other groups. People covered by private pensions and superannuation are more likely to be dissatisfied with government age pensions.

The analysis has already shown that perceptions of various aspects of government services (in other words, of whether they should be improved) and the desire for policy change (expansion of the private sector or more spending on

TABLE 54: (DIS)SATISFACTION WITH WELFARE STATE SERVICES<sup>(a)</sup>

(per cent)

	Health (GP)	Health (Hospital)	Education	Occupational Pensions	Government Age Pensions
<b>Satisfaction</b>					
Very	40	26	12	7	5
Fairly	43	30	12	14	25
Neither	7	6	2	11	27
Not very	6	6	3	3	25
Not at all	2	3	1	2	15
Not applicable/missing	2	28	71	62	3

**Note:** Question wording: 'Overall, how satisfied are you with the kind of health care you and your household have received from your GP/consultants or as a patient in hospital/the (state) school that your oldest child goes to/your employer's superannuation scheme/the government old age pension scheme?'

government services) were only weakly associated with class (occupational prestige) (Tables 44 to 47). Respondents from the second highest quintile of the occupational rankings were the most likely to be in favour of policy changes like expansion of the private sector. In terms of more spending on health services there was a less consistent pattern. In relation to education there was little consistent association of perceptions, class and expansion of the private sector, although the middle occupational quintile was the most likely to want more spent on education services.

In Tables 58 and 59 support for various policies and class are crosstabulated with general experiences of satisfaction (rather than with views on specific aspects of services). Overall the class differences are less marked than in the UK study. Table 58 does, however, point to a more consistent pattern of preferences for policy change than Table 44 - at least, among those who are 'very satisfied' either with the experience of treatment by GPs, by consultants and as patients in hospital. In the higher status groups strong satisfaction is more likely to be associated with support for privatisation and an aversion to increased state expenditure. Overall, 54 per cent of those who are very satisfied with treatment by GPs are in favour of the expansion of private health care. However, around 60 per cent of those in the two higher status groups are very satisfied with services from GPs and in favour of private sector expansion compared to about 50 per cent in the three lower groups. A similar and more pronounced pattern emerges in relation to services offered by hospitals and consultants. The patterns are reversed in relation to support for state spending. For example, in the lowest occupational group 60 per cent are both satisfied with GP services and in favour of more state spending (rather than tax cuts) in relation to health care, by contrast to only 41 per cent of those in the highest occupational group.

By contrast, views on policy change in education tend to be more homogeneous across different occupational groups (Table 59). The same applies to old age pensions and superannuation, with the apparent exception of the middle quintile: for them satisfaction with government old age pensions and with superannuation is more likely to be associated than among other groups with support for increased state spending on social services.

The overall impression from the analysis in this section is of a modest association between 'experiences' and the judgements people make about services. However, in-depth, qualitative analysis may, as suggested above, reveal closer ties between experiences and attitudes.



**TABLE 55: THE INFLUENCE OF DIFFERENT EXPERIENCES ON OPINIONS (SELF-ASSESSMENT)**

(per cent)

**'What has influenced your views about (1) Medicare and government hospitals  
and (2) government schools most of all?'**

	<b>Health</b>	<b>Education</b>
Reports in newspapers and television	33	27
Own experiences	68	73
Experiences of relatives	31	27
Experiences of friends	24	29

**Note:** More than one choice was possible.

**'Of those which had the greatest influence on your opinions?'**

	<b>Health</b>	<b>Education</b>
Reports in newspapers and television	16	12
Own experiences	62	65
Experiences of relatives	14	11
Experiences of friends	5	8

**Note:** Only one choice was possible



**TABLE 57: SATISFACTION WITH HEALTH CARE/EDUCATION/AGE PENSION  
AND OTHER FACTORS**

	Satisfaction with GP	Satisfaction with Consultant/ Hospitals	Satisfaction with Schools	Satisfaction with Old Age Pensions
<b>Work:</b>				
occupational prestige	-	-	.10***	-
employment	-.06***	-.08***	-	-.06***
total annual income	-.06**	-.08***	-	.07**
union	-	-	-	-
 satisfaction with GP			.19***	.14***
satisfaction with consultant/hospital			.21***	.18***
satisfaction with education	.19***	.21***		.08**
satisfaction with pensions	.14***	.18***	.08**	
<b>Personal:</b>				
children	-	.09***	-	.05**
age	.19***	.21***	-	-.11***
sex (female)	.10***	-	-	-
married	.07***	-	.14***	-
<b>Party Identification (Labor)</b>				
<b>Attitudes:</b>	.12***	.08***	-	-
views on spending versus tax cuts (pro spending)	.06***	-	-	-
spending versus tax cuts - soc. services	-	-	.09**	-
spending versus tax cuts - health care	.06***	.05**	-	-
spending versus tax cuts - education	-	-	-	-
 tax/spend and priv.expansion (health)	-	.06***	-	-
tax/spend and priv. expansion (education)	-	-	-	-
tax business, rich, high incomes	-	-	-	-
tax household, society	-	-	-	.14***
 expansion of private health care/education	.09***	-	-	-
unfairness of private health care/education	.05***	-	.20***	-
opt out of Medicare	.07***	.06***		
govt/priv sector more important (health)	.06***	-.08***	-	-.06***
govt/priv sector more important (education)	-	-.09***	-	-.08***
materialism	.14***	.10***	-	-
 <b>Consumption Sector:</b>				
home owner	.08***	.07***	.12***	-
private education	-	-	-.11***	-.05**
private pension/super	.06***	-	-	-.09***
private health insurance	-.10***	-	-.13***	-

**Note:** The entries are Pearson correlation coefficients. Three stars refer to coefficients that are significant at the 1 per cent level, two stars at the 5 per cent level and one star at the 10 per cent level. For further explanation, see notes to Tables 35 and 36 on pages 60 and 61.

**TABLE 58: SATISFACTION WITH EXPERIENCE OF THE GOVERNMENT HEALTH SERVICE<sup>(a)</sup>,  
POLICY CHANGE (EXPAND PRIVATE CARE OR SPEND MORE ON STATE SERVICES)<sup>(b)</sup>  
AND CLASS<sup>(c)</sup>**

Satisfaction with kind of health care received from GPs		Whole Sample	Occupational Prestige				Low 5
			High 1	2	3	4	
Support expansion of private health care:							
Very satisfied	%	54	61	59	53	47	49
	No.	545	117	106	106	107	109
Fairly, not very, not at all satisfied, neither satisfied nor dissatisfied	%	47	42	51	48	47	48
	No.	895	163	189	155	213	175
Support increased state spending:							
Very satisfied	%	54	41	57	60	54	60
	No.	549	114	107	107	108	113
Fairly, not very, not at all satisfied, neither satisfied nor dissatisfied	%	51	52	46	53	53	54
	No.	893	163	190	157	209	173

Satisfaction with experience of Consultants or as a patient in hospital		Whole Sample	Occupational Prestige				Low 5
			High 1	2	3	4	
Support expansion of private health care:							
Very satisfied	%	53	64	62	46	46	52
	No.	358	62	60	74	83	78
Fairly, not very, not at all satisfied, neither satisfied nor dissatisfied	%	49	48	55	49	47	48
	No.	702	132	149	127	140	155
Support increased state spending:							
Very satisfied	%	58	48	57	63	59	60
	No.	361	61	62	73	84	81
Fairly, not very, not at all satisfied, neither satisfied nor dissatisfied	%	51	51	47	48	52	54
	No.	702	132	148	128	139	155

Notes: (a) For question wording see Table 54.  
(b) For question wording see Tables 9, Part B and 8, respectively.  
(c) Occupational prestige (see Jones, 1989).

**TABLE 59: SATISFACTION WITH EXPERIENCE OF GOVERNMENT EDUCATION/AGE PENSIONS/SUPERANNUATION<sup>(a)</sup>, POLICY CHANGE (EXPAND PRIVATE CARE OR SPEND MORE ON STATE SERVICES)<sup>(b)</sup> AND CLASS<sup>(c)</sup>**

Satisfaction with experience of education		Whole Sample	Occupational Prestige				Low 5
			High 1	2	3	4	
Support expansion of private education:							
Very satisfied	%	37	35	38	38	39	35
	No.	(186)	(43)	(40)	(33)	(38)	(31)
Fairly, not very, not at all satisfied, neither satisfied nor dissatisfied	%	27	37	31	11	35	18
	No.	(267)	(49)	(53)	(45)	(57)	(63)
Support increased state spending:							
Very satisfied	%	58	60	56	63	51	59
	No.	(187)	(44)	(41)	(33)	(38)	(31)
Fairly, not very, not at all satisfied, neither satisfied nor dissatisfied	%	61	58	55	67	56	67
	No.	(269)	(49)	(54)	(46)	(56)	(64)

**Note:** The figures in brackets give the number in the relevant cell on which the percent supporting the policy listed is based. The question was only asked of those with children currently in state schools.

**TABLE 59: SATISFACTION WITH EXPERIENCE OF GOVERNMENT EDUCATION/AGE  
PENSIONS/SUPERANNUATION<sup>(a)</sup>, POLICY CHANGE (EXPAND PRIVATE CARE OR SPEND MORE  
ON STATE SERVICES)<sup>(b)</sup> AND CLASS<sup>(c)</sup>**  
**(Cont'd)**

Satisfaction with experience of old age pensions		Whole Sample	Occupational Prestige				Low 5
			High 1	2	3	4	
Support increased state spending on social services:							
Very or fairly satisfied	%	28	23	25	37	27	29
	No.	432	81	84	76	92	98
Not very, not at all satisfied	%	30	31	31	25	27	36
	No.	603	112	124	106	134	127
Neither satisfied nor dissatisfied	%	24	23	28	30	18	23
	No.	414	88	86	81	97	61
Satisfaction with experience of superannuation							
Very or fairly satisfied	%	25	24	26	36	21	21
	No.	365	110	66	59	70	59
Not very, not at all satisfied, neither satisfied nor dissatisfied	%	24	23	27	15	32	23
	No.	288	67	62	49	55	53

Notes: So few people declared themselves very satisfied with the old age pension scheme and with superannuation that it was necessary to group 'very' and 'fairly' together. The question for occupational pensions was confined to members of schemes.

(a) For question wording see Table 54.

(b) For question wording see Tables 9, Part B and 8, respectively.

(c) Occupational prestige (see Jones, 1989).

## 16. TAXES AND SPENDING

In the UK study multivariate analysis of influences on support for state and private welfare did not explain much of the variance in attitudes. The Australian study included several additional questions on taxation in general and on government responsibilities. This section maps out some of the bivariate relationships between these variables and support for the welfare state, before examining their influence through multivariate analysis.

There is a significant link between support for reductions in taxes and less spending with respect to social services and for less spending on unemployment benefits (Pearson's  $r = 0.30$ ,  $p < 0.0000$ ) (Table 60). Of those who favour much less spending on unemployment benefits, 76 per cent are in favour of less taxes rather than more spending on social services. The connection remains fairly strong with respect to views on health expenditure (Pearson's  $r = 0.23$ ,  $p < 0.0000$ ) but is weaker on age pensions (Pearson's  $r = 0.16$ ,  $p < 0.0000$ ) and education (Pearson's  $r = 0.14$ ,  $p < 0.0000$ ).

The contrast between the links to spending on age pensions and on unemployment benefits is particularly interesting. Three points arise. The association between opinions about the trade-off between taxes and spending on social services is much stronger with respect to unemployment benefits than to age pensions. Second, a large proportion of those who want either more or much more spent on age pensions and on unemployment benefits are also in favour of tax cuts rather than more spending on social services. This highlights the importance of drawing attention to views about taxes. Third, of those who are in favour of 'much more' spending on unemployment benefits, 48 per cent support tax cuts and oppose more spending on social services. The corresponding figure for age pensions is 63 per cent. Similarly, of those who want 'more' spent on unemployment benefits, 54 per cent support tax cuts and oppose more spending on social services. The figure for age pensions is 70 per cent.

These findings serve as a further warning of the dangers of treating social services as an undifferentiated entity. It is also worth noting that a small number of respondents who want either less or much less spent on unemployment benefits are in favour of more spending on social services, even if we make references to potential increases in taxation (13 per cent and 15 per cent, respectively). This highlights the distinction made by many people between different areas of welfare provision. However, it should not be assumed that opposition to the unemployed is endemic. A large proportion of those who want more or much more spent on unemployment benefits are also in favour of more spending (rather than reductions in taxes) on social services (52 per cent and 47 per cent, respectively).

As was shown in the early part of this report, support for the welfare state declines if one moves from the level of general support in principle to support based on the understanding that taxation may be a precondition for further expenditure. The principle of general support for welfare should also be regarded as quite distinct from notions of self-interest associated with personal tax burdens. It is not surprising that there is only a weak association, for example, between support for spending on social services (rather than reduction in taxes) and support for the principle of government intervention to provide a job for everyone who wants one, health care for the sick, a decent standard of living for the old and for the unemployed and reducing income differences between the rich and poor (Table 61). For example 42 per cent of those who feel that the government 'definitely should' provide a decent standard of living for the unemployed are in favour of tax cuts and of a reduction in spending on social services. Not surprisingly, those who feel that the government 'probably' or 'definitely' should not provide a decent standard of living for the unemployed are overwhelmingly in favour of reducing taxes rather than spending more on social services (85 per cent and 90 per cent, respectively). In most cases support for statutory intervention does not necessarily coincide with views about taxes versus spending on social services.

It should be stressed that this does not necessarily imply ambivalence or ambiguity in attitudes. Several factors need to be considered. First, there is obviously an important distinction between general support for government intervention in principle and preparedness by the individual to finance this. Second, there is no necessary contradiction between these two positions. Many people may feel that funds for support of the unemployed (and for others) may not require an increase in taxes but (a) a reallocation of existing resources or (b) more efficient management of the resources allocated to a particular service. For example, some people who support more expenditure (rather than tax cuts) on social services are less inclined to support more expenditure for military and defence purposes (see Table 60). Of those who wanted the same or more spent on unemployment benefits, 12 per cent were in favour of less spending on military and defence and of more spending on social services (rather than tax cuts) (Table 62, Part A). A further 12 per cent were in favour of the same level of spending on military and defence and more spending on social services (rather than tax cuts). In addition, 32 per cent (19 per cent plus 13 per cent) were in

**TABLE 60: SUPPORT FOR TAXES VERSUS SPENDING ON SOCIAL SERVICES AND FOR SPENDING ON OTHER AREAS<sup>(a)</sup>**  
(per cent)

Taxes versus Spending on Social Services	Much More	Spend on Unemployment Benefits			Much less
		More	Same	Less	
Strongly favour reducing taxes	41	37	41	55	71
Mildly favour reducing taxes	7	17	28	32	15
Mildly favour spending more on...	11	22	20	8	7
Strongly favour spending more on...	41	25	12	5	8
Pearson's $r = -0.30$ ( $p < 0.0000$ )					
Taxes versus Spending on Social Services	Much More	Spend on Old Age Pensions			Much Less
		More	Same	Less	
Strongly favour reducing taxes	49	46	48	67	75
Mildly favour reducing taxes	14	24	35	29	25
Mildly favour spending more on...	12	19	13	-	-
Strongly favour spending more on...	25	12	5	4	-
Pearson's $r = -0.16$ ( $p < 0.0000$ )					
Taxes versus Spending on Social Services	Much More	Spend on Education			Much Less
		More	Same	Less	
Strongly favour reducing taxes	47	44	57	80	55
Mildly favour reducing taxes	19	26	26	11	45
Mildly favour spending more on...	14	17	12	3	-
Strongly favour spending more on...	20	13	6	6	-
Pearson's $r = -.014$ ( $p < 0.0000$ )					
Taxes versus Spending on Social Services	Much More	Spend on Health			Much Less
		More	Same	Less	
Strongly favour reducing taxes	43	46	61	66	85
Mildly favour reducing taxes	16	28	27	29	15
Mildly favour spending more on...	18	16	8	3	-
Strongly favour spending more on...	24	11	5	2	-
Pearson's $r = -0.23$ ( $p < 0.0000$ )					
Taxes versus Spending on Social Services	Much More	Spend on the Military and Defence			Much Less
		More	Same	Less	
Strongly favour reducing taxes	59	50	46	41	37
Mildly favour reducing taxes	18	24	25	28	22
Mildly favour spending more on...	9	14	17	16	16
Strongly favour spending more on...	14	12	12	15	26
Pearson's $r = 0.13$ ( $p < 0.0000$ )					

**Note:** For question wording, see Tables 5 and Table 8.



**TABLE 61: SUPPORT FOR TAXES VERSUS SPENDING ON SOCIAL SERVICES AND GOVERNMENT INTERVENTION<sup>(a)</sup>**

(per cent)

Government Responsibility for Providing a Job for Everyone Who Wants One				
Taxes versus Spending on Social Services	Definitely Should	Probably Should	Probably Should Not	Definitely Should Not
Strongly favour reducing taxes	53	40	45	58
Mildly favour reducing taxes	16	26	29	24
Mildly favour spending more on...	10	20	15	10
Strongly favour spending more on...	21	14	11	8
Pearson's $r = -0.10$ ( $p < 0.0000$ )				
Government Responsibility for Providing Health Care for the Sick				
Taxes versus Spending on Social Services	Definitely Should	Probably Should	Probably Should Not	Definitely Should Not
Strongly favour reducing taxes	46	50	69	86
Mildly favour reducing taxes	20	32	28	14
Mildly favour spending more on...	16	10	-	-
Strongly favour spending more on...	17	7	4	-
Pearson's $r = -0.16$ ( $p < 0.0000$ )				
Government Responsibility for Providing a Decent Standard of Living for the Old				
Taxes versus Spending on Social Services	Definitely Should	Probably Should	Probably Should Not	Definitely Should Not
Strongly favour reducing taxes	47	48	81	54
Mildly favour reducing taxes	21	32	19	38
Mildly favour spending more on...	16	12	-	8
Strongly favour spending more on...	17	8	-	-
Pearson's $r = -0.12$ ( $p < 0.0000$ )				

**TABLE 61: SUPPORT FOR TAXES VERSUS SPENDING ON SOCIAL SERVICES AND GOVERNMENT INTERVENTION<sup>(a)</sup>**  
**(Continued)**

(per cent)

Taxes versus Spending on Social Services	Government Responsibility to Reduce Income Differences Between the Rich and the Poor			
	Definitely Should	Probably Should	Probably Should Not	Definitely Should Not
Strongly favour reducing taxes	47	46	44	59
Mildly favour reducing taxes	14	26	30	25
Mildly favour spending more on...	15	15	16	10
Strongly favour spending more on...	24	13	10	7
Pearson's $r = -0.14$ ( $p < 0.0000$ )				
Taxes versus Spending on Social Services	Government Responsibility for Providing a Decent Standard of Living for the Unemployed			
	Definitely Should	Probably Should	Probably Should Not	Definitely Should Not
Taxes versus spending on social services				
Strongly favour reducing taxes	42	44	53	73
Mildly favour reducing taxes	12	26	32	17
Mildly favour spending more on...	17	19	8	4
Strongly favour spending more on...	29	11	8	7
Pearson's $r = -0.10$ ( $p < 0.0000$ )				
Notes: (a) Question wording: 'On the whole, do you think it should or should not be the government's responsibility to...' 'If the government had a choice between reducing taxes and spending more on social services/health/education, which do you think it should do?'				

**TABLE 62: TAXES VERSUS SPENDING BY SPENDING ON THE MILITARY BY SPENDING ON THE UNEMPLOYED**

**Part A: Favour the Same or More Spending on Unemployment Benefits**  
(total percentages)

	<b>Spend on the military and defence</b>					
<b>Taxes versus Spending on Social Services</b>	<b>Much More/More</b>		<b>The Same</b>		<b>Much Less/Less</b>	
	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>
Favour reducing taxes	29	308	19	202	13	138
Favour more spending	15	155	12	123	12	126
Pearson's r = -.011 (p<0.0001)						

**Part B: Opposed to More Spending on Unemployment Benefits**  
(total percentages)

	Spend on the military and defence					
Taxes versus Spending on Social Services	Much More/More %		The Same %		Much Less/Less %	
	No.	No.	No.	No.	No.	No.
Favour reducing taxes	38	247	29	194	20	131
Favour more spending	4	27	5	35	4	24
Pearson's $r = -0.07$ ( $p < 0.04$ )						

favour of both tax cuts (rather than spending on social services) and for the same or less spending on military and defence. Of those who wanted less spent on unemployment benefits, a significant proportion were in favour of tax cuts rather than more spending on social services and increased (38 per cent) or similar levels (29 per cent) of expenditure on the military and defence (Table 62, Part B). With reference to the issue of efficiency, a substantial proportion of those who supported more spending (rather than tax cuts) on health care were either strongly (51 per cent) or moderately (52 per cent) in agreement with the notion that the Medicare system could be improved without an increase in the levy (Table 63).

There is a fairly consistent relationship between views about the trade-off between taxes and spending in relation to health care and general views about more spending on health (Table 64). Seventy-two per cent of those who want much more spent on health are also in favour of more spending, even if this were to mean an increase in taxes (Pearson's  $r = 0.40$ ,  $p < 0.0000$ ). There is also a significant association between views on taxes and spending and perceptions of government responsibility for the sick (Pearson's  $r = 0.21$ ,  $p < 0.0000$ ). The link between views on taxes and spending and general views is also fairly strong in the sphere of education. Of those who favoured much more spending on education, 71 per cent were also in favour of more spending rather than tax cuts (Pearson's  $r = 0.37$ ,  $p < 0.0000$ ).

The analysis then focused on the relationship between views about encouragement of the expansion of the private sector and perceptions of government responsibilities as well as attitudes on taxes and spending. The relationship between views on expansion of private health care and on more spending on health was weak (Pearson's  $r = 0.05$ ,  $p < 0.0000$ ) (Table 65). Those who wanted more spent on health care by the government were more likely than others to support the expansion of the private sector (Table 65). There was a stronger association between views on the private sector and attitudes towards government intervention to reduce income differences between the rich and poor (Pearson's  $r = 0.18$ ,  $p < 0.0000$ ). There was no association at all between views about the encouragement of the private education sector and attitudes towards government spending on education. Views on government spending appear to be quite detached from views about the expansion of the private sector. Again, this leads further support to the argument about the distinctiveness of views about government and private sectors.

The next section was concerned with views about taxing the rich, those on high incomes, business and industry and views about spending on government services. There is a consistent (though modest) connection between these variables (Table 66). For example, of those who wanted much more spent on health, 61 per cent were in favour of taxing the rich, business and industry. The relationship was strongest with respect to views about unemployment benefits and the trade-off between spending and tax cuts in relation to social services. Of those who were strongly in favour of more spending on unemployment benefits, 71 per cent were in favour of more taxes on the rich, those on high incomes, business and industry (Pearson's  $r = 0.22$ ,  $p < 0.0000$ ). Similarly, 71 per cent of those who were strongly in favour of more spending on social services (rather than tax cuts) agreed that the rich, those on high incomes and business and industry should pay higher taxes (Pearson's  $r = 0.23$ ,  $p < 0.0000$ ). There was also a significant connection between views on the expansion of the private sector and attitudes towards taxing powerful social actors (Table 67). Seventy-six per cent of those who were strongly in favour of the expansion of private education were opposed to higher taxes on these groups (Pearson's  $r = 0.27$ ,  $p < 0.0000$ ).

There are important differences in the connections between views on personal taxation and attitudes towards (a) government spending in general and (b) government spending rather than tax cuts (Table 68). The association between attitudes on spending in general and views on personal taxation is weak. Both in relation to health care and on unemployment benefits there is only a weak correlation between views on spending on these services and views about personal taxation (Pearson's  $r = 0.05$ ,  $p < 0.02$  and Pearson's  $r = 0.13$ ,  $p < 0.0000$ ). The associations become considerably stronger if we replace the notion of spending in general with specific references to taxes and spending. Of those who strongly favour a reduction in spending on social services (and tax cuts), 92 per cent feel they are paying too much tax (Pearson's  $r = 0.40$ ,  $p < 0.0000$ ). This figure drops to 59 per cent among those who strongly favour spending more on social services (rather than tax cuts).

If the welfare state and self-interest are defined in terms of views on taxation and the trade-off between taxes and spending, there is clearly a fairly strong relationship between self-interest and support for the welfare state. There are similarly strong associations between views about the level of taxes in society in general and attitudes to the trade-off between taxes and spending in relation to social services (Pearson's  $r = 0.43$ ,  $p < 0.0000$ ), health services (Pearson's  $r = 0.31$ ,  $p < 0.0000$ ) and education (Pearson's  $r = 0.31$ ,  $p < 0.0000$ ) (Table 69). Of those who strongly favour reducing

**TABLE 63: SUPPORT FOR TAXES VERSUS SPENDING AND PERCEPTIONS OF MEDICARE**

(per cent)

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<b>'Public hospitals and medical care could be improved without increasing the Medicare levy'</b>					
<b>Taxes versus spending on health care</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Not Sure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
Strongly favour reducing taxes	35	28	21	15	40
Mildly favour reducing taxes	13	20	23	22	11
Mildly favour spending more on...	23	29	35	28	5
Strongly favour spending more on...	28	23	21	35	44

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taxes rather than spending more on education, 60 per cent agree strongly with the notion of a society with much lower taxes than we have in Australia today; by contrast, only 26 per cent of those who strongly favour more spending on education rather than tax cuts share this sentiment.

Finally, if we examine the relationship between views about government intervention and support for more spending on services (both with and without references to views about taxation), we discover consistent patterns of both strong and weak relationships (Table 70). The measure for government intervention is derived from questions about the role of government in providing for the sick, the unemployed and the aged, in providing a job for everyone who wants one, in reducing income differences between the rich and poor and in keeping prices under control (see Table 3 and the notes for Tables 71 to 76). Whereas the earlier analysis showed a fairly strong association between views on taxes versus spending and views on taxation, the connection between support for statutory intervention and taxes rather than spending is much weaker. It is important to emphasise that views about the trade-off between taxes and spending do not appear to be connected to the underlying strong support for statutory intervention. The wording of questions is critical in the analysis and should be kept in mind when attempting to interpret the findings. If we remove any references to views about taxes, there are fairly strong associations between support for statutory interventions and views on spending with respect to health (Pearson's  $r = 0.38$ ,  $p < 0.0000$ ), to education (Pearson's  $r = 0.25$ ,  $p < 0.0000$ ), to age pensions (Pearson's  $r = 0.36$ ,  $p < 0.0000$ ) and to unemployment benefits (Pearson's  $r = 0.42$ ,  $p < 0.0000$ ).

**TABLE 64: TAXES VERSUS SPENDING AND SUPPORT FOR SPENDING/GOVERNMENT RESPONSIBILITIES**

(per cent)

Taxes versus Spending on Health	Spend on Health				
	Much More	More	Same	Less	Much Less
Strongly favour reducing taxes	20	26	45	50	90
Mildly favour reducing taxes	9	22	34	38	10
Mildly favour spending more on...	26	36	17	10	-
Strongly favour spending more on...	46	16	5	2	-
Pearson's $r = -0.40$ ( $p < 0.0000$ )					

Taxes versus Spending on Health Care	Government Responsibility for Providing Health Care for the Sick			
	Definitely Should	Probably Should	Probably Should Not	Definitely Should Not
Strongly favour reducing taxes	25	33	51	73
Mildly favour reducing taxes	16	29	20	12
Mildly favour spending more on...	29	27	24	-
Strongly favour spending more on...	31	12	5	15
Pearson's $r = -0.21$ ( $p < 0.0000$ )				

Taxes versus Spending on Education	Spend on Education				
	Much More	More	Same	Less	Much Less
Taxes versus spending on education					
Strongly favour reducing taxes	20	22	42	68	69
Mildly favour reducing taxes	9	20	37	23	-
Mildly favour spending more on...	28	42	18	6	31
Strongly favour spending more on...	43	16	4	3	-
Pearson's $r = -0.37$ ( $p < 0.0000$ )					

**TABLE 65: EXPANSION OF PRIVATE SECTOR AND GOVERNMENT RESPONSIBILITIES**

	Government Responsibility to Reduce Income Differences Between the Rich and the Poor			
Expansion of Private Sector in Health Care	Definitely Should	Probably Should	Probably Should Not	Definitely Should Not
Strongly agree	14	10	14	31
Agree	29	37	36	36
Not sure	31	31	30	24
Disagree	20	19	16	8
Disagree strongly	7	2	4	2
Pearson's $r = -0.18$ ( $p < 0.0000$ )				

	Spend on Health				
Expansion of Private Sector in Health Care	Much More	More	Same	Less	Much Less
Strongly agree	18	12	15	18	73
Agree	33	34	39	36	18
Not sure	27	33	30	24	9
Disagree	18	18	13	17	-
Disagree strongly	5	3	4	5	-
Pearson's $r = -0.05$ ( $p < 0.0000$ )					

**TABLE 66: TAXES ON THE RICH/BUSINESS/INDUSTRY AND SUPPORT FOR SPENDING/GOVERNMENT RESPONSIBILITIES**

(per cent)

*Tax the Rich/Business/Industry	Spend on Health				
	Much More	More	Same	Less	Much Less
Disagree strongly	11	14	25	32	61
Disagree	28	38	33	32	9
Agree	43	35	28	31	14
Strongly agree	18	13	14	5	15
Pearson's $r = -0.18$ ( $p < 0.0000$ )					

*Tax the Rich/Business/Industry	Spend on Education				
	Much More	More	Same	Less	Much Less
Disagree strongly	12	14	26	27	61
Disagree	31	34	34	40	-
Agree	39	37	30	21	-
Strongly agree	17	15	9	12	39
Pearson's $r = -0.15$ ( $p < 0.0000$ )					

*Tax the Rich/Business/Industry	Spend on Age Pensions				
	Much More	More	Same	Less	Much Less
Disagree strongly	11	14	22	31	24
Disagree	28	37	33	34	37
Agree	42	36	31	31	20
Strongly agree	20	12	14	4	19
Pearson's $r = -0.16$ ( $p < 0.0000$ )					

*Tax the Rich/Business/Industry	Spend on Unemployment Benefits				
	Much More	More	Same	Less	Much Less
Disagree strongly	5	5	13	24	27
Disagree	24	31	36	34	29
Agree	39	46	39	32	28
Strongly agree	32	18	13	10	16
Pearson's $r = -0.22$ ( $p < 0.0000$ )					



**TABLE 66: TAXES ON THE RICH/BUSINESS/INDUSTRY AND SUPPORT FOR  
SPENDING/GOVERNMENT RESPONSIBILITIES**

(Continued)

(per cent)

Spending versus Taxes on Social Services				
*Tax the Rich/Business/Industry	Strongly Favour Reducing Taxes	Mildly Favour Reducing Taxes	Mildly Favour Spending More	Strongly Favour Spending More
Disagree strongly	22	14	7	4
Disagree	33	40	30	24
Agree	32	35	46	44
Strongly agree	13	10	18	27
Pearson's $r = 0.23$ ( $p < 0.0000$ )				
Spending versus Taxes on Health				
*Tax the Rich/Business/Industry	Strongly Favour Reducing Taxes	Mildly Favour Reducing Taxes	Mildly Favour Spending More	Strongly Favour Spending More
Disagree strongly	25	17	12	8
Disagree	32	36	36	28
Agree	30	37	37	43
Strongly agree	12	10	15	22
Pearson's $r = 0.19$ ( $p < 0.0000$ )				
Spending versus Taxes on Education				
*Tax the Rich/Business/Industry	Strongly Favour Reducing Taxes	Mildly Favour Reducing Taxes	Mildly Favour Spending More	Strongly Favour Spending More
Disagree strongly	14	18	12	9
Disagree	38	38	35	30
Agree	34	32	39	40
Strongly agree	13	12	14	21
Pearson's $r = 0.15$ ( $p < 0.0000$ )				

Note: \* See notes on Tables 35 and 36 for details of how this variable was created.

**TABLE 67: TAXES ON THE RICH/BUSINESS/INDUSTRY AND EXPANSION OF PRIVATE SECTOR**

(per cent)

*Tax the Rich/Business/Industry	Encourage Expansion of Private Health Care				Disagree Strongly
	Agree Strongly	Agree	Not Sure	Disagree	
Disagree strongly	28	18	12	9	4
Disagree	29	35	36	30	18
Agree	33	36	37	43	31
Strongly agree	10	12	15	18	47
Pearson's $r = 0.20$ ( $p < 0.0000$ )					

*Tax the Rich/Business/Industry	Encourage Expansion of Private Education				Disagree Strongly
	Agree Strongly	Agree	Not Sure	Disagree	
Disagree strongly	38	23	12	11	5
Disagree	28	36	40	29	18
Agree	23	32	36	42	44
Strongly agree	11	9	13	18	33
Pearson's $r = 0.27$ ( $p < 0.0000$ )					

Note: \* See notes on Tables 35 and 36 for details of how this variable was created.

**TABLE 68: PERSONAL TAXES AND SPENDING/SPENDING VERSUS TAXES**

(per cent)

Income Tax Paid by Own Household is...	Spend on Health Care				
	Much More	More	Same	Less	Much Less
Much too high	36	29	40	42	60
Too high	41	48	39	42	31
About right	21	23	21	15	10
Too low/much too low	2	-	-	-	-
Pearson's $r = -0.05$ ( $p < 0.0000$ )					

Income Tax Paid by Own Household is...	Spend on Unemployment Benefits				
	Much More	More	Same	Less	Much Less
Much too high	41	25	27	39	48
Too high	30	47	48	44	38
About right	25	27	25	17	13
Too low/much too low	3	1	1	-	2
Pearson's $r = -0.13$ ( $p < 0.0000$ )					

Spending versus Taxes on Social Services				
Income Tax Paid by Own Household is...	Strongly Favour Reducing Taxes	Mildly Favour Reducing Taxes	Mildly Favour Spending More	Strongly Favour Spending More
Much too high	53	21	10	18
Too high	39	55	42	41
About right	8	24	47	36
Too low/much too low	1	-	1	5
Pearson's $r = 0.40$ ( $p < 0.0000$ )				

**TABLE 68: PERSONAL TAXES AND SPENDING/SPENDING VERSUS TAXES**  
(Continued)

(per cent)

Spending versus Taxes on Health Care				
Income Tax Paid by Own Household is...	Strongly Favour Reducing Taxes	Mildly Favour Reducing Taxes	Mildly Favour Spending More	Strongly Favour Spending More
Much too high	62	25	19	27
Too high	28	56	51	42
About right	9	18	30	28
Too low/much too low	-	1	1	3
Pearson's $r = 0.30$ ( $p < 0.0000$ )				
Spending versus Taxes on Education				
Income Tax Paid by Own Household is...	Strongly Favour Reducing Taxes	Mildly Favour Reducing Taxes	Mildly Favour Spending More	Strongly Favour Spending More
Much too high	64	28	20	26
Too high	29	55	52	40
About right	7	16	28	32
Too low/much too low	1	1	1	2
Pearson's $r = 0.32$ ( $p < 0.0000$ )				

**TABLE 69: TAXES AND TAXES VERSUS SPENDING**

(per cent)

---

Spending versus Taxes on Social Services				
Preference for 'a Society With Much Lower Taxes than we have in Australia Today'	Strongly Favour Reducing Taxes	Mildly Favour Reducing Taxes	Mildly Favour Spending More	Strongly Favour Spending More
Agree strongly	55	19	11	21
Agree	38	56	43	38
Not sure	6	16	27	17
Disagree	2	9	16	19
Disagree strongly	-	-	3	6

---

Pearson's  $r = 0.43$  ( $p < 0.0000$ )

---

Spending versus Taxes on Health Care				
Preference for 'a Society With Much Lower Taxes than we have in Australia Today'	Strongly Favour Reducing Taxes	Mildly Favour Reducing Taxes	Mildly Favour Spending More	Strongly Favour Spending More
Agree strongly	59	29	23	28
Agree	35	54	45	40
Not sure	4	12	20	16
Disagree	2	5	11	13
Disagree strongly	-	-	2	3

---

Pearson's  $r = 0.31$  ( $p < 0.0000$ )

---

Spending versus Taxes on Education				
Preference for 'a Society With Much Lower Taxes than we have in Australia Today'	Strongly Favour Reducing Taxes	Mildly Favour Reducing Taxes	Mildly Favour Spending More	Strongly Favour Spending More
Agree strongly	60	35	22	26
Agree	31	47	51	41
Not sure	6	11	16	17
Disagree	2	7	10	12
Disagree strongly	-	-	-	4

---

Pearson's  $r = 0.31$  ( $p < 0.0000$ )

**TABLE 70: GOVERNMENT RESPONSIBILITIES<sup>(a)</sup> AND SPENDING/TAXES VERSUS SPENDING**

(per cent)

Government Intervention	Much More	More	Spend on Health Same	Less	Much Less
Strongly for	73	49	35	17	17
For	25	45	48	41	39
Against/strongly against	2	7	18	42	45
Pearson's $r = 0.38$ ( $p < 0.0000$ )					

Government Intervention	Much More	More	Spend on Education Same	Less	Much Less
Strongly for	68	49	40	29	67
For	29	43	45	46	33
Against/strongly against	3	8	15	26	-
Pearson's $r = 0.25$ ( $p < 0.0000$ )					

Government Intervention	Much More	More	Spend on Age Pensions Same	Less	Much Less
Strongly for	73	55	33	20	19
For	26	39	52	51	36
Against/strongly against	2	7	16	29	45
Pearson's $r = 0.36$ ( $p < 0.0000$ )					

Government Intervention	Much More	More	Spend on Unemployment Benefits Same	Less	Much Less
Strongly for	93	79	57	38	25
For	7	19	39	50	56
Against/strongly against	-	3	4	12	19
Pearson's $r = 0.42$ ( $p < 0.0000$ )					

**TABLE 70: GOVERNMENT RESPONSIBILITIES<sup>(a)</sup> AND SPENDING/TAXES VERSUS SPENDING**  
(Continued)

(per cent)

Spending versus Taxes on Social Services				
Government Intervention	Strongly Favour Reducing Taxes	Mildly Favour Reducing Taxes	Mildly Favour Spending More	Strongly Favour Spending More
Strongly for	52	41	65	73
For	38	49	32	25
Against/strongly against	10	10	3	2
Pearson's $r = -0.18$ ( $p < 0.0000$ )				

Spending versus Taxes on Health Care				
Government Intervention	Strongly Favour Reducing Taxes	Mildly Favour Reducing Taxes	Mildly Favour Spending More	Strongly Favour Spending More
Strongly for	48	40	58	68
For	40	49	37	30
Against/strongly against	13	11	6	2
Pearson's $r = -0.20$ ( $p < 0.0000$ )				

Spending versus Taxes on Education				
Government Intervention	Strongly Favour Reducing Taxes	Mildly Favour Reducing Taxes	Mildly Favour Spending More	Strongly Favour Spending More
Strongly for	51	44	54	66
For	39	46	40	30
Against/strongly against	11	11	6	4
Pearson's $r = -0.15$ ( $p < 0.0000$ )				

**Note:** (a) The measure for government intervention is derived from questions about the responsibilities of government in providing for the sick, the unemployed and the aged, in providing a job for everyone who wants one, in reducing income differences between the rich and poor and in keeping prices under control (see Table 3 and the notes for Tables 71 to 76 on the computation of scores for 'government responsibility for welfare').

## 17. THE MAJOR PREDICTORS OF VARIANCE IN ATTITUDES TO WELFARE

The final section of the statistical analysis examined the impact of the factors considered in this report on attitudes to state and private welfare. Multivariate models were used to explain the variance in attitudes. On the whole, these models explained more variance than the ones used in the UK study for two reasons; first, the inclusion of 'new' variables in the questionnaire which explored opinions about taxation issues and government responsibilities for provision; and second, a number of variables that were used in the UK study had greater predictive power in the Australian context.

As in the UK study, the models were designed to test the impact on support for the welfare state of factors like occupational and personal circumstances, regional factors, party identification, beliefs about redistribution, perceptions of state and private sectors with respect to the provision of adequate resources and the possibilities for consumer control of services, location in the consumption sector, judgements about taxation, government responsibilities and value orientations. The variables used in the analyses are described in the notes preceding the equations. The interaction between the numerous factors cannot be described fully in this report. (Further details on the variables used in the analysis and on the correlations between the variables can be obtained from the author.)

The first two equations (Table 71) examine the predictive power of the various factors on the views about 'exit' from the government sector in health and education. The measure for exit is based on opinions about encouraging the private sector to expand and about how the private sector encourages freedom of choice. As in the UK study, party identification was significantly related to opinions about private health care. Views about the perceived superiority of the private sector on issues of consumer control were even more significant (beta coefficient = 0.26,  $p < 0.01$ ). The major 'objective' or structural indicator of views about the private sector was, not surprisingly, private health cover (beta coefficient = 0.21,  $p < 0.01$ ). Views about taxation affecting individuals and in society in general ('tax household, society') were also significant. Region, in other words, residence in Victoria was negatively associated with support for the private sector. The model explains 36 per cent of the variance in attitudes. Occupational and personal circumstances appear to have little effect.

With respect to private education, the model only explains 20 per cent of variance in attitudes. Party identification plays only a small role. The main predictors of variance are the perceived superiority of the private sector on issues of consumer control (beta coefficient = 0.19,  $p < 0.01$ ) and location in the private education sector (beta coefficient = 0.17,  $p < 0.01$ ). Views about personal taxation appear to play no role, although there is a negative relationship with views about taxing the rich and business (beta coefficient = 0.10,  $p < 0.01$ ).

Table 72 summarises the explanations for variance in attitudes to the perceived importance of private and government provision. The model for health explains 27 per cent of variance, for education 19 per cent. Party identification is again associated with views about health (beta coefficient = 0.11,  $p < 0.01$ ) but not with education. The perceived superiority of the private sector in consumer control is again an important predictor in both health (beta coefficient = 0.23,  $p < 0.01$ ) and education (beta coefficient = 0.21,  $p < 0.01$ ). Occupational, personal and regional factors tend to play no role, although marital status has some impact in education. Views about government responsibilities are significant in both equations, views on personal taxation relate to health and views about taxing business and the rich are moderately associated with education.

The next measure of support for the welfare state involved views on spending on health, education, age pensions and unemployment benefits (Table 73). The major predictor of variance in attitudes to spending on health care was the perception of government responsibilities (beta coefficient = 0.32,  $p < 0.01$ ). The same applies to perceptions of spending on education (beta coefficient = 0.21,  $p < 0.01$ ), age pensions (beta coefficient = 0.32,  $p < 0.01$ ) and unemployment benefits (beta coefficient = 0.40,  $p < 0.01$ ). The equations explained between 19 per cent and 32 per cent of variance. The other significant factors were perceptions of the superiority of the private sector over resources and, to a lesser degree, concerns about consumer control (in education and pensions), views about more say and information with respect to pensions, marital status, postmaterialist values (in connection with spending on unemployment benefits) and age (in relation to education and unemployment benefits). Occupational factors played a marginal role only in relation to age pensions and region in relation to health and unemployment benefits. Views on personal taxation explained some variance in relation to spending on health, education and unemployment benefits. However, they were far less significant than in the models that attempted to explain variance in opinions about the trade-off between taxes and spending.



## NOTES TO TABLES 71 TO 76

**The Dependent Variables**  
**Measures for support for/opposition to the welfare state**

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**Table 71**

Support for 'exit' from the government sector in health was measured by four different variables. These tapped into notions of freedom of choice, the expansion of the private sector, the availability of Medicare only to those on lower incomes and the possibility of opting out of Medicare (see Table 14). \*

Support for 'exit' from the government sector in education was measured by notions of freedom of choice and the expansion of the private sector (see Table 17).\*

**Table 72**

Computed score from two variables measuring importance of government and private sectors to create a three-point scale: those who indicated that both are equally important and those who think that either one or the other is more important (see Table 9).

**Table 73**

This question simply asked whether the respondent would like to see more or less government spending on either health or education or age pensions or unemployment benefits (see Table 5).

**Tables 74 and 75**

Based on replies to separate questions on taxes versus spending on health, education and social services (see Table 8) and computed scores based on replies to three separate questions on taxes versus spending on health, education and social services (see Table 12).

**Table 76**

Support for/opposition to government expenditure on health services/education services and support for/opposition to the expansion of the private sector (see Table 11).

Note:       \*       Scales were derived from factor analysis.

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**NOTES TO TABLES 71 TO 76**  
(Continued)

**The Independent Variables**

**Work**

occupational prestige is computed in the manner suggested by F.L. Jones (1989), and classifies occupational status on a scale of 0 - 100

employed	Dummy 1 = Yes
government employment	Dummy 1 = Yes
union (member)	Dummy 1 = Yes

**Area**

New South Wales	Dummy 1 = Yes
Victoria	Dummy 1 = Yes
Queensland	Dummy 1 = Yes

**Personal**

Children	Dependent children in the household
Age	Age in years
Married (marital status)	Dummy 1 = Yes
Sex (female)	Dummy 1 = Yes

**Party Identification**

Liberal-National	Dummy 1 = Yes
------------------	---------------

**Attitudes: Redistribution**

State health care/education is seen to give best value for money to own income group.

Respondents were asked which type of family got 'best value for money from their taxes' from government health/education, those on high, middle or low incomes.

Later, they were asked to indicate whether their own income was high, middle or low. Dummy 1 = Yes

**Attitudes: Resources**

Private sector is seen as superior to government sector in health care on standards, number of doctors and nurses and in dealing with waiting lists (see Table 30).

Private sector is seen as superior to government sector in education on having enough teachers, books and equipment and class sizes (see Table 32).

Government pensions are seen as adequate in relation to widows and widowers (see Table 34).

**Attitudes: Consumer Control**

Private sector is seen as superior to government sector in health care on freedom of choice, doctors having time to answer questions and fair complaints procedures (see Table 30).

Private sector is seen as superior to government sector in education on keeping parents informed, fair complaints procedures and paying attention to parents' views (see Table 32).

Desire for more say/information in government pensions (see Table 34).

**Consumption Sector**

home owner (either owns a home outright or has a mortgage or loan on the home)	Dummy 1 = Yes
--	---------------

Private education (respondent has attended a private school). A scale was constructed to include attendance at either a Catholic or government school. Attendance at a Catholic school occupied the middle position.

**NOTES TO TABLES 71 TO 76**  
(Continued)

Private pension/super (membership or beneficiary of a private pension or superannuation scheme)

Dummy 1 = Yes

Private health insurance (covered by private health insurance).

Dummy 1 = Yes

**Issue-judgements**

materialism = 'materialist values' derived from the scale (0 to 10) developed by Inglehart (1979)

tax business, rich, high incomes = computed scores based on whether people (dis)agreed with the following statements (each coded on a five point scale): rich people should be taxed more heavily than they are now; business and industry should be taxed more heavily than they are now; people with high incomes are taxed too much\*

tax household, society = computed scores based on whether people (dis)agreed with the statement that 'I would prefer to live in a society with much lower taxes than we have in Australia today' (based on a five point scale) and whether they felt that the 'amount of income tax your household has to pay is too high or too low (based on a five point scale)\*

government responsibility for welfare = computed scores based on replies to questions about government responsibility for providing a job for everyone who wants one, keeping prices under control, provide health care for the sick, provide a decent standard of living for the old, provide a decent standard of living for the unemployed and reduce income differences between the rich and poor (see Table 3)\*

Note:        \*        Scales were derived from factor analysis.

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TABLE 71: IN FAVOUR OF 'EXIT' FROM THE GOVERNMENT SECTOR

	Health	Education
<b>Work</b>		
occupational prestige		
employed		
government employment		
union		
<b>Area</b>		
New South Wales		
Victoria	-.12***	
Queensland		.06*
<b>Life-Cycle and Personal Circumstances</b>		
children		
age	.07**	.06*
sex		
married		
<b>Party Identification</b>		
liberal-national	.15***	(.06)
<b>Attitudes: Redistribution</b>		
health care		
education		-.07**
<b>Attitudes: Resources</b>		
priv sector superior in health care	.07**	
priv sector superior in education		
adequacy of government pensions		
<b>Attitudes: Consumer Control</b>		
priv sector superior in health care	.26***	.14***
priv sector superior in education	.10***	.19***
say/info in government pensions		
<b>Consumption Sector</b>		
home owner		
private education		.17***
private pension/super		
private health insurance	.21***	.08**
<b>Issue-Judgements</b>		
materialism		
tax business, rich, high incomes		-.10***
tax household, society	.15***	
government responsibility for welfare	-.06**	(-.06)
<b>R Squared</b>	.36	.20
<b>Overall F</b>	14.6	6.8

**Note:** Coefficients are standardised. Three stars refer to coefficients that are significant at the 1 per cent level, two stars at the 5 per cent level and one star at the 10 per cent level.

**TABLE 72: GOVERNMENT PROVISION IS MORE IMPORTANT THAN PRIVATE PROVISION**

	Health	Education
<b>Work</b>		
occupational prestige		
employed		
government employment	(.05)	
union		
<b>Area</b>		
New South Wales		
Victoria	(.07)	
Queensland		
<b>Life-Cycle and Personal Circumstances</b>		
children		
age		
sex		(-.06)
married		-.07**
<b>Party Identification</b>		
liberal-national	-.11***	(-.06)
<b>Attitudes: Redistribution</b>		
health care		
education		
<b>Attitudes: Resources</b>		
priv sector superior in health care	-.06*	
priv sector superior in education		.06*
adequacy of government pensions		.06*
<b>Attitudes: Consumer Control</b>		
priv sector superior in health care	-.23***	
priv sector superior in education		-.21***
say/info in government pensions		
<b>Consumption Sector</b>		
home owner		
private education		-.21***
private pension/super		
private health insurance	-.21***	-.07*
<b>Issue-Judgements</b>		
materialism		
tax business, rich, high incomes		.09**
tax household, society	-.09***	
government responsibility for welfare	.11***	.10***
<b>R Squared</b>	.27	.19
<b>Overall F</b>	9.7	6.3

**Note:** Coefficients are standardised. Three stars refer to coefficients that are significant at the 1 per cent level, two stars at the 5 per cent level and one star at the 10 per cent level.

**TABLE 73: SUPPORT FOR INCREASED SPENDING ON HEALTH, EDUCATION, AGE PENSIONS AND UNEMPLOYMENT BENEFITS**

	Health	Education	Age Pensions	Unemployment Benefits
<b>Work</b>				
occupational prestige			-.07**	
employed				
government employment			-.06*	
union				(.06)
<b>Area</b>				
New South Wales	.07*		(-.06)	.08**
Victoria	.08**			
Queensland				
<b>Life-Cycle and Personal Circumstances</b>				
children		.07**		
age	(-.05)	-.12***	.07*	.11**
sex		.07*		
married				-.09***
<b>Party Identification</b>				
liberal-national				-.07**
<b>Attitudes: Redistribution</b>				
health care				
education			-.06*	
<b>Attitudes: Resources</b>				
priv sector superior in health care				
priv sector superior in education	.10***	.20***		
adequacy of government pensions	-.08**	.07*	-.23***	-.08**
<b>Attitudes: Consumer Control</b>				
priv sector superior in health care			.06*	
priv sector superior in education			.19***	
say/info in government pensions	.13***	.09***		
<b>Consumption Sector</b>				
home owner				(-.05)
private education		-.08**	-.05*	-.07**
private pension/super	-.08**		(-.06)	
private health insurance				
<b>Issue-Judgements</b>				
materialism	-.06*			.12***
tax business, rich, high incomes	.07**			
tax household, society	-.10***	-.07**		-.09***
government responsibility for welfare	.34***	.21***	.32***	.40***
<b>R Squared</b>	.26	.19	.32	.32
<b>Overall F</b>	9.4	6.2	12.2	12.8

**Note:** Coefficients are standardised. Three stars refer to coefficients that are significant at the 1 per cent level, two stars at the 5 per cent level and one star at the 10 per cent level.

The following measure of support for the welfare state was based on views about the trade-off between tax cuts and spending (Tables 74 and 75). Two equations were computed for each dependent variable. The first (in the left-hand column) included the variable on views about personal taxes and taxes in society in general. The second equation (in the right-hand column) excluded this variable since this was the major predictor of attitudes on taxes and spending. The equations with this variable explained between 25 per cent and 38 per cent of variance in attitudes, the ones without it, between 12 per cent and 18 per cent.

With respect to attitudes to health, occupational, regional and personal factors played a small or no role at all. In relation to education, region (Queensland) and sex made some impact. Party identification only emerged as a significant factor when the variable on personal taxation was omitted from the equation. Perceptions of the perceived superiority of the private sector over resource issues were a significant factor in both health and education, whereas concern about consumer control played a less important role. The major predictors of support for tax cuts rather than spending on health care were views about personal taxation (beta coefficient = 0.41,  $p < 0.01$ ), opinions about taxing the rich, business and those on high incomes (beta coefficient = -0.09,  $p < 0.01$ ) and views on the responsibilities of government (beta coefficient = -0.15,  $p < 0.01$ ). With respect to taxes versus spending on education, the major predictors were views on personal taxation (beta coefficient = 0.38,  $p < 0.01$ ), the perceived superiority of the private sector over the government sector with respect to resources (beta coefficient = -0.17,  $p < 0.01$ ), sex (beta coefficient = 0.12,  $p < 0.01$ ) and views about government responsibilities (beta coefficient = -0.10,  $p < 0.01$ ).

With respect to social services, occupational prestige, region and consumption sector did have some impact. Postmaterialist values, as well as views on taxation and government responsibilities were also significant. The first two columns of Tables 75 show the results of two equations in which attitudes to tax cuts and spending in all three areas were computed to form a single dependent variable. Apart from the impact of issue judgements about taxation, party identification, occupation, region, views about government responsibilities, postmaterialism and perceptions of private sector superiority over resources were of significance.

The final set of equations combines (for the dependent variable) views on taxes and spending with views about the expansion of the private sector (Table 76). Once again, views about personal taxation are the main predictors of variance in attitudes. Perceptions of consumer control and resources also play a part. Party identification is more significant if we remove (in the second set of equations) views about personal taxation. Occupation is significant with respect to support for education services. Region is modestly associated with support for health services. The per cent of variance explained is 29 per cent and 24 per cent for attitudes to health and education, respectively (and 18 per cent and 16 per cent if we omit views on personal taxation).

The multivariate analysis has shown the importance of measuring support for the welfare state in different ways. In the first four equations which measured (a) support for the private sector and (b) the relative importance of the government and private sectors, attitudes to consumer control and location in the private sector were the most significant explanatory variables. In the next four equations which measured views on spending, the most successful predictor of variance was the index of government responsibility/intervention, followed by attitudes to the perceived superiority of the private sector over resources. When the focus was moved to attitudes to taxes and spending, views on personal taxation and on taxes in society in general were by far the most important predictors of variance.

The equations also highlighted the salience of several other factors in explaining variance in attitudes. These included party identification, some aspects of occupational stratification and personal circumstances and perceptions of differences between state and private welfare. Many of these relationships had already been suggested by the bivariate analysis in the previous sections. We now turn to some of the major findings of this research.

TABLE 74: SUPPORT FOR TAX CUTS VERSUS SPENDING ON HEALTH AND EDUCATION

	Health		Education	
<b>Work</b>				
occupational prestige				
employed			(-.05)	
government employment	(-.06)			
union			(.05)	
<b>Area</b>				
New South Wales		(-.07)		
Victoria	(-.06)			
Queensland			-.09**	-.10**
<b>Life-Cycle and Personal Circumstances</b>				
children		.06*		
age				
sex	(-.05)		.12***	.13***
married	(-.05)		(-.05)	
<b>Party Identification</b>				
liberal-national		.08**	.08*	.12***
<b>Attitudes: Redistribution</b>				
health care	.07**			
education			(-.05)	
<b>Attitudes: Resources</b>				
priv sector superior in health care	-.06*	-.06*	-.07**	-.07*
priv sector superior in education	-.11***	-.08**	-.17***	-.16***
adequacy of government pensions				
<b>Attitudes: Consumer Control</b>				
priv sector superior in health care		(.06)		
priv sector superior in education				
say/info in government pensions	-.07**		-.06*	
<b>Consumption Sector</b>				
home owner				
private education				
private pension/super				
private health insurance				
<b>Issue-Judgements</b>				
materialism	(.05)			
tax business, rich, high incomes	-.09***	-.14***	(-.05)	-.09**
tax household, society	.41***	N/A	.38***	N/A
government responsibility for welfare	-.15***	-.16***	-.10***	-.11***
<b>R Squared</b>	.27	.12	.25	.12
<b>Overall F</b>	9.9	3.78	8.7	3.7

Note: Coefficients are standardised. Three stars refer to coefficients that are significant at the 1 per cent level, two stars at the 5 per cent level and one star at the 10 per cent level.



**TABLE 75: SUPPORT FOR TAX CUTS VERSUS SPENDING ON WELFARE (INDEX OF ATTITUDES TO TAX CUTS VERSUS SPENDING ON HEALTH, EDUCATION AND SOCIAL SERVICES) AND ON SOCIAL SERVICES**

	Welfare Spending		Social Services	
<b>Work</b>				
occupational prestige		-.07**	-.06*	-.09***
employed			.07*	
government employment	-.07**		-.07*	
union				
<b>Area</b>				
New South Wales		-.08*		
Victoria	-.09**	-.07*	-.11***	
Queensland	-.08**	-.09**	-.07*	-.09**
<b>Life-Cycle and Personal Circumstances</b>				
children				
age				
sex				
married				
<b>Party Identification</b>				
liberal-national	.07**	.13***	.08**	.13***
<b>Attitudes: Redistribution</b>				
health care	.07**	(.06)	.08***	.06*
education				
<b>Attitudes: Resources</b>				
priv sector superior in health care	-.06*			
priv sector superior in education	-.12***	-.09***		
adequacy of government pensions	(.05)		.08***	.07**
<b>Attitudes: Consumer Control</b>				
priv sector superior in health care				
priv sector superior in education				
say/info in government pensions	-.07**			
<b>Consumption Sector</b>				
home owner			.06*	.06*
private education				
private pension/super	(.05)		.06*	
private health insurance				
<b>Issue-Judgements</b>				
materialism		-.08**	-.10***	-.15***
tax business, rich, high incomes	-.10***	-.15***	-.09***	-.15***
tax household, society	.49***	N/A	.45***	N/A
government responsibility for welfare	-.14***	-.15***	-.10***	-.11***
<b>R Squared</b>	.38	.16	.36	.18
<b>Overall F</b>	16.1	5.3	14.8	6.0

**Note:** Coefficients are standardised. Three stars refer to coefficients that are significant at the 1 per cent level, two stars at the 5 per cent level and one star at the 10 per cent level.

TABLE 76: OPPOSITION TO GOVERNMENT SPENDING AND SUPPORT FOR PRIVATE EXPANSION

	Health		Education	
<b>Work</b>				
occupational prestige	(-.05)	-.08**	-.11***	-.13***
employed				
government employment				
union				
<b>Area:</b>				
New South Wales	-.08**	-.11**		(-.06)
Victoria	-.08**	-.11**		
Queensland				
<b>Life-Cycle and Personal Circumstances</b>				
children				
age			.10***	.10***
sex	-.07*	(-.05)		
married		(-.05)	(.05)	(.05)
<b>Party Identification</b>				
liberal-national	.08**	.13***	.07**	.11***
<b>Attitudes: Redistribution</b>				
health care	.09***	.08**	.06*	
education			-.10***	-.09***
<b>Attitudes: Resources</b>				
priv sector superior in health care				
priv sector superior in education	-.10***	-.08**	-.17***	-.16***
adequacy of government pensions				
<b>Attitudes: Consumer Control</b>				
priv sector superior in health care	.11***	.12***		
priv sector superior in education			.10***	.12***
say/info in government pensions				
<b>Consumption Sector</b>				
home owner				
private education			.07**	.07**
private pension/super				
private health insurance	.07**	.07*		
<b>Issue-Judgements</b>				
materialism				
tax business, rich, high incomes	-.14***	-.17***	-.11***	-.15***
tax household, society	.35***	N/A	.29***	N/A
government responsibility for welfare	-.15***	-.16***	-.11***	-.11***
<b>R Squared</b>	.29	.18	.24	.16
<b>Overall F</b>	10.8	6.0	8.22	5.2

**Note:** Coefficients are standardised. Three stars refer to coefficients that are significant at the 1 per cent level, two stars at the 5 per cent level and one star at the 10 per cent level.

## 18. CONCLUSIONS

1. This survey of attitudes has shown strong support for both state and private welfare in Australia. It only partially supports some of the characterisations of public attitudes towards the Australian welfare state. There has been a tendency to exaggerate the extent of 'welfare backlash', the decline in support for social spending and for government intervention over the past three decades.
2. A majority appears to want both government and private welfare. Significant minorities are either opposed to further government spending and in favour of the expansion of the private sector or in favour of further spending and no further expansion of the private sector. Support for government and private welfare is probably based on different assumptions about what each has or ought to offer.
3. The survey was designed in order to examine whether the rhetoric about the inherent conflict between public and private welfare is reflected in perceptions by the community. The survey has shown that most people do not perceive a tension between public and private provision. This may reflect the willingness of people to welcome services (whatever their sources or the basis of their funding arrangements). It may also be a realistic view of the involvement by the state in both private and statutory provision. This involvement can take various forms including direct provision, subsidy and regulation.
4. The findings of this report point to the importance of the impact of question-wording on replies. I have argued that one of the most commonly used measures for support or opposition to spending on welfare has been highly misleading, that it implies dramatic changes in attitudes. In addition, the report has drawn attention to the need to differentiate between different areas of welfare provision.
5. Most Australians share the view that government has to take considerable responsibility for activities associated with all types of welfare state, be they fairly generous universal provision for health, education and age pensions or means-tested provision for the unemployed and other groups. However, there is also strong support for the private sector, especially in health, and to a lesser extent in education. There is neither outright support for universalism nor an irresistible push towards privatisation and the dismantling of services. Majorities support spending on health and education, even if this means an increase in taxes. Most people who rated the private sector as important or very important in health and education attached the same rating to the government sector. There was evidence of strong and consistent support across various sectors for private welfare only among small minorities. With respect to state services, there was consistency across sectors among large minorities, especially with respect to health and education, though less so if social services were included.
6. Opinions about the Medicare system implied strong support for its extension to cover dental and optical services, but a reluctance to contribute more in taxes in order to improve public hospitals and medical care. This would pose some difficulties for any government seeking to improve the funding base for the existing system. Many people felt that the availability of private medical treatment in government hospitals was either a good thing or made no difference.
7. Party identification is fairly consistently associated with attitudes to state and private welfare. On some issues, particularly aspects of health and education policy, there is a fair degree of correspondence between policy and opinions. The differences between supporters of the major parties were particularly striking over issues like the expansion of the private sector and over the relative importance of government and private health services. Inconsistencies between welfare policy and public opinion are less striking if one takes into account opinions about both state and private sectors. There are areas, though, in which there is divergence between party supporters but convergence between party policies, for instance, over treatment of the unemployed.
8. One of the most consistent findings of the survey is the weak association between opinions and social location defined by measures like occupation and income. Similarly, personal circumstances and life-cycle (sex, age, marital status and so on) were weakly associated with attitudes. However, location in the consumption sector (for example, private health cover and private education) did relate more closely to attitudes.

9. The weakness of associations between opinions and social location was evident in most stages of the analyses, including the multivariate models. This is in contrast to some of the findings from the UK study, in which class or occupational status played a slightly more significant role.
10. The analysis of perceptions of services helped to identify
  - (a) the main weaknesses of the government sector
  - (b) priorities for improvements and
  - (c) the areas in which either the private or the state sector were seen as superior or of similar quality.

The analysis revealed striking similarities in the pattern of perceptions in the UK and Australia. It also showed important differences, thus alerting us to the impact of different institutional conditions. Institutional factors appear to shape the strength and coherence of these perceptions.

11. The private sector was rated as better on nearly all aspects of provision in both countries. However, neither the experience of satisfaction/dissatisfaction nor perceptions of the need for improvement in the government sector appear to exert much impact on attitudes either towards the expansion of the private sector or towards spending rather than tax cuts in relation on government services. I did stress, however, that qualitative analysis of experiences has shown that the links may be stronger than implied in this report.
12. Attitudes to state and private welfare were fairly consistent with respect to particular sectors. For example, in examining specific questions about the expansion of the private sector, about the fairness of and the possibilities for opting out of private health care, there were consistent associations with perceptions of whether the government or the private sector is better on specific issues. Likewise, perceptions of the superiority of private over government provision (and vice-versa) were associated with views about the relative importance of each sector. Perceptions of the need for improvement in government services were also related to (dis)satisfaction with these services in general.
13. One of the differences between Australia and the UK was the more prominent role in Australia of concerns about consumer control and consumer sovereignty. Nonetheless, concern about resources tended to dominate the agenda in both countries. Support for private welfare was, however, significantly linked with concerns about consumer sovereignty.
14. Opinions about taxation with respect to individuals, society, the rich, industry, business and those on high incomes were all strongly linked to attitudes to welfare. There were also strong connections between views about the responsibilities of government and attitudes to welfare. Several points are worth noting. There were fairly consistent relationships between views on spending versus tax cuts with views about spending (without any reference to opinions about taxation). There was only a weak relationship between views about the expansion of the private sector and about more spending on government services. Views on spending were likely to operate quite separately from those about private expansion. By contrast, views on spending were connected with opinions about taxing the rich, business and so on. The relationships with views on personal taxation vary according to whether one is measuring opinions about spending or about the trade-off between spending and tax cuts. The stronger associations emerge with respect to the latter.
15. Multivariate analysis of the factors that might explain variance in attitudes to welfare highlighted the importance of differentiating between areas of provision and of being aware of the impact of question wording. Many of the strongest relationships in the bivariate analysis emerged as predictors of variance in the multivariate models. Views about personal taxation were an important factor in explaining the variance of opinions about
  - (a) tax cuts versus spending and
  - (b) tax cuts versus spending and expansion of the private sector.

However, the major predictor of variance in views about spending (without any mention of tax cuts) was attitudes towards government responsibilities. In the models which examined support for the relative importance of government and private welfare and support for the expansion of the private sector, location in the consumption sector (private health insurance and private education) and views about the perceived superiority of the private sector in facilitating consumer sovereignty emerged as the major predictors of variance in attitudes.

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