

Funding of Non-Government Welfare: Agencies Serving Disabled People in Western Australia

Author:

Graycar, Adam; Silver, Wendy

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Adam Graycar

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Social Welfare Research Centre
THE UNIVERSITY OF NEW SOUTH WALES

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Social Welfare Research Centre
The University of New South Wales
P.O. Box 1, Kensington, NSW 2033, Australia

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PREFACE

The Social Welfare Research Centre is involved in an extensive study of social welfare provision through non-government welfare organizations in Australia. Non-government welfare organizations have long been a part of the Australian scene and have had the reputation of being innovative, humane and indispensable. In recent years government has begun to play an active role in the funding of many agencies and in so doing there are costs and benefits to the agencies, to government, and to the clientele. In Australia there is a remarkable paucity of information about the agencies, their relationships with their clientele or with government — in short about the size, structure and functions of the non-government welfare sector.

Other studies under way in the Centre will focus on different aspects of these relationships. This study is about the funding relationship between agencies and government in a functionally and geographically limited area. It examines processes by which funding is obtained and documents the reliance of agencies on government and discusses some of the associated costs. While the agencies studied all deal with disabled people in Western Australia this is not a study about disability, nor is it an evaluation of the performance of these agencies. It is a study which documents a process in a vitally significant part of our welfare system.

The paper has been prepared in order to report some relevant findings and in order to contribute to the debate about how the funding relationship has developed and can develop further. It is primarily a discussion paper and should not be thought of as a definitive report on a number of organizations.

While we have thought about alternative methods of funding, especially in the fields of project grants rather than organizational grants (and concomitant issues of accountability) we have not seen it as our role to prepare recommendations along these lines.

Grateful acknowledgement is made to officers of the fourteen organizations which participated in this study :- Association for the Blind of W.A.; Good Samaritan Industries; Mentally Incurable Children's Association; Paraplegic-Quadriplegic Association of W.A.; Richmond Fellowship of W.A.; Riding for the Disabled Association of W.A.; Royal W.A. Institute for the Blind of W.A.; Slow Learning Children's Group; Spastic Welfare Association

of W.A.; Speech and Hearing Centre for Children; Tuberculosis and Chest Association of W.A.; Uniting Church Homes for Children; W.A. Deaf Society; W.A. Society for Crippled Children, all of whom gave generously of their time and expertise. Thanks are also due to officers of the Department of Social Security who helped with factual and contextual matters.

CHAPTER 1 THE STUDY FRAMEWORK

INTRODUCTION

People with disabilities or handicaps receive support from informal sources such as their families and friends and neighbours, as well as from formal service systems such as those found in government and the non-government service sectors. The Commonwealth Government is heavily committed via the income security system where it pays in the order of \$1 billion per annum in invalid pensions, and it is also committed through programs which provide funds to non-government organizations. The state governments provide services through their health, welfare and education systems. A very substantial provider of services however, is the non-government welfare sector. The private organizations which provide the wide spectrum of services found in our society are heavily subsidized by government.

This study is about the processes by which certain non-government organizations obtain resources to provide services for disabled people. The study was carried out in Western Australia — fourteen Perth-based organizations which provide services to persons with some physical, sensoral, intellectual, or psychiatric disability were studied. These fourteen organizations provide services for between three and five thousand children and adults, although they have no statutory responsibilities for any specific population group. Their total operating budget (1980) amounts to approximately \$21 million, half of which comes from Government (State and Commonwealth). They are important in the community and are often formidable institutions with substantial funds and considerable political clout.

They are private organizations and operate with skilled professional staff under the direction of responsible private citizens who give time, effort, and sometimes money to try to improve the quality of life of certain handicapped people. Many of their Board members are prominent in Perth business and social circles. Some are also consumers of services either directly, by virtue of having a disability themselves, or indirectly as a relative of a person with a handicap.

The transfer of public funds to these private organizations implies, first of all, that government accepts some responsibility for the well being of citizens with disabilities. Second, it implies that the agencies have a sufficient degree of responsibility to be entrusted with public funds and

that they will be responsive to community needs in providing the services required. Third, it implies that non-government welfare agencies (NGWOs) are more appropriate developers and deliverers of services than are governments.

By the 1960's when the Commonwealth Government first became involved in substantial funding of NGWOs, the organizations themselves had been operating, as a service system, for decades. Their development had followed no coherent, consistent or co-ordinated themes. Government funding did not automatically bring about coherence, consistency or co-ordination. In fact at the outset, the entry of the Commonwealth government to the service field did not reflect a choice between whether the Commonwealth itself should begin to deliver services or not, but rather whether it would assist non-government agencies or not. Since the entry of the Commonwealth the situation has been characterized by dependency of the agencies on government funds.

Services are delivered largely by private organizations which rely on significant contributions of public funds. A complex blend of private and public as well as formal and informal provision exists within the most awkward context of all, a federal system. There are four parts to the framework within which this study can be understood

- a) issues in public and private provision;
- b) issues in Federal/State relations;
- c) issues in determining organizational flexibility and adaptiveness;
- d) issues in determining the role of government.

These issues will not be dealt with in a sequential manner, but will be woven throughout this volume. It must be pointed out that this paper is an attempt to explore complex issues and contribute to contemporary debates. It is essentially a discussion paper, and not a report.

a) Issues in public and private provision : In our society people turn, when they have needs, to family, friends, neighbours and local networks; to specially established organizations; and to government. Different needs obviously are satisfied by different bodies and without doubt, there has been a blurring between public and private formal provision. Government is accepted as a body which plays an active role in response to a wide range of citizen demands. It redistributes a proportion of the community's resources according to its ideological bent and according to considerations of expediency. The prime allocations of the welfare system are cash and

services.¹ A convenient and pragmatic division has grown up whereby government, through the income maintenance system allocates cash while the NGWOs deliver services. Services are extremely costly to deliver.

NGWOs in Australia have always had some relationship with government, and as government resource allocation has increased, and the size and scope of the welfare state has increased, it has become obvious that these private organizations are an integral part of the welfare state. As such one could expect a commitment to welfare state principles of social justice and equity. The NGWOs became part of that pattern of comprehensive coverage which was being aimed for. As such it seemed appropriate to integrate NGWOs into the development and delivery of public allocations. An important group of actors in Australia are the peak bodies representing the NGWOs and the major operator in the field of disability is the Australian Council for Rehabilitation of Disabled (ACROD) a national body concerned both with broad scale advocacy and specific allocative and service issues.

The growth, in the past decade, of the public sector has been accompanied by a growth in size and scope of NGWOs. Much of the NGWO growth has been government funded. Government uses NGWOs to provide services that it does not have the capacity or skill to provide, or that it does not have the inclination to provide. Capacity and inclination are determined politically, and it is in this determination that NGWOs, by virtue of their membership, are able to play a political role. The proliferation of agencies and functions does not augur well, in a pluralist system, for co-ordination of services, reduction of potential for overlap and duplication, for overall accountability, or for the development of coherent social policy. On the other hand it is argued that NGWOs are better providers of services than are governments because they are more innovative; more flexible; cheaper to run; and continually accountable to their membership — not once every three years to a diverse and amorphous electorate.

Most large NGWOs are now heavily dependent on government funds and could not continue in their present form without these funds. An interesting question becomes apparent as governments throughout the world are trying to reduce or at least limit the rate of growth of welfare expenditure : will NGWOs take up the load which government may wish to shed, and if the load is taken on,

¹ A. Graycar, Welfare Politics in Australia : A Study in Policy Analysis, Macmillan, 1979, Chap.1.

will it be done with or without an injection of government funds? It is obvious that the government and non-government sectors are intertwined, and it is of interest to speculate (but not in this paper) on whether non-government agencies would fall if their funding were cut or whether governments would fall if they cut the funding strings to NGWOs.

Financing NGWOs, therefore, is not entirely a matter of private charity. Important questions relate to accountability for public funds, adequate expenditure controls, and guarantees that public funds are used for the most appropriate services and programs. Issues of autonomy and evaluation come to the fore to confound the distinction between public and private as it relates to allocations in the public interest.

b) Issues in Federal/State relations : Once a decision has been made that a particular function or service should be under the auspices of, or at least receive the support of government then the link between federalism and social welfare must be examined. Both "federalism" and "social welfare" are complex concepts without clear, unambiguous meanings. Both are at the forefront of political debate. Welfare and service provision are not static phenomena, but in Australia are subject to the intricacies and machinations of State/Federal relations. The carving up of functional responsibility has been intensely political, and it has been argued² that a government's federalism policy relates closely to its social welfare policy. Which level of government ought to play planning and delivery roles? How much of a role should Commonwealth play — and how much should be left to (or initiated by) State and Local government? What are the intrinsic capabilities of each level of government? What resources do they — or should they have? How sensitive to local problems can a centralized administrative structure be? These are both ideological and operational questions about the desirable functions of the various levels of government, tempered heavily by value stances on the extent of government's role in welfare. They recur throughout the paper.

c) Issues in determining organizational flexibility and adaptiveness : Organizations have goals which guide their activities, structure their decision making procedures, identify their constraints, and place them in the wider socio-political environment. Goals are not static and alter either as socio-political circumstances alter or as certain goals are achieved. In the field

² Ibid., Chap.4.

of disability, for example, certain conditions have been eliminated over time. This has met with community approval and delight and it has also meant that certain organizations have had to restate or reorient their goals. In his book The Volunteers published in the late 1950's David Sills describes how the (American) National Foundation for Infantile Paralysis, an organization dealing with care of polio patients and research into polio, had its main goal achieved when vaccines were developed which led to the complete elimination of paralytic polio as a threat to both children and adults. The Foundation had an organizational structure which made the "succession of goals" quite feasible.³

In the sociological literature "succession of goals" is a term used to describe the process of adaptation by which organizations modify and/or extend their original aims so that their survival is ensured. Their survival might be affected by the rewarding achievement of major goals, or by changes in funding, clientele or political or economic circumstances. The relevance here lies in changes in the dependency relationship with government that NGWOs find themselves in and changes in the way in which expensive capital investments are utilized.

d) Issues in determining the role of government : As pointed out above, government accepts responsibility for certain categories of citizens and redistributes community resources. At a conference in Melbourne in 1980 Martin Rein outlined four ways in which government plays an active role in the welfare activities of the non-government sector — by mandating, stimulating, regulating, and supporting.⁴

Mandating is the procedure by which government passes legislation which requires that certain activities take place. The most relevant in this study are conditions of employment of staff of NGWOs e.g. annual leave and other conditions which add to the cost structure of NGWOs.

Regulating involves the establishment of procedures for overseeing the activities of the agency. Ensuring that premises are safe and that they meet appropriate standards are part of the licensing system. Regulating should not be confused with evaluating.

³D.L. Sills, The Volunteers, Free Press, 1958, pp.253-268.

⁴M. Rein, "Private provision of welfare" in R.F. Henderson (ed) The Welfare Stakes : Strategies for Australian Social Policy, IAESR, 1981, pp.14-16.

Stimulating refers to the means by which government provides incentives to agencies to do what government would like them to do.

Supporting an agency takes place so that it will provide services at a standard, and to a clientele, deemed appropriate by government.

Irrespective of the means government might adopt to provide services through NGWOs, its control over service delivery will be limited.

A three state study of programs for mentally handicapped persons published in 1977 found substantial government subsidies, especially for capital, yet while government accepted this as an ongoing commitment, it exerted little if any influence over the operation, applicability, or effectiveness of these programs. The authors claimed this was a major problem for both governments and the relevant NGWOs.⁵

In a study of four NGWOs in South Australia in 1968, Adam Jamrozik argued that control over the services provided by them was beyond the political control of government,⁶ and their firmly entrenched position and powerful membership kept them out of reach of government control. "It is not 'who pays' but 'who decides', that is the criterion of a voluntary welfare service".⁷

Jamrozik also found that NGWOs which provide institutional care are likely to be supported by local groups which spend most of their efforts on fundraising and have little influence on policy or planning. The greater the professional skill required to provide the service, the greater the power of the Board, or Central Committee because the power is based on the means and managerial skills of the businessmen, and the expertise of professionals both of whom are often represented on management boards.⁸ In the area of disability, a high level of professional skill is required.

⁵P.B. Berry, R.J. Andrews & J. Elkins, An Evaluative Study of Educational, Vocational and Residential Programs for the Moderately to Severely Mentally Handicapped in Three States, Schonell Educational Research Centre, University of Queensland, 1977, p.21.

⁶A.W. Jamrozik, Social Administration in South Australia, unpublished B.A. thesis, University of Adelaide, 1968, p.89.

⁷Ibid., p.5.

⁸Ibid., p.29.

A more recent South Australian study (limited to intellectual handicap) found problems in the funding of non-government services in that policies relating to State government funding of non-government agencies have developed in an ad hoc manner; they are not logically consistent; and they are often crisis oriented.⁹ The report highlighted an absence both of a legislative framework and of a co-ordinated approach to the delivery of services. Despite substantial Commonwealth and State government funding, the study found no formal or informal structure to which government departments and NGWOs have a firm commitment, which would enable the various actors to come together regularly to identify problems being experienced by intellectually handicapped people, or the difficulties funders and service providers have in providing appropriate services to meet needs.¹⁰

The lack of a central controlling or co-ordinating mechanism has led to role confusion among the agencies as well as overlap, duplication, and competition. It has led to an absence of joint planning; to policy development in an environment characterized by a lack of adequate knowledge about needs and service coverage; and the absence of consultative mechanisms by which policies can be discussed, priorities determined and funding proposals resolved leads to political and service vulnerability. A recent Tasmanian study¹¹ also found a general absence of co-ordination, accountability and control in the service and funding structure.

As the service structure takes shape, two themes come to the surface — responsibility and accountability. These, and the resultant services are essentially a mix of philosophy and process. The "service" is not the organization, but the outcome of the process — the product provided for the public. The people who contribute to this process have been divided by David Donnison into three groups, those who provide the service, those who control the resources they require, and those who determine the demands met by the service.¹² At times these three groups may consist of different people — at other times there is considerable overlap.

⁹South Australian Health Commission, A New Pattern of Services for Intellectually Handicapped People in South Australia. Final Report of the Intellectually Retarded Persons Project, S.A. Health Commission, November 1981, Vol.1, p.13.

¹⁰Ibid., Vol.2, p.168.

¹¹Report of the Tasmanian Board of Inquiry into the Needs of the Handicapped, Tasmanian Government Printer, Hobart, March 1980, [Webster Report].

¹²D.V. Donnison and V. Chapman, Social Policy and Administration, London, Allen & Unwin, 1965, p.232.

DISABILITY : INCIDENCE, ISSUES AND SERVICES

A significant feature of life in all modern industrial societies is the incidence of impairment, disability and handicap. Although this study is not primarily about disability, some background on disability is presented to better provide a context for the operations of the agencies which have been studied.

People with limiting conditions can be found in all parts of the community. Some require intensive care, some do not. Some are cared for by their families, some by non-government organizations, some by government. Many believe that people with disabilities are excluded from a wide variety of social and economic activities and in the attempt to redress the balance some are vocal and some are not. Causes are promoted and services are provided in a variety of ways under a variety of auspices.

Enumeration of people with disabilities is limited by complex definitional difficulties. The 1976 Census had a question, for the first time, on disabilities experienced by people, but the lack of uniformity in the response rendered the data unproductive, although there have been attempts to make use of the data collected. Between February and May 1981 the Australian Bureau of Statistics conducted a national sample survey to obtain information about the nature and extent of various disabilities and handicaps in the Australian community. This was the first time that such a survey had been conducted.

Preliminary results¹³ showed that 13.2% of Australians were disabled, and of these, two thirds (1,264,600 people) were handicapped. A disabled person was defined as one who has one or more of a long list of disabilities or impairments e.g. loss of sight; slowness at learning or understanding; incomplete use of arms, fingers, legs, feet; disfigurement or deformity, etc., while a handicapped person was defined as a disabled person who was further identified as being limited to some degree in his/her ability to perform certain activities or tasks in relation to one or more of selfcare; mobility; communication; schooling; employment. The survey further identified three levels of severity of handicap — mild, moderate and severe. Of the handicapped persons 27.8% were deemed mildly handicapped; 23.9% moderately handicapped and 48.3% severely handicapped.

¹³Survey of Handicapped Persons, Australia February-May 1981 (Preliminary).
Australian Bureau of Statistics, Catalogue No. 4342.0. 17.8.1981.

In Western Australia there were 120,000 handicapped people, 9.5% of the population. This was the highest incidence by state in Australia. (The national incidence of handicap was 8.6%; and in N.S.W. it was 8.1%; Victoria 8.8%; Queensland 9.4%; South Australia 9.1%; Tasmania 8.5%; N.T. 4.2%, and A.C.T. 6.0%). 45,800 or 3.6% of the W.A. population were severely handicapped, a proportion very close to the states' average. The states varied markedly in the provision of residential accommodation. The survey distinguished between handicapped people in "households" and those in "health establishments", that is handicapped persons homes and hostels, hospitals, nursing homes. In Australia, 19.6% of severely handicapped people were in health establishments and 80.4% in households. At one end of the range (in Victoria) 17.9% of severely handicapped people were in health establishments and 82.1% were in households. At the other end of the range, (in Tasmania) 23.1% were in health establishments and 76.9% were in households. In Western Australia 22.3% of severely handicapped people were in health establishments and 77.7% were in households.

This is not the place to provide a comprehensive review of theoretical issues relating to disability. It must be noted, however, that in the last two decades many of the basic assumptions underpinning most of the current services for disabled people have come under challenge. This has implications for the future development of services, and it highlights funding dilemmas where unresolved and divergent professional controversies abound. The most intense debates have been about demedicalization, deprofessionalization, deinstitutionalization and normalization.

Demedicalization and deprofessionalization : Eligibility for most services and allocations is conditional on professional judgements and often in the case of disabled people, a medical practitioner. Medical presence which commences in the acute or diagnostic stage and continues throughout the life of disabled people extends to many aspects of life, especially in the social welfare and employment areas. This constant presence has been criticized as dependency creating because the strong use of the medical model and the attendant "sick role" removes from the disabled person the obligation to take charge of his/her own life.¹⁴

¹⁴G. De Jong, "Independent living : from social movement to analytic paradigm", Arch. Phys. Med. Rehabil. Vol.60, 1979, pp.435-446.

It is argued that the "sick role" conditions people to exempt themselves from normal social activities and responsibilities, with the role abating when a "cure" is effected. Traditional rehabilitation services are heavily medically oriented and as such expect the individual to change according to advice tendered by physicians, nurses, occupational therapists, physiotherapists, psychologists, social workers, counsellors on issues ranging from his/her health needs, sexual needs, social needs, family relationships, vocational possibilities, housing needs, recreational opportunities, transport needs, etc. The ubiquitous presence of professionals and their dependency creating roles are also coming under continuing critical scrutiny from disabled people themselves.

Deinstitutionalization : The peculiar effects of institutional settings have been extensively documented in the literature. Goffman¹⁵, for example, describes how patients in institutions are encouraged to follow instructions, rules and regulations and how individualistic behaviour is discouraged in institutional requirements for compliance. The "good" patient is one who does not disagree with, nor questions, staff.

The movement for deinstitutionalization, active in fields as diverse as intellectual handicap, physical disability, mental illness, juvenile delinquency and gerontology, stresses that community care can provide a set of conditions conducive to specialist care and human dignity. But any move towards deinstitutionalization must be coupled with a capacity in the community to perform caring functions. There is a danger that if moves towards deinstitutionalization are not accompanied by sufficient resources for community care, excessive care functions will be placed on family members, especially upon women. Deinstitutionalization is feasible when there are concurrent commitments to community care and to the principles of normalization.

The principle of normalization is based on the notion that disabled people should live lives which approximate, as much as possible, those deemed culturally normative in their own community.¹⁶ The principle goes hand-in-hand with deinstitutionalization and desegregation, especially in the use of services and facilities and has received considerable support from many areas of government. It also underpins the movement against segregated education

¹⁵E. Goffman, Asylums, Penguin, 1961.

¹⁶W. Wolfensberger, The Principle of Normalization in Human Services, Toronto, National Institute on Mental Retardation, 1972.

for students with special needs, the movement for generic health and welfare services to cater for disabled people and calls for barrier-free transport and environment to allow all citizens access to all community facilities.

Welfare politics in the 1980's is at an important threshold. Political activity and purposeful advocacy have identified needs and conditions which are prevalent and which, it is argued, have not been treated adequately by the allocation of sufficient resources. Research developments in the area of disability have identified new therapeutic techniques which, when built into policy proposals, have highlighted debates about demedicalization, de-institutionalization and normalization. For many years dealing with disability was regarded as some form of charity, but political activity by certain consumers against the backdrop of considerable resources, facilities and legislation confirms that we are dealing with a highly political and highly expensive phenomenon. This is so despite the fact that the incidence of disability is far greater than can be dealt with adequately by resources presently allocated.

Extremely contentious issues now enter the arena. After a long period of substantial public sector growth all governments are seeking ways to put brakes on their spending. This has coincided with a conservative ascendancy in which it is argued that government cannot be an all risks insurance company protecting all people against all risks and supporting them in each and every adverse eventuality. One response has been to stress reprivatization — to move responsibilities from government elsewhere. In general there are three avenues of privatization.

- a) care in the commercial, profit-making sector,
- b) care in the non-profit or "voluntary" sector,
- c) care by the individual, in the family, and in other informal arrangements.

If government wishes not to provide services itself, its cheapest options are a) and c). While a) may be appropriate in some areas of public provision it is exceedingly difficult to make a plausible case for medical care being subject to the market in the same way as say television sets or soap powder are bought and sold in the market. If one extends the argument to socio-medical aspects of care associated with disability, then the commercial market is utterly inappropriate as a care system. Option c), the family etc.,

is regarded by many politicians as the answer to problems associated with care, and consequently there has been a strong thrust in the development of "family policy". There are many things "the family" can do, and does, but in the area of disability, families do not always have the resources and facilities needed for high quality treatment of severely disabled members, nor can they always provide an overall satisfactory environment for these people. If there are well resourced supportive facilities, families can, and do play the major caring role for their disabled members. What overseas evidence exists indicates that families do not lack willingness to care for dependent relatives, but they frequently lack the capacity.¹⁷

In realistic terms, option b) comes to the forefront. (Options which were debated during I.Y.D.P. such as direct cash payment to individuals so that they can buy appropriate services, or various contract arrangements are not relevant to this paper). Non-government non-profit agencies have been dealing with disabled people in W.A. since the beginning of this century, though most of the agencies started receiving funds only in the last 10 to 15 years. As pointed out, these organizations now receive slightly more than half of their \$21 million operating budgets from government. The immediate question that comes to mind is whether it is cheaper for government to fund non-profit agencies than to provide services itself. Of course, this depends on complex questions about responsibilities of government for different groups of citizens.

Non-government welfare agencies have found themselves on a growth spurt for the past two decades. In that time the number of agencies in Australia has tripled and their scope and size of operations expanded dramatically. Nevertheless, NGWO's complain of insufficient funds to meet needs, a decline in funding from non-government sources, increasing dependence on government for funds, together with bureaucratic obstacles which make funding unreliable and leave the agencies not always able to plan their activities. The converse of this situation is that levels of program accountability are very low, for government does not state explicitly what quality of service it expects in return for its funds and the agencies are not accountable in the community.

¹⁷ A. Monk and R. Dobrof, 'Social services for older people' in D. Fanshel (ed) The Future of Social Work Research, New York, N.A.S.W. 1980.

For most of Australia's history, families and non-government welfare organizations have provided care and support for disabled people. Government intervention on a significant scale is a relatively recent phenomenon and to this point government intervention has been mostly in the form of providing assistance to organizations to provide services to disabled people.

When it came into effect in 1901 the Constitution gave the Commonwealth Government the power to legislate on invalid and old-age pensions. In 1908 the Commonwealth enacted legislation for invalid pensions and the first pensions were paid in December 1910 to applicants over the age of 16 who because of an accident or from natural causes were totally and permanently incapacitated for work. In 1941 this was amended in that the degree of incapacity was reduced to 85 per cent, and in 1980 the meaning of "totally" as "85% incapacitated" formed part of an intense controversy.

Following World War I the Commonwealth established a Repatriation Department to provide medical treatment and rehabilitation of incapacitated ex-servicemen. It was not until after World War II that the Commonwealth put any resources into non-military rehabilitation. This 1948 civilian rehabilitation scheme was the precursor of the Commonwealth Rehabilitation Service (C.R.S.). The coverage of the service was expanded by several amendments throughout the 1950's.¹⁸ When introducing one of the amendments in 1955 the then Minister for Social Services, William McMahon, paid tribute to the work that had been done over the years by the many voluntary bodies and said that the Government did not intend to intrude into their fields. The general intention was that the C.R.S. would work in close association with voluntary organizations and State education departments, and be able to fill gaps in existing services.¹⁹

For many people sheltered employment is appropriate and the Commonwealth has assisted voluntary organizations to provide facilities. Throughout the 1950's and early 1960's there was pressure, particularly from groups such as the Civilian Maimed and Limbless Association of N.S.W. and the State Councils of Social Service for suitable accommodation for disabled persons as well as suitable employment facilities. Usually these went hand in hand. The Disabled Persons Accommodation Act 1963 enabled grants to be made to churches and other eligible voluntary organizations towards the capital costs of erecting or

¹⁸For historical background see T.H. Kewley, Social Security in Australia, Sydney Univ. Press, 1965, pp.328-335.

¹⁹Ibid., p.330.

purchasing buildings to be used as residential accommodation for disabled persons employed or likely to be employed in a sheltered workshop. Funds were first made available in 1964. This essentially enabled organizations to survive. Only later did the funding make it possible for them to expand. The legislation was repealed in 1967 and its provisions incorporated in the Sheltered Employment (Assistance) Act 1967. This Act enabled subsidies to be paid to eligible organizations towards the cost of new sheltered workshops or extensions or alterations to existing ones. The funds provided led to an increase in the number of sheltered workshops, but there was no means of ensuring an even geographical spread.

Provisions for children included the enactment in 1970 of the Handicapped Children (Assistance) Act which was designed to help organizations provide special training facilities. The Handicapped Children's Benefit was introduced in 1968 to assist eligible organizations to provide residential accommodation for handicapped children under 16 years of age. The current level of payment is \$5 per child per day.

In 1974 the Whitlam Government announced a 15 point program for the welfare of handicapped people, and this program formed the basis of the Handicapped Persons Assistance Act 1974 (HPA Act). The HPA Act repealed the Sheltered Employment (Assistance) Act and the Handicapped Children (Assistance) Act, and according to the Minister introducing it in the Parliament, (Mr. Hayden) the Act "extends the Australian Government's programs of assistance to voluntary organizations that have assured responsibility for the welfare of handicapped people".²⁰ The Act provides subsidies to voluntary non-profit government bodies for special services. The subsidies are designed to assist voluntary organizations providing services for physically or intellectually handicapped people who do not require constant medical attention but, nevertheless, need special services. The program has the following major aims : to promote the productive employment of handicapped people, wherever possible in open employment, or within sheltered conditions; to promote the personal, social and intellectual development of handicapped people; and to provide residential accommodation services for handicapped people.²¹

²⁰ Commonwealth Parliamentary Debates (H. of R.) 13/11/1974, p.3441.

²¹ Department of Social Security, Annual Report 1979-80, Canberra 1980, p.41.

Subsidies are provided to organizations providing approved programs of sheltered employment, activity therapy and training with associated accommodation facilities and ancillary rehabilitation and recreation programs. The subsidies cover capital costs (80%), equipment costs (80%), maintenance of buildings and facilities (80%), rental payments (80%) and staff salaries (50%). A training fee is also payable to sheltered workshops for successful graduation of handicapped people to open employment.

In introducing the Bill, Mr. Hayden praised the voluntary associations

At this point I would like to express my appreciation of the work of the voluntary agencies. There is a very special role for them to play for there are many people whose needs are best served by these organizations. Although the Australian Government provides for the general economic welfare of the disabled, it is the voluntary organizations that are able to help, in a way not always possible for a Government department, in the personal day-to-day care of many mentally or physically handicapped people ... The Australian Government has the financial resources; the voluntary agencies have the grass roots understanding. By working together we have achieved much. This Bill opens the way for us to achieve more ... We accept as a challenge the role of joining with community organizations to broaden the horizons of handicapped people, to promote their abilities in both occupational and recreational activities and, overall, to improve the range of their social opportunities.²²

He did, however, express some reservation about past activity

The morality of the social contracts written by past governments for some of these groups has been very much open to question. All too often it has been a case of those with the most financial and political influence, the most access and the most highly developed sense of their own importance to our economic and social system receiving the most attention. On the other hand the modest, the humble and the handicapped have received only token attention. The exciting new provisions covered by this Bill provide a significant measure of the social progress we have made in the past 2 years.²³

²²Commonwealth Parliamentary Debates (H. of R.) 13/11/1974, p.3442.

²³Ibid., p.3443.

Three years later, at an international conference in Manila, the Liberal Minister, Senator Guilfoyle reaffirmed Commonwealth government commitment to disabled people, or more precisely to organizations working with disabled people.

"Legislation for the handicapped is largely about developing suitable structures to support their rights ... (v)oluntary organizations, because of their capacity to develop a sense of community and to attract highly committed people, are appropriate structures through which to provide many of the services to handicapped people".²⁴

As the Minister pointed out in her speech, much of the original impetus for national programs for handicapped people came from the efforts of voluntary associations.

To a large extent support and development has been bipartisan. When there have been party political critiques they have usually been related to specific matters of administration.

The essence of the current situation is that the Commonwealth Government

- a) has accepted substantial responsibility for the welfare of disabled people.
- b) has developed intervention programs to further the welfare of some such people.
- c) has decided that the most appropriate method of service delivery is through non-government welfare organizations.

State governments have not played a strong role, though their activity in the disability field considerably pre-dates the Commonwealth's role. The W.A. State Government has a more low key approach than the Commonwealth. The consolidation by the Commonwealth of its program of assistance for disabled people into the HPA Act and other relevant legislation is not paralleled in West Australian or any other state legislation. The Minister for Health in W.A. has two advisory committees — one on Mental Retardation and one on restorative care, both of which provide advice on matters relating to this

²⁴M. Guilfoyle, "Dignity and Personal Fulfilment : The Implementation and Administration of Legislation for Handicapped People in Australia", paper delivered at the Second International Conference on Legislation Concerning the Disabled, Manila, 16 January 1978, pp.2 and 4.

area of service. Services for intellectually handicapped people are provided through the Division for the Intellectually Handicapped in the Mental Health Services and some public hospitals have developed a specialist rehabilitative function. The Child Health Service's Child Development Centre provides an assessment and intervention service for disabled children.

The State Departments of Health, Education and Community Welfare are active within their generic functions in catering for the needs of disabled children and adults. In addition the State Government currently provides in the order of \$5 million per annum to NGWOs working with disabled people.

Present arrangements do not satisfy all actors and criticism abounds about the nature of the services, the direction of the services, the targets of the services, funding issues, levels of autonomy and accountability, and the whole nature of government intervention.

THE STUDY

Thirteen of the organizations included in this study were chosen from a list of sixteen which are subsidised under the HPA Act in W.A. Three from that list were not included, two because of a decision that their function only marginally fell within the range of this study and one because the administrator did not wish to participate in any research. A fourteenth organization was included because, although it was not currently funded under the HPA Act, functionally it was within the range of the study and indeed has proved to have been an appropriate addition. These fourteen agencies form the bulk of the service providing NGWOs in the field of disability in W.A.

An interview schedule was prepared and piloted with one of the agencies. Adjustments were made and then a structured interview lasting from 1½ to 2½ hours was conducted with the chief administrative person in each organization. With only two exceptions the respondents were extremely generous with the information they provided and left few questions unanswered.

Additional information was collected from a variety of published sources. Collecting this information proved to be a time consuming and often frustrating task as the data is not collated in an easily accessible form. Annual reports of the organizations, annual reports of State and Commonwealth Government

Departments, W.A. Government Consolidated Revenue Fund Accounts and some newspaper reports all provided useful information. Some unpublished information was provided by the Department of Social Security. Without doubt, however, the most valuable information was that so readily given by the administrators who were interviewed.

The sensitive nature of some of the data is recognised by the authors. We gave guarantees to the administrators that we would not publish in identifiable form any information that was given to us in interviews. To keep faith with them we have aggregated most of the data and not presented raw data at all. Any mention of the organizations by name is in connection with data from a publicly available source.

There are many gaps in the data. Some of these may have been able to be filled given infinite patience and time. However, awareness of diminishing returns led us to terminate the data collection phase of the study and move on to examine what information we have.

In this monograph we have studied a small number of organizations in Western Australia in an attempt to discover, among other things, processes by which NGWOs are resourced, whether the non-statutory sector performs tasks which properly should be performed by government; whether social care and related policy matters have been privatized; to how much autonomy the agencies have; and how much accountability is expected of the agencies. While not all of these questions can be answered unequivocally, the following pages will deal with them in broad terms, with an overall discussion in Chapter 4, and some concluding comments in Chapter 5.

CHAPTER 2 DESCRIPTIVE OVERVIEW

THE ORGANIZATIONS

All fourteen organizations in this study have voluntary governing boards and paid professional and support staff. The sources of funding, which come through a variety of governmental and non-governmental channels, are detailed below.

Of all the services and facilities provided by the fourteen organizations, the largest number are residential or institutional. Eleven of the fourteen organizations provide residential facilities, four provide a total of five nursing homes; seven provide a total of twenty-five hostels; four provide a total of twenty group homes and one provides a complex of thirty-one flats. Only two of the organizations provide any form of home support service. Six provide a total of ten sheltered workshops; four provide a total of fourteen activity therapy centres; two provide a total of eight education facilities. Six organizations provide treatment and/or training; two provide counselling, two provide recreation facilities, three have library services, one an interpreting service and two were planning for employment services.

The State Government provides facilities in many of these categories. In some cases they are reserved for particular groups (e.g. severely and profoundly intellectually handicapped children), in other cases they supplement those provided by non-government organizations. While there are many issues relating to the nature, funding and provision of services (discussed below) no attempt is made here to assess the suitability or quality of services and facilities.

All of the organizations in the study specified the clientele they served. Some were able to describe the clientele in a sentence or two; others required considerable explanation and illustration. For some the clientele was clearly and specifically listed, for example "intellectually handicapped children, adults and their families"; "visually impaired adults"; "profoundly retarded people aged 13 to 48"; "hearing impaired adults", etc. Others were considerably less specific e.g. "any disabled person"; "visually handicapped and other disabled persons who do not require medical care"; persons with "cerebral palsy and other related conditions". Others again dealt with people who could be described as physically or medically disabled and/or "mildly mentally retarded", that is persons with disabilities other than

moderate, severe or profound intellectual handicap.

Some of the organizations began by serving a clearly defined clientele, but as time went on broadened their clientele and functions, yet retained their original name. The W.A. Society for Crippled Children started by providing services primarily for children suffering from muscular dystrophy but now serves a range of non-intellectually handicapped physically disabled children and adults.

The Tuberculosis and Chest Association of W.A. now deals with "any handicapped person who can benefit from the service". The Royal W.A. Institute for the Blind has, over the last two years serviced disabled people other than blind people "to keep facilities being used at optimum level". In 1981 the Institute advertised in the daily press for clients for its sheltered workshop and residential facilities which, the advertisement stated, were not exclusively for blind people.

The general process by which a person becomes eligible for an organization's services is by way of meeting professionally determined criteria. In nine of the organizations a prospective client/patient has to be examined/interviewed/tested by an appropriate staff professional; in three of the organizations the decision about eligibility, is made by the Board, and/or the Administrator, presumably on the basis of some professional referral. In most of these cases eligibility in effect, is arbitrary, and may revolve around a wide range of issues varying from strictly diagnostic to discretionary selection by the authorities in which all sorts of prejudices may feature. Sheer availability of a service at a particular place or point in time is also a major factor governing eligibility. In one of the organizations which provides a residential facility, the process involves an initial referral from a professional involved in treating the person (70% of referrals came from social workers). This is followed by a 3 to 4 day live-in trial after which an application for admission is made. The application is decided by the staff and other residents, but the Director has a power of veto.

Two of the organizations were more pragmatic. While specifying general diagnostic criteria, one stated that admission was "based on our capacity to perform a useful function with a particular person", the important thing being an assessment of the suitability of the potential client/patient. Another of the organizations said that eligibility depended upon a bed being available, with preference for people with one of two diagnostic conditions, but then

pointed out that facilities could not be left idle and people with different conditions would be taken to keep facilities in use.

It appears that while Commonwealth legislation determines aspects of funding, eligibility for use of services and facilities is a fairly arbitrary matter. Eligibility is completely at the discretion of organizations, with variations, over time, to suit changing conditions.

RECURRENT FUNDS

The organizations account separately for their operating costs and capital costs. Their individual operating budgets for the financial year 1979/80 ranged from \$36,900 to \$5.4 million. The total for the 14 was \$21.5 million. To maintain confidentiality the organizations have been divided into four groups —

- Group A comprises five organizations each of whose 1979/80 operating budget exceeded \$2 million.
- Group B comprises 4 organizations each of whose budget was in the range of $\$ \frac{1}{2}$ million to \$2 million.
- Group C comprises 3 organizations each of whose budgets fell in the range of \$100,000 - \$500,000.
- Group D comprises 2 organizations with budgets of less than \$100,000 each.

Four categories of income sources have been identified :

- (i) Commonwealth Government,
- (ii) W.A. State Government,
- (iii) Self-generated income — this category includes any money which is generated by the organization through its own resources. It comprises fees paid by clients* or their families for use of the organizations' facilities or services; sale of products resulting

*In some cases the invalid pensions due to the clients are paid directly and in bulk, to organizations who in turn pass a portion on to the client for personal spending money and use the remainder as the clients' fees.

- from the organizations' own enterprises; capital transactions — e.g. sale of assets; income from investments,
- (iv) Donated funds — this includes all funds which are donated to the organization by individuals, business houses, service clubs. It also includes bequests but does not include money received from the Lotteries Commission of W.A.

Only monetary resources have been considered. Data on other resources is not readily available. Donations or bequests of land or other assets have not been included, nor have donations of goods whether for direct use by the organization or for recycling and subsequent sale. No estimate of the value of time and effort of volunteers has been made. These less tangible donations are undoubtedly an important aspect of the operation of some of the organizations but consideration of their significance is outside the scope of this study.

Table 1 (page 23) shows average proportions and ranges for each of the sources, by organizational grouping. It is of interest to note that more than half of the operating funds come from government. The range is large, with one organization receiving 84% of its operating budget from government, while another received only 11%. It is also of interest to note that the largest organizations received an average of approximately 10% of their operating budgets from donated sources while the smallest ones received an average of one third. There are obviously limits to public philanthropy.

COMMONWEALTH

The Commonwealth Government provides recurrent funding via the Handicapped Persons Assistance Act. Funding under this Act is specific purpose and is given for capital works, rental, equipment, staff subsidies and on a per capita basis for handicapped children in residential care. All 13 organizations obtaining this funding receive staff salary subsidies. None are currently receiving rental subsidies. Capital funds and funds for major pieces of equipment or plant are included under capital funding.

TABLE 1

SOURCE OF INCOME - PROPORTIONS (per cent)

	Combined Government		Commonwealth Government		State Government		Self-generated		Donated	
GROUP A	Average	Range	Average	Range	Average	Range	Average	Range	Average	Range
(budget above \$2M)	52	12-84	34	11-50	18	0-33	38	8-87	10	0-27
GROUP B (\$½M to \$2M budget)	37	11-79	17	7-42	20	0-38	53	14-87	10	7-17
GROUP C (\$100,000-\$500,000 budget)	55	33-68	17	12-19	38	16-51	11	0-23	34	29-43
GROUP D (budget below \$100,000)	41	35-46	35	23-46	6	0-12	22	0-44	37	21-54
TOTAL	51	11-84	29	7-50	22	0-50	32	0-87	17	0-54

Two organizations receive deficit funding from the Commonwealth via the Nursing Homes Assistance Act for part of their operations. These two receive the highest percentage of their funds from Commonwealth sources (approx. 50% each).

Eight organizations receive one or more forms of per capita funding from Commonwealth sources, such as Schools' Commission, Nursing Home Benefit (Health Act), Handicapped Children's Benefit (Handicapped Persons Assistance Act), Personal Care Subsidy (Aged or Disabled Persons Homes Act), Aboriginal Secondary Education allowance. In general the money received on a per capita basis represents a very small proportion of the organizations' operating budget. Two organizations receive project grants from the Department of Employment and Youth Affairs.

STATE GOVERNMENT

The W.A. Government provides funds to twelve of the fourteen organizations. Most of the funds given by the State Government to the organizations are non-specific or general purpose grants. Six organizations receive grants through the Premier's Department. These are listed in the Auditor General's Annual Report in the Consolidated Revenue Fund Accounts. For the year 1979/80 the two largest grants made through this source were \$950,000 and \$148,000. The other four were less than \$50,000 each and represented very small proportions of the organizations' budgets.

Three organizations receive State funds through the Mental Health Services — one on a *per capita* basis as a psychiatric hostel and the other two on a non-specific basis for their services for intellectually handicapped persons.

Two organizations have facilities which are deemed to be board controlled hospitals under the Hospital's Act and receive funds from The Hospital and Allied Services Department. One of these currently receives almost complete deficit funding for the hospital part of its services, the other currently receives 75% of its operating deficit for its total service. (All of the services of this agency are associated with its hospital service). One, which is a residential child care agency is funded via the Department for Community Welfare and one receives a non-specific grant, based on numbers of clients served, from the Education Department.

Only one organization receives part of its operating funds from the W.A. Lotteries Commission. In the analysis of sources of income this money has been categorised as State money because the agency itself classifies it that way in its accounting procedures.

DONATED

All but one of the organizations obtain some part of their operating funds from donated sources. Fund raising events of one sort or another are common, e.g. fetes, dinners, beauty contests, quiz nights, stalls, etc. — indeed, the range of fund raising activities is enormous. For the smaller organizations the events tend to be on a fairly small scale and arranged by members, and patronised by members and/or clients, and their friends. For the larger bodies there are some very grand events — many with wide commercial sponsorship and often organized by employed fund raisers or public relations officers. These often attract wide community support.

All receive direct donations of money from individual supporters; five said they receive significant donations from business houses, and six said that service clubs e.g. Lions, Rotary, Apex, donate regularly to them. These direct donations are more likely to be the result of direct mailing campaigns as well as from known donors in the case of the larger organizations who employed fund raisers. In the small agencies, contacting known donors seems the more usual method of obtaining donations. One organization appeals for donations via paid newspaper appeals.

Seven organizations hold street appeals. The success of these seems to depend on their ability to attract collectors — three have clients acting as collectors and most ask families of clients to assist in this way.

Seven organizations said that bequests are a significant method of obtaining funds. These are all older, established bodies and all belong to groups A & B (that is annual income exceeding \$500,000).

Three organizations are beneficiaries of T.V. appeals. Two of these and one other also hold Quests which receive wide media coverage. These all have \$1M.+ budgets and include the three largest organizations in this study. Two other large ones employ commercial fund raising companies to assist in fund raising.

Only one agency listed the Church as a significant source of donated money, and one utilised door-to-door collecting by clients.

All except two of the organizations obtain money from the Lotteries Commission. As this is for capital rather than operating purposes, it is discussed below, under "Capital Funds".

It is interesting to note that the larger bodies which utilise a wide range of fund raising methods, including high profile T.V. appeals, quests and professional fund raisers operate on a significantly lower proportion of donated money than the smaller ones which use much simpler fund raising methods. Group A & B organizations operate on approximately 10% donated funds, while the figure for C & D agencies is approximately 33%. One administrator of a large organization commented that he believed a "ceiling effect" operated and that the limit of what could be raised from the public had been reached. The rate of growth of donated funds in recent years has not kept pace with the growth rates of the agencies nor with inflation. Indeed 10% of a budget of 4 or 5 million dollars represents a tremendous amount of fund raising effort. This could partly explain why these differences in percentages occur. Another factor relates to the fact that capital funding comes on a matching basis. Rather than use donated funds for day-to-day operations, the largest organizations (which plan the largest capital projects) set their donated funds aside for matching subsidy purposes.

SELF GENERATED

Self generated income ranged from nil to more than 80% of the budget of some organizations in this study. Those with a high level of self generated income were those whose major service is sheltered employment and whose philosophy is more entrepreneurial than rehabilitative or welfare oriented. Sale of goods from sheltered workshops and residential fees, either in hostels or nursing homes, is a significant generator of funds in this category. (Most fees come from Commonwealth income support payments made to the client). There are no fees charged for services other than residential services. Capital transactions either in the form of income from investments or sale of assets are important for some organizations.

CAPITAL FUNDS

All organizations embark on capital projects for which they account separately. As with their operating funds, capital funds come from a variety of sources. In examining the sources of capital funds it has not been possible to distinguish between self generated and donated funds. These have been aggregated under the heading "Organizational sources". Capital funds received from the W.A. Lotteries Commission have been included in a separate category.

Data for this section was obtained from the Department of Social Security, from papers held by the W.A. State Library giving details of Lotteries Commission Grants for each quarter for the period 1976-1981 and from details supplied by the agencies about their most recently completed capital project.

Ten of the fourteen organizations received Commonwealth funds for their most recent capital project. The range of percentages was up to 80%. Group A organizations (\$2M.+ budgets) averaged 51.8% from the Commonwealth, Group B (\$½M.- \$2M. budget) averaged 66%, Group C (\$100,000 - \$500,000) averaged only 25% while the two organizations with budgets under \$100,000 had not received any Commonwealth assistance with their latest capital project.

Only one organization had received financial assistance from the State Government for their last capital project and this amounted to 10% of the total value of the project. A number had received grants of land from the State for their last project. Seven organizations said they had received grants from the Lotteries Commission of W.A. for their last completed project and the percentages of the value that these grants ranged from 7% to 100% of the cost of the project. It is interesting to note that the two Group D organizations (under \$100,000 budget) who received no Commonwealth Assistance with their last project had obtained 85% and 100% respectively from the Lotteries Commission.

The organizations' own contribution to their last capital project from both self generated and donated sources ranged from 0 to 100% of the value of the project. The average over the 14 organizations was 31%. Group A organizations (\$2M.+) averaged 41% with a range of 20%-77% from organizational sources, Group B (\$½M.- \$2M.) averaged 27% with a range of 18%-50%, Group C (\$100,000 - \$500,000) averaged 40% with a range of 0-100% while the average for Group D (less than \$100,000) was only 7.5%, range 0-15%.

COMMONWEALTH

Thirteen of the fourteen organizations are approved organizations under the HPA Act and as such are eligible to receive matching funds of up to 4:1 for approved capital projects. Figures supplied by the Department of Social Security for the period 1976/7 to 1980/1 showed that all but one of the eligible organizations had received some capital funds in those five years. As funds are given on a matching basis it is reasonable to expect that those organizations who could raise most funds themselves would be the recipients of most of the matched capital grants. As was mentioned earlier, the larger organizations utilised the greatest variety and the most sophisticated of fund raising methods but were operating on only 10% of their budget from this source. Therefore it seems likely that funds donated to these organizations are being channelled into their capital projects. As such it would seem reasonable to hypothesise that Group A & B organizations would attract a significantly greater proportion of matched capital funds than Group C & D organizations. Indeed, that is shown to have been the case in the five year period 1976-1981. The percentages of Capital Grants under the HPA Act to the five Group A organizations was 62% of all grants made in W.A. and for the four Group B organizations was 34% of all grants made. This leaves only 4% of capital grants spread among the five smaller Group C & D bodies.

LOTTERIES COMMISSION

The Lotteries Commission of W.A. was established by an Act of Parliament in 1932. The provisions of the Lotteries (Control) Act now require that 20% of all monies received by the Commission from lotteries be allocated to a special fund called "The Hospital Fund Account". After this money has been allocated and the costs of running the Commission and prizes for lotteries have been met the balance of receipts "may from time to time with the approval and consent of the Ministers be applied by the Commission to any charitable purpose". In practice the Commission announces grants each quarter to various organizations.

All of the organizations in this study (except two which had religious objections to gambling) had received grants from the Lotteries Commission. All but one organization said they received grants for specific capital projects only. Although only seven of the organizations, predominantly the smaller ones, listed lotteries money as a significant source of funds for their last

capital project it is worth noting that in the five year period 1976-81 a total of 56 separate grants totalling \$3.6 million were made to the twelve organizations who used lotteries money. The size of grants ranged from \$500 to \$500,000 and averaged \$54,800.

Lotteries grants are not given on a matching basis and therefore the inbuilt bias in favour of larger organizations should not exist. The then Chief Secretary was quoted in the West Australian on 2.5.78 as saying "... the Lotteries Commission thought it should be identified with giving its money to smaller charities". Against that background it is interesting to examine the grants made to the larger organizations in this study — i.e. those in Group A & B. Of the total value of grants made to the organizations in the study, in the period 1976-1981, 96% went to Group A & B organizations.

Considering all discretionary grants to charities made by the Lotteries Commission, a pattern of increasing support by the Commission for the larger Group A & B organizations is evident. In the year 1976/7 these organizations received 3.8% of all discretionary grants made by the Commission. In 1977/8 the percentage rose to 14.7%, in 1978/9 it was 22.9%, in 1979/80 it dropped slightly to 16.6% whilst in 1980/81 45.6% of all discretionary lotteries grants went to the nine organizations in this study whose annual budget exceeded \$½M.

Several of the administrators who were interviewed remarked on the increased size of lotteries grants made recently to some of the larger organizations. One administrator attributed this to the large increase in lotteries receipts since the introduction of Lotto in W.A. — the total for grants to charities in 1978/80 was approximately \$2M. while in 1980/81 it rose to approximately \$4M. The administrator commented that "they (the Lotteries Commission) have found themselves with lots more money to give out and this has meant that those who are good at using large sums of money on capital works have done well". The Lotteries Commission, it appears, makes unilateral decisions about funding. There appears to be no consultation with other funding bodies, no set of funding priorities nor any integrated plan for the dispersal of funds. The relationship is entirely between the agency concerned and the Commission. The agencies which receive large funds from the public and from both State and Commonwealth sources are also receiving increasing support from the Lotteries Commission. It must be noted, however, that the number of bodies receiving grants from the Lotteries Commission does not

appear to be decreasing — the increased support for the large organizations in this study seems to be coming from the extra funds available.

In summary it is of interest to note funding received by source, and by type of subsidy for the fourteen organizations. These are in the table on the following page.

TABLE 2

Number of Organizations receiving subsidy (N=14)

Type of Subsidy	State	Commonwealth	Lotteries
Indirect subsidy	10 (land etc.)	All receive tax relief etc.	
Token subsidy	3 (<3%)		
Deficit financing	4 (Part deficit) ⁽¹⁾	2 (Part operations only) ⁽²⁾	
General grant	5		1
Capital grant (unmatched)			12
Matched capital grant		13	
Per capita payment	2 ⁽³⁾	7 ⁽⁴⁾	
Staff employment subsidy	1 ⁽⁶⁾	13	
Project subsidy		2 ⁽⁵⁾	
Emergency subsidy	5 (in period 71-81)	1	
No subsidy	2		2

Notes (1) 4 Organizations receive part of their operating deficit from the State Government (60%, 75%, 100% with lotteries).

3 receive it on total operations

1 receive it on part operations - 100% on part of operations.

(2) 2 organizations receive 100% deficit of Nursing Homes which account for part of their operations.

(3) Education Department. Mental Health Services.

(4) Schools Commission. Handicapped Children's Benefit. Personal Care Subsidy. Aboriginal Secondary Education.

(5) 2 organizations are funded by Department of Employment & Youth Affairs to provide employment assistance projects.

(6) Community Health Programme - interpreter for the Deaf.

The classification used here has been adapted from M. Horsburgh "Relationship between government and voluntary organizations in social welfare" in F. Pavlin (et al) (eds) Perspectives in Australian Social Work, P.I.T. Press, 1980, pp.25-29.

CHAPTER 3 FUNDING IN CONTEXT

LEGISLATIVE ARRANGEMENTS

The organizations under study receive Commonwealth funding under a variety of Acts, the most significant being the Handicapped Persons Assistance Act, the Aged or Disabled Persons Home Act, and the Nursing Homes Assistance Act. Funds also come from the Schools Commission, the Education Department and the Health Department. Other Commonwealth Acts of relevance to disabled people (not merely to organizations) include : Social Service Act (income maintenance provisions and assistance provided through the Commonwealth Rehabilitation Service); States Grants (Home Care) Act (subsidises State expenditure on home care services/programs); States Grants (Paramedical Services) Act (subsidises paramedical services for the aged); Delivered Meals Subsidy Act (meals-on-wheels type services); National Health Act (provision of aids and appliances); Community Health Program (extended care programs); Commonwealth-State Housing Agreements (housing, home repairs and home modifications for financially needy); Hospital Agreements (to meet medical and rehabilitation needs); Repatriation Act (provides benefits and allowances to eligible veterans).

(A summary of the main provisions of some of these acts is in Appendix 1).

The most significant and substantial funding source is the Handicapped Persons Assistance Act. The Act, (which was described in brief on pages 14-15) provides subsidies for : a) capital works or rental; b) staff salaries; c) equipment; d) maintenance of premises.

The emphasis is on tangible facilities; Section 8, for example, defines an "approved project" under the Act as

"The purchase or proposed purchase of land or the construction or alteration or proposed construction or alteration of a building or other improvement on land approved under section 9".

The appropriate part of Section 9 provides that approval will be given when

"The land purchased, or proposed to be purchased, or the building or improvement constructed or altered or proposed to be constructed or altered is to be used, permanently, by or on behalf of the organization for or in connexion with the provision of a prescribed service".

The Act thus concentrates on bricks and mortar, and equipment and salary subsidies for activities taking place within the bricks and mortar.

Criticisms of the Act have been constant. They have come from disabled people and from certain organizations and they fall into two classes. The first, strictly speaking, are not criticisms of the Act, but observations on what the Act does not do (and was not designed to do). The Act does not provide for the individual to receive funds which might facilitate his/her playing a more individualistic or independent role. The Victorian Council of Social Service argues that funding specifically prevents integration, that funds are channelled to traditionally constituted organizations specifically excluding self-help groups and individuals. The Act "enshrines a vision that is still caught in the charity mentality — a board of benefactors with the assistance of paid workers providing for and caring for disabled people in a specialized environment".¹

In a similar vein the Act has been attacked for not funding services for disabled people who wish to live independently in the community or with their families. The Bright Committee which reported in South Australia argued that it was the HPA Act "that stands most formidably in the way of a move towards funding that encourages normalization".²

The second type of criticism relates to provisions in the Act which encourage institutionalization. This then has the effect of producing segregated services. It must be pointed out, however, that institutionalization was firmly established long before the HPA Act. The Bright Committee was critical that only organizations that provide prescribed services on their premises are eligible for funds and recommended that "the Act should be amended to encourage the formation of organizations which provide home services, or assist handicapped persons in maintaining their independence, or consist of handicapped persons helping themselves".³ The Chairman of the National Advisory Council for the Handicapped, Mr. Justice Meares, expressed similar sentiments in a speech in October 1980. He pointed to documentary evidence of a need for change from institutional to domiciliary care. Since 1974 there have been

¹Victorian Council of Social Service, Assessing Services for Disabled People, VCOSM Melbourne 1981, p.43.

²Committee on Rights of Persons with Handicaps, The Law and Persons with Handicaps, Government Printer, Adelaide 1978, Vol.1, p.258.

³Ibid., p.259.

at least seven major official reports or Inquiries all of which have criticized the inadequacy of domiciliary support services in Australia. (The seven reports, known after the Chairmen are : Woodhouse, Martin, Seaman, Bailey, Holmes, Bright and Webster). The high level of institutional activity in Australia follows generous subsidization, and the institutional emphasis is seen in the HPA Act which was intended not as a means of providing direct assistance to handicapped persons, but to subsidise organizations to provide some assistance.

Consequently, the Act, pointed out Mr. Justice Meares, "stands in the way of a move towards funding that encourages living in the community — only organizations that provide services on their premises are eligible; self-help groups which pool their resources, or organizations which wish to help handicapped persons in their own home are eligible".⁴ Notwithstanding these remarks, the NGWOs' claims on the Government for support under the HPA Act have continued at a rate at which demand for funds outstrips supply by a ratio of four or five to one.

This then is a reflection of informed opinion about one Act only, the HPA Act, an Act which allocates approximately \$57 million annually and which, regardless of the criticisms tendered, shapes the relationship between NGWOs in the field and the Commonwealth Government. The organizations have raised substantial funds themselves and have heavy capital investments. To protect their investments and operations there is a danger that the Act, according to the third report of the National Advisory Committee for the Handicapped,⁵ has made it easier for the organizations to develop project proposals in order to attract subsidies than to respond to the full range of requirements of handicapped people.

In the interview with recipient organizations criticisms of the Act were frequently voiced. The criticisms fell under three headings : uncertainty, administrative complexity, political influence.

- a) Uncertainty : Because the Act is an enabling Act, there are no guarantees that funding will be forthcoming or that salary subsidies will be maintained at a particular level. It is therefore extremely difficult to plan

⁴C.L.D. Meares, "Third Hubert Harvey Memorial Lecture", Australian Rehabilitation Review, Vol.5, No.1, 1981, p.18.

⁵National Advisory Council for the Handicapped Third Report, Canberra 1979, p.9.

ahead in this state of uncertainty. Salary subsidies are paid in arrears and this causes difficulty for many organizations. Recognising this, the Minister for Social Security announced on 20/11/1981 that from mid 1982 salary subsidies will be paid quarterly in advance. This of course, does not solve the problems of uncertainty. Several agencies felt uncertain because there are no public guidelines about criteria for making proposals acceptable or unacceptable. In an attempt to be flexible, funding instead is seen as discretionary, with no formal appeal mechanism should a proposal not receive approval.

- b) Administrative Complexity : The Act provides for subsidies for capital works, rental, staff, equipment, maintenance of premises, but administrative procedures require that they must be applied for and approved separately. This draws out the process of getting a service started, and of keeping a service going. The agencies see it as time consuming and wasteful for both the Department of Social Security and the organizations. The administrative costs for the Department, however, are not high, especially when one considers the magnitude of funding in the subsidies area.
- c) Political influence : It has been suggested that projects are often decided on the basis of political approaches rather than on rational decision-making criteria. Several agencies were resentful, once a D.S.S. decision not to fund (another) agency was made, that this was not a final decision. It was often merely a signal to move the issue into the political arena, where political acumen rather than identified need may determine the outcome. Empirical substantiation of the degree of political influence prevalent in any specific decision is not presently possible. If political influence was successful it meant that funding would probably be delayed for a "needy" project planned for the near future. Also expressed was the sentiment that the governmental decision making process, when at odds with the organizational decision making process and organizational priorities, opened the way for a never ending process of negotiations, mostly about staff subsidy approvals and equipment for sheltered workshops.

It is not the purpose of this paper to assess whether what is being provided is suitable or appropriate, but rather to explore funding issues relating to NGWOs in this field. These issues, however, are better understood within the context of the Act, and the issues just described.

FUNDING ISSUES

Information was sought from the respondents on why they believed they were funded, on what they thought would happen if funding were to cease and on other issues which, related to funding, affected their performance.

Thirteen of the fourteen organizations were able to give some information about the history of their funding. All organizations began with funds raised entirely from donated sources although some received grants of land or buildings from the State Government for their first premises. As mentioned earlier, these "grants-in-kind" have not been documented in this study.

In ten of the thirteen organizations for which data is available State Government funding preceded Commonwealth Government funding. In this study the earliest recorded receipt of state funds was in 1903. The organizations responded that Commonwealth funding began with the Sheltered Employment Assistance Act (1967) for some organizations, and for others with the Handicapped Persons Assistance Act (1974) and/or Nursing Homes Assistance Act (1974). One agency said Commonwealth funding was first made available in 1920. (Presumably as a post World War I rehabilitation measure). It is of interest to note that the Disabled Persons Accommodation Act was passed in 1963, yet no respondents mentioned funding under this Act. Only two organizations felt that the extent to which they were funded had not increased much since funding was first obtained. These were two of the least funded organizations (<12%). All the others said their level of government funding had increased although only a few were able to give figures to back that statement. One of the smaller organizations had moved from 42% funding in 1974/75 to 64% in 1979/80. One of the largest organizations had moved from 16.5% funding in 1967/68 to 65.3% in 1974/75 and had remained at that level since then. An interesting comment made by five of the larger organizations was that they felt the proportion of funding was likely to decline slowly over the next few years.

Most organizations said their biggest increase in source of funding was Commonwealth funding. As a proportion of budget, most felt that the State Government contribution (not Lotteries Commission funding) had remained reasonably constant or had declined. For some the State proportion declined rapidly after Commonwealth funding began. In one case State funds ceased altogether as Commonwealth contribution increased. In answer to the question why they thought there had been an increase in the level of Government funding

all made some comment about inflation, eight specifically mentioned increased wage levels as a contributing factor, four said that growth in size and scope had led to the increase while two of the administrators of smaller organizations mentioned increasing skills in applying for funds as significant. Only one administrator related the increase to legislative initiatives — in particular the Nursing Homes Assistance Act as having been significant in this regard. Given the comparatively recent entry of the Commonwealth to the area of funding for a range of services for disabled people this is an interesting omission. It would tend to suggest that the administrators are not conscious of the extent to which initiatives in Government policy have been significant in increasing their dependence on Government funds.

Clearly, the organizations rely very heavily on government for funding. As pointed out earlier, the fourteen agencies annually received over \$10 million from government. It is of interest to ask why government provides funds and what the organizations believe would happen if there were no government funding.

Non-government welfare organizations are the primary providers of service for disabled people in Western Australia. The State Government provides some services, and there is no commercial sector. Consumers do not usually have an opportunity to choose between services provided by different sectors, but within the NGWO sector they sometimes have a choice among services and facilities. While the governments concerned have a strong commitment to free market principles and small government, it seems unlikely that \$10 million is provided in order that consumers can exercise a wider choice in the market. On the other hand if it were argued that government would be required to provide services if the organizations were not doing so, then the annual governmental cash outlay of \$10 million is a cheap way of ensuring that \$21 million worth of services are provided. The flaws in this argument are twofold. First, it has not been established that government would see itself as having total responsibility for disabled people, including those presently receiving services. Second, to the extent that government did accept some responsibility, there is no suggestion that services provided would be of the same nature, quality or intensity.

The interviewees were asked why they thought government chose to fund their organizations and it is interesting to note that different motives were attributed to funding practices of Commonwealth and State governments. Three out of the fourteen organizations did not see any differences between State and Commonwealth reasons for funding. State/Federal issues came into this

question. If there were any suggestions of government providing services, it was assumed that it would be State, not Commonwealth Government which would be called upon to provide, e.g.

"We are funded because otherwise the State Government would have to provide for the clients, and anyway, we do it much cheaper".

"We're doing a good job in an area of need. They (State Government) would have to provide something in the area if we didn't".

Three agencies did not distinguish between State and Commonwealth motives and replied that their service was essential and if they did not provide it one or other of the governments would have to pick up the service.

Four organizations mentioned cost-effectiveness as a possible reason for funding, that is government provides funds to NGWOs because there is no way it could provide services as cheaply. One interesting observation was the statement that Commonwealth funding reflected a commitment to the whole area of handicap due to national political pressures, while State funding reflected a commitment to particular agencies whose clientele had a clearly demonstrated and visible need in Western Australia.

More than half of the organizations (8) specifically mentioned that the State Government had some obligation to meeting the needs of their client group and that funding was a means of discharging these obligations, e.g.,

"There is a commitment to the residential needs of our clients. This also ties in with the Liberal philosophy of helping the private sector. Also this is cheaper than government providing services".

"There happen to be people with ... [specific disability mentioned] at all strata of society so the political process ensures a commitment".

Three of the organizations thought that State funding was given not because of a commitment to disabled people but largely because of political pressures, while two thought that State funding was only a token.

With regard to perceptions of reasons for Commonwealth funding there was a great degree of cynicism. Six of the organizations saw Commonwealth funding as an undisputed and undisputable right because they stated that they were

eligible under the Handicapped Persons Assistance Act or the Nursing Homes Assistance Act. Only three respondents saw Commonwealth funding as reflecting any sort of commitment to disabled people. Those who claimed statutory eligibility did not see funding as a commitment to recipients, but in general the tone was that the legislation and associated funding was part of a political process rather than a commitment to need.

The emphasis on funding being received because an organization is eligible identifies two hurdles. The first is establishing eligibility, and the second is being placed sufficiently high in priority on the list of eligible organizations so that funds are forthcoming e.g.,

"Clients happen to fall into categories for which funding is available. To some extent our services have been designed to get maximum funds".

"[Commonwealth funding] is a means of achieving an illusion of doing something for the handicapped".

"The disabled are seen as deserving and [Commonwealth] funding of organizations under the Act is a cheap way of being seen to give them a piece of the cake".

All organizations would be significantly affected if Government funding were withdrawn or substantially reduced. Four types of responses were forthcoming to a question on this issue. Six organizations said they would close down, three said they would cut certain services and keep others, three said they would try to increase their fund raising efforts and two said they would reduce their clientele and serve fewer people.

The organizations which said they would fold up all had high levels of government funding — an average of 65% of their funds came from government (State 35%, Commonwealth 30%). They are among the largest and most heavily funded organizations and overwhelmingly dependent on government funds. Clearly their funding level puts them in a category of providing a vital service, and this was reflected in their responses, e.g.,

"If funding were withdrawn we would take immediate political action. We would pressure the Minister and local members and use the media in a very exceptional appeal on our clients' behalf. We would close everything and dump our clients on politicians' doorsteps or on the steps of Parliament House. We simply couldn't survive".

"We could not function — we'd give the whole lot to the State and make them take over".

"We would fold without funding but it's not likely because they would never have given us 4:1 on this place if they weren't going to continue funding".

"The clients and the facility would be given to the State Government and they'd have to take them over".

"We'd fold!"

These comments also reflected a degree of certainty underlining available funds implicitly contradicting expressions of uncertainty mentioned above.

A second group, three organizations in all, said they would cut out non-income creating or loss generating parts of their service. These were the organizations which espouse a business philosophy and which run sheltered employment facilities. If funding were reduced, these organizations would cut their welfare or rehabilitation services while maintaining their business enterprises, e.g.,

"For the first six months we'd be in chronic trouble, but we would restructure by looking at our business activities, particularly those that are marginal loss areas. We'll take government money while it's there but we certainly aim to survive as a business — after all most sheltered workshops will have to change to a business orientation".

"We would probably reduce the size of our workshop and cut down on professional rehabilitation staff. We would no longer restrict our hostel to handicapped people, but open it up, on a commercial basis, to anyone".

"We would look at non-income generating areas of our service. We would reorganise and become more independently viable".

Two of these three organizations received approximately 12% of their income from government while the third received just under half.

Three organizations said they would endeavour to raise more money from the public. They are long established ones with a clientele whose disabilities are sympathetically regarded in the community and thus have good fund-raising potential, e.g.,

"We'd be struggling, but we survived without DSS funding before and we would again. For 10% of total income they want 100% of total say. We'd possibly be better off without their money but we'd have to work much harder at fund-raising".

"We'd increase fund-raising efforts, develop commercial enterprises, prune services, and increase fees to clients by charging more for entry to our nursing home".

These three are traditional "worthy" charities which believe they are able to fall back on the charity model if that were required for their survival. The two organizations which saw a reduction in their clientele as a means of coping with limited funding are among the smallest of the organizations in this study. They stated that they would limit eligibility or deal with only the most dependent. The strategy of reduction of clientele also involves becoming more residual in their orientation. Larger organizations in the study did not see the option of becoming smaller as a realistic one, yet the smaller ones saw it as a means of survival.

If funding cuts resulted in service cuts, then families would be expected to take on a greater part of the caring process. While none of the respondents mentioned this, the limitations of state services makes this an inevitable consequence if funding were to be withdrawn and services of these organizations were reduced significantly. This, of course, is based on the assumption that the services provided by the organizations are the most appropriate services under the circumstances, and those which best meet the needs of disabled people. To pass a judgement on whether this is so is beyond the scope of this study. The organizations do, however, have a good grasp of what is involved in getting money from government and a good feeling for what sorts of submissions might be seriously considered. One could raise the question of whether this knowledge of funding might determine or influence the definitions or perceptions of need that the agencies develop, and the choice of methods to meet that need.

However there is a pattern of dependency with organizations in the middle. Organizations are dependent on the state for funds, and the state by providing capital, has created a situation whereby it is dependent on funded organizations for the ongoing provision of services to certain citizens of Western Australia. The clients find themselves in a state of dependency, but that is the subject of another paper.

ADEQUACY OF FUNDS

One of the important questions addressed by this study was "how adequate is the funding which is available to the organizations?" The obvious response is "adequate for what?" This study was not designed to be evaluative, we have no data on which to base comments about the quality of services provided or indeed whether the services meet real needs in the community. The data we do have does enable us to make some comments about the adequacy of funds in supporting the organizations in providing whatever services they have chosen to provide. At the outset we make the comment that it is axiomatic that all organizations always see themselves as needing more funds, all have plans they would like to implement and lack the funds to do so.

Most of the organizations in this study have existed for many years — one since the turn of the century, many since the middle to late 1950's. Only two had been in existence for less than ten years. Six organizations have received an emergency grant of money to "bail them out" of financial crisis — five received this money from the State Government and one received it on a 50/50 basis from the State and Commonwealth Governments. Whilst this may be cited as evidence that levels of funding have not been adequate, the fact remains that when financial crises have occurred funds have been made available to deal with these crises. For nine of the organizations data are available for comparing the size of budgets for the years 1974/75 and 1979/80. After adjusting the changes in Consumer Price Index over this period all organizations' budgets showed a real growth. The growth ranged from 11% to 169% with a mean of 76%. While recognising how limited these data are it would seem to suggest that the level of funds available have been adequate to sustain some growth in most organizations. What this growth represents is not clear from the data we have. It may represent the organization keeping pace with an increasing population, it may represent the organization extending existing services to new populations or it may represent the organization providing new or more services to the same population. This is an important area for future research as it is closely linked to the question of how innovative NGWOs are or have been in the past.

In looking at the question of adequacy of funds it is useful to note that only two of the organizations provided details of having funding proposals rejected, one of these was from Commonwealth and one from the Lotteries Commission. This seems incongruous in light of the fact that there are insufficient Commonwealth dollars to satisfy all current agency wishes. Of

course, this may be a reflection of the acumen of the administrators in framing proposals to suit available funds and there was some evidence to suggest this was so. Most of the administrators commented that they "checked out" with funding authorities the likelihood of a proposal for funding being approved before a formal application was made. Clearly some adjustments of the proposals were occurring at this preliminary informal stage of negotiation. The lack of actual knockbacks does, however, suggest that the organizations are not in visible competition with one another for limited funds. This competition may take place in the preliminary stages of negotiation, before firm proposals are framed, or it may be that the administrators have a precise, if often unstated, idea of exactly how much money they can reasonably ask for.

A very important point which relates to funding adequacy would emerge from an analysis of who are the clientele of the organizations. For some organizations there has been an interesting and very significant shift in clientele over time. Some of the original populations that organizations were set up to serve have declined (e.g. TB patients, muscular dystrophy patients) or are now served by a wider range of services (e.g. visually impaired people). In order, as one administrator framed it, "to keep facilities being used at an optimum level" five of the organizations in this study have widened their original criteria of eligibility for all or part of their services.

In considering adequacy of funding this trend cannot be ignored. If indeed organizations are actively having to seek out a clientele and having to move into client areas that have traditionally been served by other organizations it seems reasonable to conclude that the total funds available have been adequate not only for services to meet the original needs but to develop an excess capacity to do so.

In considering the current issues of normalization, integration and desegregation, continuing excess capacity in the generally institutional types of services provided by these organizations must be viewed as a factor acting against implementing these principles. Because of the need to keep numbers at "optimum levels" the organizations have a vested interest in attracting people into their facilities, yet current theories suggest the aim should be to assist people to move out of the facilities.

Organizations answered a question about what services they were planning to provide or would like to provide in the future. Eight of the fourteen had plans for or were already engaged in increasing residential facilities of the

nursing home, hostel or group home variety. Of these, three were planning some decrease in the size of their residential units, two by building bed-sitting units on the same site as either a nursing home or hostel and one by providing its first group home in a community setting. One organization had active plans to provide a support programme for country clients which has since been announced in the press, two others said they would like to increase their supportive services but were prevented from doing so by lack of finance. Four organizations said they wanted to do "more of the same" whilst one said it had no plans for any increase in services at all.

These plans indicate only limited movement in the style of services the organizations want to provide. While these changes are important ones, there is no evidence in this study to suggest that future services will be significantly more in keeping with current ideology in the disability field. There is some suggestion that funding favours traditional service modes and there are a number of reasons why this may be so. It may indicate a lack of vision or creativity on the part of organizations and/or bureaucrats in being able to interpret what services would attract funding. It may be that institutional services attract more funds under the HPA Act and so there exists an incentive to plan those types of service. Certainly there is little indication of organizations using their own or general purpose funds to experiment with changed styles of service delivery.

There seems also to be an inbuilt conservatism and even inertia in the organizations and perhaps those who fund them that is unrelated to availability of funding but is perhaps reinforced by the incentive in the HPA Act to perform in traditional service modes. Certainly at this stage it would require an organization with an administration of real vision, commitment to change, tenacity, and considerable acumen in negotiating with bureaucrats and probably politicians, to embark on a new mode of service provision. Whether under those circumstances funding would be adequate to support them is not clear from our data.

FUNDING PROCESSES

Government funding does not come automatically to NGWOs despite the claim made by many that they received Commonwealth funds as a "right" because they were eligible under the relevant Acts. Different methods were used when attempting to obtain funds from the Commonwealth or the State Government.

In general, funding was obtained from the State Government on far less rigorous conditions and with considerably less formality than was the process when receiving Commonwealth funds. In all cases the chief executive officer carried out negotiations on behalf of the organization, but in four cases a President, Chairman and Board member carried out the negotiation (with the executive officer present) and in these cases the negotiation would be carried out with the Premier or a Minister rather than with government officers. This would take place either because the member was friendly with the Minister or there was a particular problem which seemed best to approach at a Chairman/Minister level.

COMMONWEALTH FUNDING

Commonwealth Government funds came through the Department of Social Security and in obtaining these funds the agencies dealt with the appropriate government officer. Only when things looked troublesome was there an approach to the Minister for Social Security.

In all cases the dealings were formal, though in some the government officers were well known to the organization and this added a personal touch to the negotiations.

While there are patterns of interaction with the Commonwealth it may be of interest to outline dealings that each of the fourteen organizations has with the Commonwealth Government.

Organization 1 (Size D) (see above p. 21 for explanations of A,B.C. & D)

This small organization deals only by way of formal applications with the D.S.S. It finds the departmental officers very helpful and it has never had an application for funding refused or seriously delayed, nor has it ever had to modify a proposal during the process of negotiation.

Organization 2 (Size A)

This large organization deals with the D.S.S. and does so with some considerable resentment. When a recent problem arose the organization went with the MHR to see the Minister. The formal applications are always, it claims, subject to delays. At times funding for equipment had been delayed for two years and no reasons were given. (They purchased the equipment anyway presumably from

accumulated funds).

In the process of negotiation they have modified proposals about residential accommodation in order to get some funding. The respondent summed up by saying

"The problems with the DSS arise because we are dealing with a bunch of clerks who are very inefficient. They take months to process applications. What is particularly onerous is that we have to get three quotes for equipment. We arrange the quotes so that the one we want comes out as the lowest ... the DSS have put pressure on us to alter our proposals".

Organization 3 (Size C)

This organization makes personal contact before submitting formal applications. It has had submissions delayed and recently had a staff subsidy application rejected. It has disputed the decision and the process is still pending.

"When applying to the DSS we have to fit in with what they will fund. We have to rearrange our priorities and modify proposals to get what funds are available".

Organization 4 (Size B)

This organization deals formally with the DSS and recently had funding for an ongoing project rejected because it could not guarantee its share of the running costs. The project was then dropped.

Organization 5 (Size D)

This organization deals formally with D.S.S. staff, though informal negotiations precede formal applications. No doubt it makes submissions in terms of what it thinks might be acceptable. While it has never had to modify a proposal, it has had applications delayed.

"There is always a delay. Theoretically staff have to be approved before appointment, but in practice this cannot be done as approval sometimes takes months and so we go ahead anyway. Also getting three quotes on equipment over \$250 and submitting all three is a dreadful waste of time".

Organization 6 (Size A)

This large organization was particularly bitter about its dealings with the D.S.S. While it deals with the Premier for State Government funding, it is resentful that it has to deal with D.S.S. officers who, it is claimed

"Cause delays all the time ... they have a welfare philosophy and we use a business approach ... we just can't negotiate with the D.S.S. They send out clerks to make decisions about things they know nothing about. We've had four clerks out to try to decide whether they'll subsidize one piece of equipment that they know nothing at all about".

Organization 7 (Size C)

This organization deals formally with the D.S.S. Subsidies Branch. It has experienced no delays nor has it had to modify proposals.

Organization 8 (Size B)

This organization deals formally with the D.S.S. and recently was required to reduce one of its proposed projects by half, and once this was done funding at the new level was approved.

Organization 9 (Size A)

This organization deals with "D.S.S. clerks". It feels hamstrung because there is always a delay

"It routinely takes 6-8 months for small requests to be processed. This makes it extremely difficult to plan our activities ... we get our basic funding but whenever we apply for increases we get knocked back and are told there are no funds available".

Organization 10 (Size B)

This organization finds it expedient to be flexible in accordance with what it believes the D.S.S. will fund

"The DSS has encouraged us to look at where needs lie and this has led us to plan for different sorts of clients. They are quite encouraging about what we're planning so we're fairly sure of getting a subsidy if we stick with the concepts they're favouring (but we were considering them anyway!)"

Organization 11 (Size A)

This large organization deals with the D.S.S. Subsidies Branch but uses Local Members, and goes to the Director or Minister if there are severe problems. The dealings are both formal and informal.

"Our negotiations are often protracted and sometimes there are minor compromises on capital programs. Staff subsidies, however, are a real problem. We have one clerk who spends more than half time on staff subsidy paperwork to the DSS".

This organization has had a philosophical difference with the D.S.S. It claimed that funding was held up for over two years because of a dispute over a professional therapeutic approach. The problem was resolved in favour of the organization by pressure on the Minister through a Local Member. The respondent expressed resentment of D.S.S. attempts to influence projects and questioned the knowledge base of the D.S.S. officers. The respondent felt the organization's autonomy was being eroded by Government and felt that in the end the organization would lose because it was so financially dependent. The D.S.S. staff subsidy caused particular concern because as well as being cumbersome there was always the potential for the D.S.S. to interfere in staff selection. On the whole, however, the respondent felt reasonably secure with Commonwealth money as it came through an Act of Parliament, unlike the State Government money, which comes as a gentlemen's agreement.

Organization 12 (Size C)

This organization deals formally with the D.S.S. and has experienced no difficulties or delays.

Organization 13 (Size B)

This organization has recently been refused an increase in funding and the reason given was lack of finance. It has had a meeting with the Minister for Social Security about funding conditions. It is resentful of the D.S.S.

"They (DSS) want to tell us what to do and how to do it, but they don't understand the needs of our people as we do, and we are not prepared to do anything detrimental to the welfare of 'our people'. They send out junior clerks to tell us what to do ... Perhaps we'd be better off without their money — at least then we'd have no interference".

Organization 14 (Size A)

This organization deals with government officers to get projects to the approval stage, and once approved in principle, uses political pressure to get the money. The organization stated that it would never apply for money if it would require a change in philosophy. It therefore would not be open to suggestions about program modification.

STATE FUNDING

Less formal processes characterized funding which was received from the State Government. There are fewer procedures involved and when dealing with the State Government organizations are more likely to go to the top (that is deal with the Premier or the Premier in his capacity as Treasurer) than they are to deal with government officers. The resentment which marked the dealings with the Commonwealth were not evident in dealings with the State Government.

Organization 1 (Size D)

This organization has never applied for State funding because it did not know where to apply to.

Organization 2 (Size A)

This organization makes initial arrangements with the Treasurer (Premier) and details are fixed up by the Under Secretary of the Treasury. They apply for budget shortfalls and on appropriation day are phoned by the Premier's Department. They have not experienced rejections or delays at the hands of the State Government, but do not always get quite as much as they need to make up their shortfall.

Organization 3 (Size C)

This organization deals with the State Government on two levels. The executive officer deals with the State Government officers while "the Chairman of the Board deals with the Minister and between them they decide how much we'll get". The State Government provides one half of this organization's funds, and in the past Government officers were involved in choosing the organization's staff. This no longer applies, and now independence has been regained.

Organization 4 (Size B)

This organization receives 100% of what it asks for from the State Government. It is a traditional organization which provides a traditional residential service. It deals with State Government officers, not politicians.

Organization 5 (Size D)

This organization deals with the State officers. It receives a very small grant from the State Government in the form of per capita allowance.

Organization 6 (Size A)

This organization which was most unhappy in its relationship with the Commonwealth Government was much more comfortable with the State Government. It dealt with the Premier when it wished to establish new funding principles, and it dealt with professional government officers on other matters. The negotiations were "personal but official".

"State officers never interfere. They are buying a service from us. We have an unusual relationship, they respect our expertise. We don't have to modify our programs, we always work things out".

Organization 7 (Size C)

This organization negotiated its original funding with the then Minister and now it deals with government officers. It operates through a user consultative committee and generally consensus is arrived at.

Organization 8 (Size B)

This organization has not received State funds in recent years. It originally received fixed term funding after negotiating with the Premier. It has not reapplied to the State Government for funds.

Organization 9 (Size A)

This organization receives an annual grant from the State Treasury. It does not conduct regular negotiations nor does it submit regular applications. The annual grant is less than \$50,000 (a very small proportion of this organization's budget). When the organization thought it could increase its funding by getting the support of backbenchers

"We received a call from the Treasury, shortly after a backbencher started expressing support in the party room, telling us to lay off 'because we don't want another organization on the political bandwagon'".

Organization 10 (Size B)

Information not provided.

Organization 11 (Size A)

This organization deals with the Premier and then with government officers. Like any government department it prepares a full set of forward estimates and provides full financial data as part of its funding case. Approximately 30% of its budget comes from the State Government and the respondent commented that they receive less each year than they request.

Organization 12 (Size C)

This organization makes an initial approach to the Premier and then negotiates with the State Treasury. The contacts are both written and personal and the grant is forthcoming without any real problems.

Organization 13 (Size B)

This organization negotiates with the Premier in his capacity as Treasurer. The State contribution to this organization is very small — a fact resented by the respondent.

"They should provide all the money needed. We should be deficit funded".

Organization 14 (Size A)

This organization makes direct contact with the Premier and conducts detailed negotiations with the Treasury. The grant (less than 2% of its budget) comes automatically from the State Government. The Premier is approached only when the organization wants more money or a change in the funding formula.

LOTTERIES COMMISSION FUNDING

Funding through the Lotteries Commission has been described above. Twelve of the organizations receive funding from the Commission and the pattern is quite uniform

Only one organization (Size A) reported being refused a request from the Lotteries Commission. In all, the Commission provided \$1.86 million in 1980/81 to the organizations. To receive funding the organizations usually make an informal approach first, sound out the Secretary of the Commission and then submit a formal application. As long as the proposal is checked out first there are no modifications required, nor were any refusals reported. It appears that a great deal of business is done "over lunch" and all parties concerned know where they stand.

This approach ensures funding for the major and well established organizations (see above p.28-9) but it offers less hope for the smaller and less orthodox organizations.

COMMENT

From the interviews it appears that the larger organizations are those most likely to be at odds with the Department of Social Security. The explanations seem to be that the stakes, for these agencies, are quite high. Furthermore, the task for the D.S.S. in dealing with the large number of applications that regularly come in from these organizations seems to be administratively cumbersome. Nearly all of the organizations claimed they had much better relations with the State Government, and this could be traced to the lack of formality which attaches to conditions of funding (in contrast to Commonwealth conditions), and the greater ease of the organizations to work the local, rather than the national political scene.

Furthermore, there is no attempt by the State Government to evaluate programs or projects. While the Commonwealth does not insist on evaluation there is often an attempt (not always successful) to arrange things in such a way so as to reflect a situation of the Commonwealth as donor (and in charge of the situation) and agency as receiver, and therefore expected to perform in a certain way in return. This was illustrated in the 1978/79 Annual Report of the Slow Learning Children's Group of W.A. Two items reflected tension between the agency and the Department of Social Security. One related to activity therapy centres and the relevant part of the report (p.8) read as follows :

The Department issued a Handbook on Activity Therapy Centres which contained Guidelines for the operation of these centres, and which was intended as being only advisory. There were a number of areas in which the Group's policies differed from the suggestions in the Handbook, the main one being the ratio of Social Training to Vocational Training. The Group operates on a 30% - 70% basis whereas the Handbook advises 50 - 50%. Unfortunately, the Handbook was taken by the Department as being mandatory and we were given to understand that our A.T.C.'s had to conform. We were perfectly happy to do this if the Department could assist by making up the loss of income caused by the reduction in vocational training. They were not able to do this and after some lengthy discussions, the matter was resolved.

The other related to the salary subsidy clause in the Handicapped Persons Assistance Act and was foreshadowed in 1974 by the then Opposition spokesman on Social Security in the second reading debate in the House of Representatives.⁶

"I hope that ... when approval is given to approved projects as far as salaries are concerned he [the Minister] will ensure that the long hand of the bureaucracy does not extend too far into the administration of the voluntary organizations".

The relevant part of the Annual Report of the Slow Learning Childrens Group (p.8) said

The Department is attempting to lay down criteria for the employment of staff for approved facilities. The grounds for this decision being that 50% of the salaries are paid by the Department in the form of subsidies and the Department has therefore, the right to ensure that suitable people are employed. The employment of "unsuitable" people would, in all probability, result in no salary subsidy being paid. The Group, and the other organizations involved, objected in the strongest possible terms as this decision materially affected the Employer's right to hire and also impinged on the individual's right to privacy. I am pleased to say that further discussions are taking place on this matter.

⁶Commonwealth Parliamentary Debates (H. of R.) 27/11/1974, p.4176.

CHAPTER 4 OBSERVATIONS

GOVERNMENT PROVISION

A situation exists in which the agencies are heavily dependent on government funds, but in which the governments concerned vary greatly in their approaches and expectations. Funding seems to depend both on a case made by the agencies about needs which exist within the community as well as on good political knowledge of funding processes and easily navigable access channels. This operates within a federal system where government plays a funding, and not a service role.

FEDERALISM

Determination of a governmental role and of a point of intervention has both an administrative and an ideological component. The federal government has generally played a limited role in Australian social policy. The extent of its role is consistent with the ideological support for federalism which allows the States to develop programs to meet conditions that are peculiar to each State. This approach, also, tries to limit the role of federal government as 'big government'.

The Commonwealth Government is largely responsible, by virtue of its constitutional responsibilities, for income maintenance for disabled people. It provides sickness and invalid pensions and a range of allowances for people undertaking rehabilitation in sheltered employment. The Commonwealth delivers services through the Commonwealth Rehabilitation Service and it also funds agencies and local government through the HPA Act as discussed above, and under a variety of programs through the Departments of Social Security, Health, Employment and Youth Affairs, Veterans Affairs and Education. There presently is an Inter-Departmental Committee on Rehabilitation.

State Governments are primarily responsible for medical rehabilitation units which are usually attached to large public hospitals. These are mainly seen as short-term and medically oriented centres. The States also provide, through their Education Departments, services for intellectually handicapped and physically disabled children. Some services are jointly sponsored by Commonwealth and State Governments, such as home help services, designed to

assist aged and handicapped people in the home.

Ideology enters into stances on Federalism. In its 1975 social welfare and federalism policy statements, the Liberal and National Country Party coalition showed their suspicion of central control and of planning which takes place in Canberra rather than 'close to the people'. Their argument was that welfare services provided at the local level were very responsive to users' needs and wishes. Governments which espouse residual social policy are wary of central power and the consequent growth of central government.

Associated with a residual stance is a federalism policy which devolves considerable planning and delivery functions. Fraser federalism is both an expression of the Government's ideological view of the proper role of government activity and intergovernmental relations, and a reaction against what is regarded as excesses during the Whitlam years. The Whitlam 'new federalism' worked on the premise that only the Commonwealth Government had both the commitment and the resources to bring about sweeping improvements in Australia's quality of life. Its policies showed a strong reliance on centralized planning, Commonwealth initiatives, and growth in the public sector.

Federal government expenditure on social welfare can be classified under three general headings :

1. Direct expenditure under a clear constitutional power. Funds are paid directly to recipients as specified in the Constitution and these funds are not filtered through the States.
2. Expenditure through the States, mostly under Section 96 of the Constitution. This provides that the Parliament may grant financial assistance to any State on such terms and conditions as the Parliament thinks fit.
3. Direct expenditure not within a clear constitutional power. This includes direct expenditure that bypasses the States, for example payments to local government, community groups, non-statutory welfare agencies, and so on.

Our federal history has been filled with arguments, both in the courts and in the political arena, about the boundaries and limits of these three sets of expenditure powers and practices.

Under Section 96 the Commonwealth provides both grants and subsidies to fund items such as home care services and paramedical services. Direct expenditure, not within a clear constitutional power, covers payments under the Aged or Disabled Persons' Home Act; the Delivered Meals Subsidy Act; the Handicapped Persons Assistance Act and the former Sheltered Employment Assistance Act.

Commonwealth funding of services and facilities for handicapped people and associated cost sharing arrangements with non-government organizations are made independently of the State Governments. These arrangements, which bypass the States, provide no incentive for co-ordination and furthermore help explain why the agencies seek general purpose funds from the States. The Webster Committee (Tasmania) suggested that beneficial interference by a State Government may well jeopardise the particular cost-sharing arrangement.¹ It pointed out, for example, that the Commonwealth would not provide funds for a project which, although run by a voluntary agency, was to be on Crown land retained by the State nor would it meet an equal share of the salaries of a centre if the State Government were to subsidise those salaries. The State Governments could thus jeopardise Commonwealth funds if they provided specific purpose funds.

While this argument reflects the present situation it does not preclude the States from providing specific purpose funds for creative and innovative projects — projects other than those funded under the HPA Act. In this way the States could support the organizations in doing what NGWOs are supposed to be able to do best — be flexible, experimental, and innovative.

In an attempt to devolve Commonwealth health and welfare responsibilities to the States, a Federal Task Force reported in 1977 on ways this might be done. Recognising that income maintenance should remain a Commonwealth function, the Bailey Task Force recommended that Paramedical Services; Delivered Meals Subsidy; Home Care Services; Home Nursing Service Subsidy; Domiciliary Nursing Care Benefits; Handicapped Persons Assistance Act (non-residential aspects); and Handicapped Child's Allowance all be combined (with two other programs) into a Community Health and Care Program and over a three year period be passed over to the States so that they might provide more

¹ Report of the Tasmanian Board of Inquiry into the Needs of the Handicapped, Government Printer, Hobart 1980, para 13.2, p.118.

comprehensive, co-ordinated and better integrated health care services at the State and local level.²

It also recommended that the Aged or Disabled Persons Homes; Personal Care Subsidy; Handicapped Persons Assistance Act (accommodation aspects) and the Handicapped Children's Benefit be combined with two other programs into a Sheltered Accommodation Program and over a two year period devolved to the States. The rationale given was "promoting the most effective allocation and use of resources available for sheltered accommodation by greater involvement of the States and by providing a more flexible means of meeting local needs and according priority to those in greatest need".³ The report was criticized by A.C.O.S.S. which argued that it was no more than a "jettisoning of Commonwealth responsibilities, passing them off on the States without adequate financial commitments and without concern for the effects on services of so doing".⁴ The States, likewise rejected the proposals, as they believed their resources would be stretched if they were left to finance and administer the devolved services.

The Federal/State debate has not resolved the long running argument about the most appropriate level of government to support services for disabled people, and it illustrates the political nature of finding an appropriate point of intervention.

RESOURCE ALLOCATION

The reality however, is that both Commonwealth and State Governments have chosen NGWOs as the main vehicle for the provision of services. Each, however, has chosen different roads along which to drive the vehicles. The W.A. State Government has chosen to use non-specific funding arrangements. None of the State grants identified in our study were made under legislation, but rather

²Task Force on Co-ordination in Welfare and Health First Report : Proposals for Change in the Administration and Delivery of Programs and Services, Canberra, A.G.P.S. 1977, p.66-7.

³Ibid., p.82.

⁴Australian Council of Social Service, Real Reform or a Sideways Shuffle? Sydney, A.C.O.S.S. 1977, p.1.

came as ex-gratia payments or informal arrangements. Commonwealth payments were all made under legislation described so far in this paper and were all given for clearly specified purposes (there was one exception, and that was an emergency payment made to bail out an agency, and this was shared 50/50 with the State government).

With the Federal Government, the organizations believe they have "entitlements". The negotiating process, as shown above, takes place between the agency and departmental officers whose function is to administer these politically determined "entitlements". When the organizations do not get their way with the departmental officers they do not hesitate to enter the political arena and flex their muscles. It is difficult from our data to determine the rate of success, but the quotes in Chapter 3 give an indication of the process. Generally the larger organizations move into the political arena, not only because they are better connected, but because the financial stakes, for them, are higher.

Specific purpose grants, or subsidies under legislation, increase the likelihood of the funder being able to demand accountability. One could hypothesise that this would be reflected in the agencies believing that their autonomy was being eroded more by Commonwealth than by State funding. This was clearly evident in the interviews, and a comment on autonomy is offered below.

The process involved in obtaining funding from the State Government is clearly a political process. The interviews showed that negotiations take place at a political level. Where negotiations occur with bureaucrats these are seen by the organizations as clearly preliminary and/or supplementary to political negotiations — either they set the scene or they tidy up the loose ends. The policy analyst wedded to a rational model of policy making would find no solace here. State Government funding however, is quite vulnerable. Although legislation as found in the Commonwealth does not guarantee funding, the absence of legislation increases uncertainty. The personal and political nature of State funding could exclude agencies which are aggressively self-help oriented, "oppositional", or unorthodox. Furthermore, under an ex-gratia system there is the strong likelihood that NGWOs can be made into pawns in Federal/State squabbles. For example, late in 1981 the W.A. Premier sent a standard letter to all the agencies involved in our study informing them that their grants were "under review" on account of reduced Commonwealth allocations to the States.

While State and Commonwealth funds come for different reasons and come via different processes, in seven of the fourteen organizations, roughly similar proportions of funding come from each source. For most organizations (and in particular the older ones) State Government funding preceded Commonwealth funding. The advent of Commonwealth funding did not replace State funding but rather has been significant in financing the growth of organizations.

AGENCIES AND GOVERNMENT

While the funding issues have been described, there are important operational relationships between the organizations and government. These can be found in individual agency/government dealings as well as interactions between ACROD and government. In social policy, a critical question relates to who should accept responsibility for the provision of care to people in need, and government and NGWOs, together with families, are regarded as having a part to play in caring. Government is identified because disabled people claim a right to full community participation and cannot exercise that right without government intervention and facilitation. NGWOs are identified because they have evolved from within the community and have sought to legitimise their participation in providing social care. Families are identified because traditionally dependent members have been cared for by other family members.

The mix of government, NGWOs and families varies over time and at different points in the individual's life cycle.

Our study provides some information on who the organizations perceive as bearing the responsibility for social care. Ten of the fourteen organizations claimed that if they were no longer able to provide their services, then the State Government would "have to provide". Three of these ten also saw the Commonwealth as sharing responsibility.

Eleven of the fourteen believed they received funding from the Commonwealth because as they provided care, they had a "statutory right", but only one organization said that they believed that either government accepted a responsibility for families of disabled people.

On pages 39-41 responses were reported to the question of what the agencies would do if government funding were to cease. Those that had the lowest level

of government funding answered that they would either increase their fund raising or prune services and become more commercial. It was the most heavily funded organizations which stated that they would be unable to survive without funding, and which had no compunction, in that event, in passing their clientele onto the (State) government. None saw the Commonwealth as appropriate to take over the service role and none mentioned the family as stepping into the breach.

This reflects two important phenomena. First there is the high level of dependency on government funding, something that cannot easily be abdicated. This has come about first in the funding of bricks and mortar, for once locked into a property commitment, funds are required for maintenance and optimal use of facilities. Second is the belief that there are limits to the care and support that family members can provide. It is important to note that a high level of professionalism and skill is required in the caring and support roles and while families may be willing to provide what supports they can, there are limits on what governments and agencies might expect from the informal sector.

In an important speech on "The Role of Voluntary Organizations", given in Sydney on 23/10/1981, the Minister for Social Security discussed these three levels of responsibility : families, NGWOs and government. It was the middle level (NGWOs) which Senator Chaney saw as the key level of welfare responsibility in Australia "with the primary role in identifying and plugging areas of need" (p.5). He affirmed that NGWOs could not alone cope with community welfare and reaffirmed that they had an important role "as an identifier of social problems and as a pointer for governments about where their own interventions should be directed".

In acknowledging that NGWOs could not alone meet major needs, he also expressed concern about "the distorting effects of government involvement in the voluntary sector because not only does it sometimes, I suspect, have the effect of maintaining areas of activity that no longer have enthusiastic endorsement, but it also means that there is a temptation to agencies to expand and proliferate rather than concentrate on the area that they are suited to" (p.6). The Minister's concern, however was that the number of agencies in Australia was so great and this could lead to duplication of effort, and through government funding, dissipation of government welfare dollars on unnecessary competition between agencies. He praised the vigorous and healthy nature of the voluntary sector but warned of falling "into the trap, through excessive government intervention, of allowing the voluntary sector to become a sort of

adjunct of the government bureaucracy" (p.7). The Minister also pointed out that increasing government support of NGWOs could focus more on what government does, and less on what the agencies do for themselves and as such grossly undervalue the reserves of community resources invested in the voluntary welfare sector.

It is difficult to know whether government involvement distorts agency priorities and whether funding renders agencies a part of the bureaucracy. It will be argued below that the latter is not the case.

With regard to the former issue, that of priority setting, a case can be made for more active priority setting by government, particularly by a government which is conscientious in assessing community needs and planning integrated, co-ordinated and participatory services. Excessive autonomy of the agencies runs counter to broad-based accountability, and may insulate the agency from changes in the community around it and encourage "more of the same" rather than regular reappraisals of needs, approaches and methods.

The question raised by the Minister was whether agencies were becoming part of the governmental apparatus. The organizations in this study are quite clearly part of the dominant service structure in W.A. Their functions are highly legitimized. There is a total lack of public debate about what they do, how they do it and to whom they do it. This lack of debate signifies that they are seen as worthy organizations operating at the highest levels of service. Active agency workers are rewarded by the State in the imperial honours lists. The services provided do not differ philosophically from the services both State and Commonwealth governments believe should be provided. Where differences do exist the agencies are probably more conservative in their approach than the governments. None of the organizations are "unorthodox", or "oppositional" in nature, and none, in the interviews, listed advocacy on behalf of their client group as a major function. None are publicly engaged in challenging prevailing modes of social care to disabled people. Rather they seem to be engaged in securing an increasing role for their organization in providing the care they feel comfortable with, and they use their political influence and expertise to secure their own funding position.

While NGWOs provide welfare services with government support, it is of interest to try to track where policy initiatives may have originated. Initiatives come sometimes from government departments, sometimes from

political parties, ministers, backbenchers, from one or more NGWOs, or from recommendations of inquiries, expert advisers, etc. It is not always clear whether the Government of the day has accepted a recommendation, or bowed to pressure, to ensure that a particular service is provided within the community. Once accepted in principle, governments may then choose to use NGWOs as a sole, or primary, or an alternative avenue of implementation.

In the 1950's and 1960's government tended to establish programs for funding the provision of certain services (e.g. accommodation for the aged), establish certain basic standards, consistent with ensuring funded services were as intended, and then leave the actual provision fairly open to developments "in the community" — principally by the activity of religious bodies, and of charitable and benevolent bodies.

Although this principle seemed to continue into the 1970's in the areas in which it was established, there was increasing attention to the question of whether Government objectives were being met by legislation and its manner of implementation. Recent years, have seen much more purposive Government action directed to provision of funds to "purchase" or "promote" specific types of services in the community.

This shift could be characterised, perhaps too simply, as a change from a "you hatch it, we'll match it" attitude to greater use of "take it or leave it" approach. The real situation is more complex than this, in many ways. However, it is clear that at both Commonwealth and several State levels a much more purposive role has been played by Government in its funding of NGWOs. (In W.A. contract arrangements are being developed in areas other than disability, by the Department for Community Welfare).

But what of the role of NGWOs in this service provision role? Are they giving leadership to publicize policy, pioneering new modes of service or services in new areas? Are they developing new, more humane and empowering relationships between clients and providers and between clients and 'society'? These are issues which have not received close and detailed attention in Australia.

Over a number of years Professor Ralph Kramer of the University of California Berkeley, has been studying non-government agencies involved with disabled people in four countries, The Netherlands, the U.K., Israel and the U.S.A. He studied the extent to which their being separate from government meant that

they were innovative, and found that the most innovative were not the smallest agencies, but some of the largest, most bureaucratized and most professionalized. He also found that reliance on government funding did not necessarily reduce agency autonomy.

This study in Western Australia did not attempt to replicate Kramer's extensive analysis, but there are lessons which can be learnt from his work. Over time Kramer has developed two classifications of NGWOs. In 1973⁵ he saw four characteristic roles — vanguard; improver; guardian of values; supplementer. Six years later⁶ his further empirical work led him to suggest a more appropriate role breakdown was specialists; advocate; consumerist; and service provider or agent. Elements of both sets of classifications are applicable to NGWOs in W.A. In the latter classification many agencies try to perform all four roles simultaneously.

First the traditional view was that NGWOs who wished could play an innovative, experimental role because they have the flexibility in their structures and are qualified to pioneer, innovate, experiment, and develop demonstration projects which might later be picked up as models for the statutory sector. The evidence that Kramer cites is that this role is rarely played, though the rhetoric lives on. Very few services pioneered by NGWOs have become standard government operations. One significant Australian example however, was the development in the early 1970's of activity therapy centres. By the end of the 1970's government was firmly locked into a funding role for ATCs. Instead, many services and agencies have become particularly specialized and expert in their delivery, so that it is more appropriate to call the role one of specialization than it is innovator or vanguard.

Second there was the improver role : some NGWOs may serve as critic, watchdog, thorn in the side, in an attempt to bring pressure to bear on government to improve or extend services or service concepts; to some extent they may be valuable in defending government services against anti-government and anti-spending sentiments. Extending this role, Kramer argues that advocacy is a necessary part of the improver role. This was reflected particularly in those agencies dependent on government for funds but not being hesitant to play an advocacy role. These agencies are heavily involved in monitoring, criticizing

⁵R. Kramer, "Future of voluntary service organization", Social Work, Vol.18(6), 1973, pp.59-69.

⁶R. Kramer, "Voluntary agencies in four welfare states", Administration in Social Work, Vol.3(4), 1979, pp.397-407.

and prodding government and use ad hoc coalitions, citizens' committees, media outlets and a wide range of lobbying and political tactics. The motives underpinning these activities and the desired end states vary considerably.

Third there was the "guardian of values" role, which focused mostly on preserving voluntarism as a desirable objective. Evidence has shown that voluntarism in NGWOs is confined mostly to fund raising events and public campaigns and only rarely to person-to-person service provision. Interestingly, it was the largest, most bureaucratized professionalized agencies that Kramer found to be the most extensive users of volunteers. In retrospect, Kramer argues that consumerism, rather than voluntarism, evident in self-help and mutual aid, are perhaps the most distinctive feature of some modern NGWOs.⁷

Fourth the supplementer role, whereby NGWOs fill the gaps left by other care systems, where their activities are often crisis oriented and hopefully transitory, has given way to a service provider role, where basically NGWOs act more like agents of government. NGWOs perform on a contract or agent basis, and for a fee (from government — to cover costs) carry out service functions that government may be unwilling or unable to perform. An NGWO may be used by government as a primary service provider, a preferred provider, an alternative to or a substitute for government service.

All of this raises ideological questions about the relationship between public and private provision; between private and public identification of issues and problems; between private and public contributions to the development of coherent social policy in general, and about policy relating to disability in particular.

Kramer found that the most frequent form of financial transaction between government and NGWOs is payment or reimbursement for a service provided by an agency to an individual for whom there is a public responsibility. Although explicit statements regarding the extent to which disabled people are regarded as a public rather than a private or family responsibility are rare in W.A. there are authoritative statements and actions at the Federal level which indicate that the Commonwealth takes a degree of responsibility for disabled people.

⁷ Ibid., pp.405-6.

In Australia, as in the countries studied by Professor Kramer, voluntary agencies typically have a scarce resource required by government for clients who have a right to service. In economic terms, Kramer found that the supply of non-government services and the demand by government for service for the clientele, intersect at a price that is below the real cost for both parties. While detailed costings have not been undertaken in W.A. the evidence from the interviews suggest this also is probably the case.

Government is often in the position of having authority and responsibility, but it lacks expertise, facilities, staff and other necessary resources for service delivery. Once agencies willing and able to provide services are identified, both the Commonwealth and W.A. governments are usually content to leave well enough alone because of their trust in the agency. What has not been established, (and is beyond the scope of this study) is whether the resources provided by the agencies are the most suitable and appropriate for the clients' needs. This can be tested only by careful evaluation, something currently required by neither government.

ACCOUNTABILITY AND AUTONOMY

This leads directly to the issue of accountability, a crucial issue when considering the receipt of public funds and the delivery of public services. Literally the term means "bound to give an account", or be responsible, and generally it conjures up an image of accounting for funds, avoiding financial malpractice and submitting to financial audits.

All organizations in this study had some financial accounting requirements to comply with from the State and Commonwealth Governments. The State Government required that all the organizations in this study submit annual audited accounts to the Chief Secretary's Department as is required of all organizations in Western Australia that raise money from the public. Audited accounts are also required by the Commonwealth Government with the added requirement in respect of sheltered workshops of "monthly returns" (a term used by a number of administrators) to DSS with regard to moneys received under the HPA Act.

As was discussed earlier, funds given by the State Government were almost always general purpose; therefore accountability for these funds was simply in the nature of demonstrating financial integrity and lack of malpractice.

How the funds were used was left to the discretion of the organization. For only three organizations were there any real restrictions — this was a requirement for one that neither number of clients nor staff could be increased. For two organizations receiving full or partial deficit funding for nursing home facilities from the State, there is a requirement that they ask their patients to contribute 87½% of their Invalid Pension towards their care. (One of the issues being raised is whether this is a requirement of organizations or whether they are indeed free to ask for lower contributions from their patients and contribute more from organizational funds. The issue is as yet unresolved).

Commonwealth funds under the HPA Act are specific purpose funds. Therefore financial audit for these funds also requires that the organization show that the funds have been used for the purpose for which they were given. The nursing homes provided with deficit funding under the Nursing Homes Assistance Act are also required to charge patients 87½% of their pensions as the contribution to their care. There is no such fixed proportion in respect of agencies which receive HPA Act funding.

As well as being required to show that the funds were used as they were supposed to be there is a requirement that where equipment costing more than \$500 is being purchased and subsidy being sought for it that three quotes be obtained and generally that the lowest quote be accepted. This caused some annoyance to the organizations — particularly the larger ones. They felt that where specialised equipment was required the lowest of three quotes would not necessarily produce the appropriate equipment. Of course, there is plenty of room for manoeuvre here.

The Lotteries Commission is provided with accounts by the organizations at the time of making an application but it is not clear whether this is a formal requirement or merely a convention.

An interesting area in the question of accountability is how donated funds are accounted for. As has been shown earlier all these organizations except for one, raise varying amounts of funds from the public. All are required to comply with the requirement of the Charitable Collections Act of 1946 that they submit audited accounts to the Chief Secretary, setting out how the money is collected and the manner in which it is dealt with. Presumably this requirement is seen as assuring accountability for publicly raised funds. In that respect it is interesting to note that the public does not have access to these audited

accounts either in general or on request for specific organizations. An approach to that Department in the course of carrying out this study confirmed that to be the case.

Annual reports are one means that the organization has to account to the public for funds raised from them. There are no requirements as to the form of financial statements in annual reports and an examination of the annual reports of most of the organizations in this study showed an enormous range in the amount of financial details they provide. The W.A. Society for Crippled Children (Inc.) published no financial statement at all in their annual report for the years 1979/80. They commented that this was their usual practice. This organization uses highly sophisticated fund raising techniques, including quests, T.V. appeals, and so on, but to members of the public who donate to the organization no statement of accounts seems to be available. Some other organizations that do include financial statements in their accounts include large "miscellaneous" or "general" items of both income and expenditure which limits the amount of information available to the public. The Paraplegic-Quadraplegic Association of W.A. (Inc.) for example in their 1979/80 annual report includes an item of income classified as "general-\$904,178" and lists "general expenses" of \$2,462,561. This organization, too, is a beneficiary of a T.V. appeal. It also receives funds from both State and Commonwealth Governments under a variety of arrangements and provides a range of services.

While there is no suggestion that these accounts are in any way improper or deceptive, they do not afford the public any opportunity to appraise the significance of their donations to the organizations and see exactly how these funds are spent. Some organizations — both large and small — do make a real attempt to inform their members and/or the public through their annual reports of financial details of their organizations. This question of annual reports is one that is obviously not peculiar to W.A. A VCOSSE seminar in 1979 entitled "Accountability" focused, in part, on annual reports. One comment from the report of that seminar is that "traditionally, the Annual Report has been the most common accountability tool. But so often it is used for self-gratification and thank-yous, and doesn't really say much about the service".⁸ Clearly that is so with some of the organizations in this study

⁸Victorian Council of Social Service, Accountability V.C.O.S.S. Melbourne 1979, p.8.

although on the credit side, some, are making real efforts to be informative about services and finances in their annual reports.

Accountability encompasses more than financial audit — it may also mean program accountability. The question of how decisions are made by the organizations in this study about what services to provide, who can use those services and how they are provided and what various funding bodies require of the organizations in this respect have been addressed.

The organizations gave no evidence to suggest that they are required to account for their services to any of the bodies who fund them (or indeed to anybody!). The State Government's general purpose method of funding leaves all the initiative for decision making about services to the organizations. Some organizations are required to have some premises licensed by State Government authorities and this process provides a possible mechanism for some quality control although the question of rationale or philosophy of services is usually not addressed by a licensing process. The organizations subject to licensing requirements could not give instances of non-approval of facilities or revocation of approval. One such organization had at least one of its facilities unconditionally licensed even though a report by a senior Departmental officer to the Director recommended that a licence not be issued because of real concerns about the adequacy of staffing levels to meet the needs of those using the facility. This sort of process must raise questions about the value of the current licensing procedures to even ensure quality control.

None of the organizations demonstrated themselves to be accountable for their services to the Commonwealth Government although there was a suggestion by some that an annual "inspection" of an hour or two by Commonwealth officers represented "evaluation" of their services. In actual fact, not one organization could give evidence of having subjected themselves or been subjected to independent evaluation of part of their services by State or Commonwealth officers. One administrator commented "We evaluate ourselves constantly" but could give no details of what "evaluation" entailed.

In spite of the lack of formal accountability requirements there can be no doubt that the legitimacy of the organizations and their clientele is not in dispute. There is little public controversy about the services — occasionally over recent years there has been consumer questioning of some services but continued public support for that questioning has not been sustained. On the contrary, there is evidence of very considerable accolades being given to the

personnel associated with the organizations, much press support of their public relations, and fund raising exercises and in general, a widespread belief that they are 'good' organizations worthy of support. Public support reflects more a "sellers' market" than a reaction to critical scrutiny. The numbers of people in W.A. with handicaps (above p. 8) means that regardless of criticism of broad principles or specific service details, there are considerably more "buyers" than there are "sellers" in this particular market.

A number of the larger organizations quote the continuing high level of public support of their fund raising campaigns as evidence of their legitimacy in the public eye. While this may have been a valid argument when funds were raised fairly informally it is perhaps not quite so easy to accept given the advent of professionally staffed public relations and fund raising departments within the organizations. Undoubtedly the skills of these personnel play some significant part in ensuring the success of fund raising ventures and it seems that the argument "because we can sell our product it must therefore be a good product" is a little difficult to accept in the light of what is known about advertising techniques.

Governments demanding a very low level of accountability has been seen by Kramer as an expedient means of strengthening the autonomy of the agencies. He quotes one government official as saying "if we knew more we'd have to pay more".⁹ The autonomy issue is quite perplexing, for one of the frequent complaints of those with a strong commitment to privatization is that substantial funding from government limits the agencies and leads to excessive government domination.

There are other factors which strengthen the autonomy of the agencies in addition to the low level of accountability. The repository of skills and facilities within the agencies together with their political power guarantees them a secure place. The fact that so many agencies dealt directly with the Premier for state funds shows their strength. The funds were forthcoming for no other apparent reason than that the agency was a respectable one, providing a service deemed valuable. Perhaps this might be tempered by the comments of several respondents who said they would pass their clients over to the State government if funding were to be withdrawn.

⁹ R. Kramer, Voluntary Agencies in the Welfare State, University of California Press, 1981, p.162.

The Commonwealth Government was much more particular in its approach to funding. On the one hand it was locked into funding agencies to which it had previously provided funds for capital. To withdraw funds and render the agency inoperative would negate the original capital infusion. On the other hand, the Commonwealth has stricter procedures for ensuring financial accountability, interpreted by many of the organizations as harassment.

The most difficult area of determining the appropriateness of autonomy/accountability lies in the field of service innovation and changes in therapeutic emphasis. As shown in the interviews, some agencies felt that the Commonwealth officers had firm ideas about services and treatment methods and that Commonwealth funds were contingent on their acting in accordance with the Commonwealth officials' service preferences. A second order can develop from this situation in which agencies say they will comply with Commonwealth preferences, but in fact do as they wish. One interpretation is that the Commonwealth has taken the path of input rather than output accountability. Rather than specifying (or hoping for) a particular outcome, it rests comfortably in the knowledge that the agencies which are funded (i.e. given inputs) have expertise, strength, and reliability. The assumption is that if good, solid agencies are supported, the output will almost certainly be a reflection of those agencies' strength, reliability and expertise. This might also explain why there are very few new organizations which receive funding in this area.

While autonomy can be seen as the absence of external constraint, a proper question to ask is why should the agencies, which are so heavily reliant on public funds, wish to be autonomous? There are deeply held positions that self generated agencies provide something that government does not or can not provide, and for this reason, their initiative goes hand in hand with the absence of external constraint. When substantial funding enters the picture, then reciprocity, expectations and purposive policy development all go back into the melting pot.

Where organizations have a high measure of self-generated funds — and in the study one organization had 87½% of its funds through self-generated activity — then issues of autonomy and accountability take on a different perspective.

Nowhere is this more starkly noted than in the area of sheltered workshops, where it is argued that a commercial ethos ought to apply in contrast to a welfare ethos, which applies in some of the service areas. Organizations providing sheltered employment operate with one foot in the commercial world

and one in the welfare world. Commercial decision making requires snap judgements, some degree of planning certainty and considerable flexibility. The HPA Act operates within a welfare framework and cannot accommodate the flexibility and speed required in commercial decision making. Furthermore, snap judgements appropriate to commercial enterprises are essentially about risk taking. Snap judgements in welfare which do not work out may have long term impact and cause great damage to people's lives. On the other hand, great potential for exploitation of disabled workers exists, if sheltered workshops are deregulated and the "sheltered" element removed. The paradox, too complex to go into here, has been summarised by former First Assistant Director General (Rehabilitation and Subsidies) Department of Social Security, Mr. David Hall.¹⁰

Commonwealth funding was initially developed on a "you hatch it, we'll match it" basis. As tighter financial accountability procedures blend with financial constraints and a commitment to rationalization, the situation has moved to a "take it or leave it" funding arrangement. State funds, with virtually no strings are on a very loose "you hatch it, we'll match it" basis.

The agencies are caught in a "donation crisis". Politicians extol the virtues of voluntarism, seeing it as a cheap and satisfying means of fulfilling social responsibilities. The agencies are becoming increasingly dependent on government funds, and as the table on p.23 showed, the larger the agencies, the smaller was the proportion of their income which came from donations. There clearly seems to be an absolute limit, or ceiling effect, of what can be raised from the public. Kramer identified a vicious circle in which declining income from donations leads to increased dependency on government which leads to the belief of donors that their support is no longer needed.¹¹ The enterprise is simply too large, and the responsibilities too great to leave too large a proportion of funding to what may be seen as the emotionally satisfying practice of private donations.

While the agencies were delivering services long before government took an interest, the situation in reality in the 1980's is that they are used by government because government cannot meet its ever-growing responsibilities.

¹⁰ D. Hall, "Sheltered employment - a paradox", National Rehabilitation Digest, Vol.3/4, 1977, pp.18-20.

¹¹ Kramer 1981, op.cit., p.144.

One feature of the politics of the 1980's has been an attempt to redefine government responsibilities, especially by way of family policy arguments. Another is to redefine responsibilities in structural terms, within the never ending State/Federal divisions of responsibility.

The agencies, it can be argued, sell many of their facilities to government for an agreed upon price. This is the case where there are *per capita* payments, or where agencies are funded to provide services that government cannot or will not provide.

The price paid by government is not sufficient to meet the costs of providing the service. It could therefore be argued that instead of government subsidising the agencies, the agencies, by receiving less than full reimbursement are subsidising government.

While there can be intense ideological debates about responsibilities, rights, and the relationship between State and family (with the agency as a broker), there are always real concerns expressed about the extent to which government funding corrupts or constrains agencies. Kramer found very little evidence in his study that government funds did this. Our study found the same and if anything, a case could be argued for greater government control or at least direction setting, in return for funding. While some agencies reported instances of excessive Commonwealth Government red tape, there were very few unacceptable requirements imposed on services and treatment modes, and minimal interference with agency government or administration. This is especially significant when it is noted that voluntary agencies by definition are groups of citizens who join to organise a service which derives from their common interests or values and once constituted they have no legal responsibility for general well being of any sector of the population, nor is there any requirement to continue the organization beyond any particular duration. The organization is usually responsible only to its own members (who are not necessarily its consumers) and not responsible to the community at large nor to government. While the agencies complain that there may be a danger of greater government control over agency autonomy, the cry is more ideological than realistic, for at the same time all of the agencies seek greater government funding. Only one agency (organization 14) said it would never apply for money if it would require a change in philosophy, and therefore it would not be open to government suggestions about program modification.

Table 3 prepared by Kramer lists the advantages and disadvantages of government funding for both agencies and government. While our study did not focus on advantages or disadvantages for government, our data certainly endorsed many of the advantages and disadvantages for the agencies. It could well be a useful exercise to use the findings as the basis for a debate on a comparable Australian classification.

TABLE 3
Principal Advantages and Disadvantages of the
Use of Public Funds by Voluntary Agencies

Advantages to Voluntary Agencies	Advantages to Governmental Agencies	Disadvantages to Voluntary Agencies	Disadvantages to Governmental Agencies
Enlargement of scope services; community utilization of specialized resources	More economi- cal service	Inadequate rates of reimbursement Uncertainty of in- come; delays in cash flow	Lack of sufficient control over costs Unevenness of service delivery
Greater security of income	Extension of service with- out correspond- ing visibility or high fixed costs	Red tape; excessive recording; reporting; and compliance with multiple, changing standards	Difficulties in maintaining stan- dards and accountability
Release of other funds for more particularistic purposes	Greater flexibility and responsiveness; easier to serve hard-to-reach groups; easier to initiate and to terminate funding		
Increased community status, prestige, and visibility	Bypass of bureaucratic and political constraints	Undesirable re- strictions on service policies and on admini- stration and governance	Fragmentation and less coherent social policy; weakened authority of government and chances of co- ordination
Access to govern- mental decision making	Transfer of unwanted tasks Gain of a support- ing constituency or source of leverage to influence volun- tary agency service standards Image of responsibility and co-operation	Possible dimi- nution in organ- izational autonomy; advocacy and vol- unteer partici- pation Becoming more bureaucratic and entrepreneurial; goal-deflection	Possible deterrent to assumption of governmental responsibility

Reproduced from R. Kramer, Voluntary Agencies in the Welfare State,
Berkeley, University of California Press, 1981, pp.165-6.

CHAPTER 5 CONCLUSIONS

PUBLIC AND PRIVATE PROVISION

Our welfare futures are inextricably connected with the way in which issues of public provision are traded off and reconciled. Although NGWOs are private bodies it is illusory to think of a division between public and private activity in services. NGWOs cannot alone cope with the full range of welfare needs of disabled people, and from its past commitments and practices, government does not provide all that is needed. The situation however, is one in which substantial public resources (mostly through capital funding) are transferred to private hands. Accountability is slight and a dependency pattern is created whereby continuing funds are needed by the agencies for survival, and government is locked into providing funds to keep the capital investment optimally operational. Past funding creates a situation in which public and private are intertwined and which is difficult to dislodge. If institutional usage falls below the optimum, per capita costs rise and in addition, under-utilization creates the potential for a political scandal.

The agencies have not become adjuncts of the government bureaucracy but in those cases where projects have had to be modified and residential arrangements altered, agencies are being stimulated and supported to do what government would like them to do. Government control over service details is limited. There is no evidence to show that government wants to have greater control. It is politically expedient to be able to take credit where appropriate, and to be able to distance oneself from potential or real embarrassments. Lack of control is a trade-off for government not having to be involved in the process of developing expensive services of its own.

This is particularly important in times of restraint on public sector expenditure and limitations on the size of government. By providing funds to NGWOs there is no necessary commitment to future funding or future operations. Funding can be modified with the times, but if government were to establish services itself, it would find itself with a long-term capital and staff commitments. Personnel on-costs in government are certainly much higher than in NGWOs and job security and fringe benefits enjoyed by government employees would not form part of the expenditure pattern of providing subsidies to NGWOs.

While half of the funding comes from government the bulk of the decisions about agency functioning are internal decisions. Thus we can support the contention on p.6 that power lies, not in the hands of the funder, but in the hands of the decision maker. This aspect of power is probably the most important distinguishing feature of a NGWO.

The agencies in this study are part of the dominant welfare apparatus of the state and, despite squabbles, work harmoniously within the overall structure. In no way could they be regarded as oppositional or outside the state.

Conversely, it is usually through NGWOs rather than through the public service that many policies in government are implemented, for it can be hypothesised that organizations may adjust their programs to what they think government might support.

RESPONSIBILITY AND ROLE OF GOVERNMENT

Through its legislative and funding programs, and through support for activities, such as the International Year for Disabled Persons, government has indicated some responsibility for caring for people with handicaps, though as the three Ministers for Social Security who are quoted on the above pages have indicated, the firm belief is that government's responsibility can best be discharged by supporting NGWOs.

A national Gallup poll published in the Adelaide Advertiser (10/12/1981) showed that 70% of Australians thought that government was not doing enough for disabled people; 1% thought government was doing too much; 21% thought it was about the right amount, while 8% did not know. The only state in which the responses stood out dramatically from the others was Western Australia, where 60% thought government was not doing enough, and 32% thought the amount was about right. (Among the other states the range for "not enough" was 67 - 76% and "about the right amount" was 18 - 22%). Nationally, therefore, there is a strong belief that government ought to be playing a role in providing for disabled people.

Interpretation of these data is difficult without knowing how the questions were framed. What is obvious, however, is that there is overwhelming support for the view that not enough is being done for disabled people. The W.A. material can be interpreted either as a reflection of a belief that a

somewhat more acceptable service pattern exists than in other states, or on the other hand the response could reflect an anti-government sentiment. It would be of interest to compare these data with those collected in market research activities during IYDP.

However, when we turn to the practical situations we find very little specific government mandating of services or conditions. Regulatory activity comes through (state) licensing procedures and is consistent also with some funding practices. Government does, of course, support a range of agencies and services, and from time to time stimulates agencies to provide activities that government would like them to provide. It is in this latter area that we can expect stronger direction setting by government in the future.

STATE/FEDERAL ISSUES

Australia's intricate web of Federal/State relations hinders the likelihood of co-ordinated planning of services and facilities. There is no sure mechanism for agencies developing comprehensive services that meet needs of the clientele, and ensuring that there is some form of territorial or spatial equity. As was shown above it was not in the interests of the agencies who were receiving funds under the HPA Act to receive specific purpose funds from the State Government, as this could jeopardise HPA Act funding. In Tasmania for example the Webster Committee found a situation had developed where programs supported by government had developed on an ad hoc basis with political decisions overriding demographic and needs data. Our study did not examine demographic and needs data, but confirms the ad hoc nature of service provision.

The solution seems to lie not in making one set of funds subject to a high degree of specificity and the other subject to none at all, but rather in developing co-ordinating mechanisms which might structure formulae based on need for determining the amounts of grants. The States would not be bypassed and all of the partners, Commonwealth, State, agency and consumer could come together. This may not be realistic in political terms where funding of powerful organizations is locked into a continuing pattern which in itself has created a dependency from which there seems to be no retreat.

COMMUNITY INVOLVEMENT

The rhetoric in most social welfare programs stresses "community involvement". Government rhetoric often assumes a similarity or unity between "the community" and "voluntary welfare agencies". On our evidence it would be hard to make the case for so strong a link, as the services combine the skills of the deliverers, the managers, and a small circle of interested parties. The broad spectrum of donors who provide an average of 17% of the operating costs of the agencies are remote from the organizations.

In the larger agencies supporters are most involved in assisting with fund raising. Most of these funds are used to attract matching capital grants, and the heavy investment in bricks and mortar does not usually provide opportunities for community involvement. It also changes the accountability pattern.

As contemporary debates focus on deinstitutionalization, demedicalization and normalization, the scope for greater community involvement is ever present. However, as funding methods favour buildings first and foremost, greater, not less, emphasis on institutionalization becomes apparent, and with this, fewer opportunities for community involvement. More bricks and mortar usually means more skilled staff, and the trend away from community involvement is hard to break.

FLEXIBILITY AND ADAPTIVENESS

NGWOs modify and/or extend their original aims if their survival is at stake. When government provides funds the NGWOs will respond in a manner which ensures their share. A price is paid by the agencies for this dependency, but government is relieved of the need to shoulder expensive infrastructure costs associated with service provision. The agencies however, are well attuned to knowing what is likely to be acceptable for funding and as such are better able to develop proposals for "suitable" projects. Two of the smaller organizations were proud of the way in which they had increased their grantsmanship skills.

Changes in clientele mentioned by some of the organizations together with an ability to make themselves available for as wide a range of funds as possible highlights the flexibility of the organizations. This should not, however,

be confused with innovation.

INNOVATION AND AUTONOMY

While Kramer found that some of the largest agencies were the most innovative and that reliance on government funding did not necessarily reduce agency autonomy, the present study did not arrive at the same findings. There was no evidence to show that the largest agencies were the most innovative. One question on the interview schedule asked

- a) what services would you like to provide, but are unable to do so?
and
- b) why are you unable to do so?

brought forth a response which can generally be described as 'more of the same' in a bigger, or better, or more careful way. Most of the large organizations responded by stating they would like more bricks and mortar — an extension here, a new facility there, but none of the responses indicated a significant departure from existing activities. One wanted to establish a home based early intervention program, and of the larger organizations (Size A & B) this was the most innovative departure.

The smaller organizations also responded by saying they would like more bricks and mortar — the response of one was simply 'expand — we're always under pressure to expand'. One difference was that the smaller organizations frequently stated that they would like to employ additional professional staff — another social worker, another occupational therapist, for example.

In response to why they could not do the additional things they would like to, invariably the reason given was lack of finance. No mention was made of any philosophical or operational barriers which might have had to be overcome. There were only two exceptions to this. One small organization said it would like to have disabled people who live in the community participate in certain activities, but when asked why it couldn't do this it replied that it couldn't find the clientele. One large organization, interestingly, commented that there was nothing it wished to do that it was not already doing, the reason being that it would not want to duplicate services it knew were already being delivered in Perth. This large organization clearly did not have an innovative

streak. There are two responses to the contradiction of Kramer's findings on innovation. First these organizations are particularly well settled and operate within a conservative community setting. Second, funding arrangement, particularly Commonwealth funding under the HPA Act and the Nursing Homes Assistance Act does not provide for innovations that do not have an approved and tested ring about them.

In fact it is government and not the organizations that is more likely to sponsor innovation and this will happen if government attaches firmer conditions to funding on a "take it or leave it" basis. This funding will not necessarily be for innovative development. It may have a strong conservative bias. Of course, the agencies will argue that this would compromise their autonomy. In fact when asked "do you ever have to modify a proposal or project during the process of negotiation" eight replied "yes" and six replied "no". Of the eight which replied "yes" three were Size A, three were Size B, and one C and one D. Of the six which replied "no" two were Size A, one Size B, two Size C and one Size D. One could tentatively conclude that larger organizations were somewhat more likely to have to modify their proposals to receive funding in that of the five Size A organizations, three made modifications, and two did not; of the four Size B organizations three made modifications and one did not; of the five Size C and D organizations two made modifications and three did not. (All of the modifications listed were in the course of discussions with the Commonwealth Government).

While the nature of the modifications was not explored in detail two explanations are possible. First, the Commonwealth Government has firm views about services to be provided and directions to be followed and exercised its threat of veto as a co-ordinating and planning mechanism. Second the organizations are skilled at adapting to changing conditions if their funding is dependent on adaptation, and thus they are motivated more by a desire to attract subsidies for continuation than by trying to respond innovatively to changing needs of disabled people. From the tone of our interviews it would seem that the second explanation is the more plausible. This must be seen, however, within a context of historical developments which can be characterized as a "push-pull" approach to innovation. Sometimes government is pushed by an advocate agency or a body like ACROD, and very often it tries to pull an agency through certain hoops. Whether push or pull is the prevalent approach at a particular time depends on political receptivity to change and on the amount of funds available.

ARE NGWOs CHEAPER?

Cheapness did not seem to be an issue in the agencies' perception of why they might receive government funds. As pointed out in Chapter 3, only three organizations thought they were funded because it was a cheaper means of delivering services than having government establish and deliver them.

While it is frequently argued that cheapness equals cost effectiveness, our study did not delve into any assessment of whether NGWOs services are cheaper or more cost effective. A British study found it difficult to identify broadly similar statutory and non-statutory services, but where they did they found no conclusive answer to the "are they cheaper" question. When all costs were taken into account there was no great difference, but they found that in the U.K. non-statutory services were cheaper for government because they provided only part of the funds and that NGWOs invariably had lower overheads than government services.¹ Furthermore NGWOs can often elicit from staff a willingness to work harder, put in long hours and all of this for less money. This, of course, is not always the case. Our experience of government employed social workers, for example, would not support the hypothesis that they may not work as hard as social workers in NGWOs. Furthermore lower rates of pay where they exist are sometimes examples of the ability of NGWOs to exploit committed and dedicated staff members. Our study did not examine these matters.

FUNDING ADEQUACY

The organizations in the study nearly all listed projects they would like to undertake but were unable to do so due to funding limitations. Furthermore, almost half have had to be bailed out of financially disastrous situations. The picture painted is one of considerable difficulty for most agencies. All agencies, however, experienced growth in real terms in recent years, but all growth funds were quickly fully committed to existing usages. The organizations are committed to keeping facilities in use at optimum levels and almost half have broadened their admission criteria to do this. This then suggests

¹ S. Hatch and I. Mocroft, "The relative costs of services provided by voluntary and statutory organizations", Public Administration, Vol.57, Winter 1979, pp.397-405.

that funds have been adequate to do what the organizations had previously undertaken. The paradox of both growth and emergency rescue in the light of limited innovation suggests a rethink of agency spending rather than a conclusion of funding inadequacy. This study has not investigated the circumstances leading to the emergency financial crises, but it could be suggested that there is scope for re-examination, in some agencies, of management issues and of program innovation. With government attempting to do more with the same amount of funds (or even fewer funds) issues of funding adequacy cannot be divorced from issues of innovation and management.

FUNDING PROCESS

Funding for most of the organizations depended on their following a process which was both personal and political. The details were negotiated with appropriate contacts first of all, the ground was surveyed, the current mood summed up and after a thorough examination, the submission was made, not as a first move, but as a last move following the appropriate preliminaries. The organizations clearly have a good perception of how to get money from government and are experienced in executing this role. The one question that comes to mind is to what extent does this knowledge determine or influence the definition of need and the choice of means to meet the need?

As the process means that the major agencies can confidently expect continuation of government funding, are they lulled into a state of complacency where funding guarantees might inhibit attempts to develop innovative programs? This could be a price agencies pay for their dependency.

The individualized nature of securing agency funds from government means that there is no effective planning process which might point towards co-ordinated development. Lotteries Commission funding, for example, highlights a process where funding decisions are made on the basis of agency needs, in isolation from other community requirements. While there is no effective planning process it suits most actors to support the status quo. There is no real desire on the part of government to co-ordinate or control services, and a shift away from individual agency submissions could mean that some agencies might not do as well as they presently do.

EVALUATION

The real test of services for the handicapped, as the Webster Committee pointed out is whether the needs of the handicapped people are actually being met by the services provided.² Need implies a deficit for which there is an available remedy — preventive and/or compensatory. Measurement of need and assessment of services brings in issues of evaluation. Any evaluative exercise involves major conceptual problems, particularly those related to determination of a desired level of performance and perceived inadequacies in existing programs or services. This involves any evaluator in being able to interpret the nature of the problem at hand. This is no easy matter, for as the Webster Committee argued the social process and the value judgement in providing services for handicapped and disadvantaged people are not always readily tested, nor can they be separated from the social and political context of the whole population.

The development of a system for regular, fair and meaningful evaluation is contentious. Unilateral bureaucratic evaluation would be unacceptable to the agencies, and complete self evaluation would almost certainly turn into an uncritical exercise in self-congratulation. The Webster Committee recommended that funds be made available for self-evaluation in accordance with principles expressed in a statement made by researchers Berry, Andrews and Elkins of the University of Queensland.³ The statement in part, reads —

'... the necessity for the voluntary organizations and the facilities to carry out self-evaluation should not be overlooked. Just as clear objectives need to be stated by government in respect to its funding activities, self-evaluation would require organizations and facilities to clearly specify the goal and the objectives of their procedures, and the ways adopted to reach these objectives. Simple self-evaluation techniques, such as where an organization invites consumers of its services, its staff, others who work in habilitation programmes for the handicapped, and members of the community to question and challenge it in respect to its services, including in the light of community needs, as well as to raise unmet needs and suggest areas of inadequacy, and then documents the results of the discussions, can contribute significantly to the overall benefits of evaluation'. (sic)

¹ [Webster Report] op.cit., para. 15.24, p.133.

² Berry, Andrews & Elkins, op.cit., p.126.

The absence of clear evaluative guidelines can lead to a situation in which areas of activity which are only marginal in relevance, continue to receive funding. This was a concern expressed by Senator Chaney (above p.60). Although not tested for in the present study it raises a set of conditions which need monitoring.

ACCOUNTABILITY

All organizations were financially accountable to the extent that they are required to submit audited accounts to the Chief Secretary's Department. The Commonwealth also requires monthly returns in specific instances.

Accountability was limited to demonstrating that adequate financial documentation was maintained. Provision does not exist for assessing program accountability. This is related to three factors. First, clearly specified program goals do not exist. Second, there is no competent overview of service needs of disabled people in Western Australia, and should such an overview be developed, there is no centralized power to ensure that there be co-ordinated and comprehensive service development. Third, evaluative procedures and processes do not exist.

AGENCY MODELS

Over time Kramer changed his views on agency types (above p.63). The agencies studied in Western Australia conform somewhat (though not entirely) to Kramer's typology. Services are specialized, but not necessarily innovative or experimental. The Western Australian agencies could hardly be termed "vanguards". Nor were they heavily consumerist, advocacy oriented, regularly critical nor continually pressing government for improvements. They were too professional to be seen as guardians of principles of volunteerism yet they were strong service providers, used by government across a wide spectrum of performance — as primary providers; preferred providers; alternatives to; and substitutes for government services.

They did not, however, act as agents of the state in that their prime role is not to carry out government policies and be reimbursed for this. At times "take it or leave it" funding put organizations into somewhat of an "agent" role.

One example was funding of two organizations by the Department of Employment and Youth Affairs to run "Preparation for Employment" programs. Guidelines for the programs were strictly laid down before any of the organizations involved themselves in the programs. (The State Department for Community Welfare is presently developing contract arrangements by which NGWOs carry out certain services under formal contract to the Department. This has not been extended in W.A. to agencies dealing with disability). Apart from such instances of acting as an agent of the state, the more likely situation has been to act as part of the state (but not part of government).

APPENDIX 1 : MAIN COMMONWEALTH ACTS ASSISTING HANDICAPPED PEOPLE

SOCIAL SERVICES ACT (PART VIII) 1947-1977

PURPOSE: Establishment and operation of the Commonwealth Rehabilitation Service.

MAIN PROVISIONS: Social/vocational, medical and educational rehabilitation is provided free-of-charge to virtually any disabled person in the broad working age group who can benefit from such services.

SOCIAL SERVICES ACT (PART III, PART VII and VIIA) 1947-1977

PURPOSE: Income maintenance provisions for persons with a disability, including compensation for some of the extra expenses incurred by the parents or guardians of a handicapped child.

MAIN PROVISIONS: (a) Invalid Pension is payable to a person not less than 16 years of age, who is permanently incapacitated for work to the extent of at least 85 per cent or is permanently blind. The invalid pension for a single person is currently \$139.40 per fortnight.

Allowance in the form of guardian's allowance and additional pension for children, are available in respect of certain dependants of an invalid pensioner. In addition, a wife's pension is payable where the invalid pensioner's wife is not qualified for a pension in her own right. The wife must not be living apart from her husband.

(b) Sickness Benefit is payable to a person who is temporarily incapacitated for work because of sickness or accident and has thereby lost income. The person must be at least 16 years of age and under 65 years (male) or under 60 years (female). Sickness benefit for a single person under 18 is \$36 per week, over 18, unmarried, \$69.70 per week.

(c) Sheltered Employment Allowance is payable to a disabled person who is employed in an approved sheltered workshop and is either an invalid pensioner, or likely to become a pensioner if not provided with sheltered employment. The sheltered employment allowance is paid as an alternative to pension and the rate of allowance is the same as the equivalent rate of pension. A person receiving sheltered employment allowance would also receive payment equivalent to any additional benefits, such as wife's pension and additional pension for children, that would be payable if he were an invalid pensioner.

(d) Incentive Allowance is payable to a disabled person who is receiving sheltered employment allowance. It is an additional payment at the rate of \$8 per week.

(e) Training Allowance is payable to a disabled person who, as part of a rehabilitation program provided by the Commonwealth Rehabilitation Service undertakes vocational training. Rate of allowance is based on the average adult male weekly award wage, and in the case of full-time training, is paid in lieu of pension or benefit.

(f) Living Away from Home Allowance is payable as in (e) above, to a trainee if he is required to live away from his usual place of residence for the purpose of receiving training. Maximum rate of allowance payable is 25 per cent of the average adult male weekly award wage.

(g) Handicapped Child's Allowance is payable to parents or guardians caring for a severely or substantially physically or mentally handicapped child who is living in the family home. For a severely handicapped child, the allowance is \$73 per month.

For a substantially handicapped child the amount depends on the parents' and guardians' income, and the additional costs in caring for the child. The maximum payment is \$73 per month.

HANDICAPPED PERSONS ASSISTANCE ACT 1974

PURPOSE:

To cater for the needs of handicapped children and handicapped adults who do not require constant medical attention but who, nevertheless, need special facilities to enable them to take their place in the community.

MAIN
PROVISIONS:

Subsidies to eligible organisations providing approved programs of sheltered employment, activity therapy and training with associated accommodation facilities and ancillary rehabilitation, recreation and holiday programs.

Subsidies cover -

- (i) capital cost, equipment costs and building maintenance cost of facilities.
- (ii) rental costs, where an organisation rents suitable premises.
- (iii) staff salaries, 50 per cent of salary for approved staff or 100 per cent in the case of new services.

A \$500 training fee is payable to sheltered workshops for each disabled employee who successfully graduates after at least 6 months in the sheltered workshop to normal employment and remains there for not less than 12 months.

A Handicapped Children's Benefit is payable to an eligible organisation which provides approved residential accommodation for handicapped children at the rate of \$5 per child per day.

AGED OR DISABLED PERSONS HOMES ACT 1954-1974

PURPOSE:

To encourage eligible organisations to provide residential accommodation for aged or disabled people.

MAIN
PROVISIONS:

Subsidies on a $66\frac{2}{3}\%$ basis are paid to eligible organisations to help with the cost of providing accommodation for aged and/or disabled people.

A Personal Care subsidy assists organisations conducting aged or disabled persons hostels with the cost of additional personal care services required for frail residents. The subsidy is \$20 per week for all hostel residents requiring and receiving these services.

STATE GRANTS (HOME CARE) ACT 1969-1973

PURPOSE:

To stimulate the development of community-based services which assist aged people to continue to live in their home for as long as possible.

MAIN
PROVISIONS:

\$1 for \$1 subsidies to State and Local Government for home care services; \$2 for \$1 towards establishment of senior citizens centre; \$1 for \$1 salary subsidy for welfare officers employed by centres.

DELIVERED MEALS SUBSIDY ACT 1970-1974

PURPOSE:

To assist organisations conducting a regular service delivering meals wholly or mainly to aged or invalid people in their homes.

MAIN
PROVISIONS:

A subsidy of 40¢ for every meal provided with an additional 5¢ for a Vitamin "C" supplement.

REPATRIATION ACT 1920

PURPOSE:

To provide compensation by way of pensions and allowances, and medical treatment to those veterans injured as a result of service and to the dependants of those whose death was attributed to service.

MAIN
PROVISIONS:

Pensions are paid to eligible veterans in three main categories:-

- (1) The Special Rate (known as the T. and P.I. Pension) is payable to a veteran who, as a result of service is blinded or is totally and permanently incapacitated - that is, disabled for life to such an extent as to be unable to earn more than a negligible percentage of a living wage. The present rate is \$133.50 per week.
- (2) The Intermediate Rate is payable to a veteran who, because of the severity of his incapacity accepted as related to service, can work only part-time or intermittently and consequently cannot earn a living wage. The present rate is \$91.90 per week.
- (3) The General Rate is payable to a veteran who has incapacity accepted as related to service but who is yet able to work full-time, although under difficulties. The amounts payable range from 10% to 100% of the maximum, according to the assessed extent of incapacity. The 100% rate is \$50.35 per week.

Various amputees and any veteran who has lost an eye or the sight of an eye as a result of service may be paid additional amounts supplementary to the General Rate Pension up to the equivalent of the Special Rate.

Additional allowances available to eligible veterans include:

- . Attendant's Allowance which may be paid to certain classes of severely disabled veterans, such as some double amputees. Rates paid are \$42.05 and \$21.02 according to nature and severity of disability.
- . Clothing Allowance where clothing is damaged as a result of service-related disablement. The rates range from 85¢ to \$1.80 per week.
- . Recreation Transport Allowances may be paid at \$48.00 per month or \$24 per month to certain severely disabled veterans for recreational purposes.

NATIONAL HEALTH ACT 1953 (SECTION 9A)

PURPOSE:

To ensure provisions of those aids, appliances and pharmaceutical benefits necessary for the treatment or rehabilitation of a sick or disabled person.

MAIN
PROVISIONS:

- (1) The Minister for Health may arrange for -
 - (a) the supply on loan of hearing aids and other such medical or surgical aids, equipment or appliances as are prescribed to persons who require them; and
 - (b) the making of any modifications to a building, vehicle or equipment that are necessary for the treatment or rehabilitation of a sick or disabled person.
- (2) Department of Veterans' Affairs has authority to provide free-of-charge artificial limbs to all members of the community who need them.

ACOUSTIC LABORATORIES ACT 1948

PURPOSE:

To provide for the establishment, maintenance and operation of the National Acoustic Laboratories.

MAIN
PROVISIONS:

Legislative authority for the conduct of scientific investigations, including tests in respect of hearing aids and their applications to the needs of individuals, and in respect of problems associated with noise as it affects individuals.

STATE GRANTS (PARAMEDICAL SERVICES) ACT 1969

PURPOSE:

To grant financial assistance to the States in relation to the provision of Paramedical Services for Aged Persons.

MAIN
PROVISIONS:

Payment of one-half of the cost of an approved paramedical service scheme wholly or mainly for aged persons in their homes. Currently only 3 States are participating - Victoria, South Australia and Tasmania.

STATE GRANTS (SCHOOLS ASSISTANCE) ACT 1977
(PART II(10) PART III(23) AND PART IV(28))
(SCHOOLS COMMISSION SPECIAL EDUCATION PROGRAM)

PURPOSE:

To grant financial assistance to the States in respect of the provision of Special Education programs.

MAIN
PROVISIONS:

Provide grants to the States for the following purposes:-

- . Building projects at government special schools;
- . Recurrent expenditure of government special schools and classes;
- . Recurrent expenditure of non-government special schools;
- . Special education in-service teacher training courses and for the cost of replacing teachers attending these courses.

ASSISTANCE FOR ISOLATED CHILDREN - COMMENCED 1973

NOTE: These allowances do not come under any Act but are paid by a specific decision of the Government.

PURPOSE:

To provide financial help to the families of children who do not have reasonable daily access to a government school because of either geographic isolation or a handicap which results in problems of daily access to a school appropriate to the needs of the handicapped child.

MAIN
PROVISIONS:

Children boarding receive \$780 p.a. free of income test, an additional \$600 subject to a means test and a Supplementary Allowance which is more stringently income tested (\$726 for Senior Secondary, \$540 for Junior Secondary and \$360 for Primary and \$500 for Correspondence School).

* The benefit levels listed are those current in January 1981.

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Publications
Social Welfare Research Centre
University of New South Wales
P.O. Box 1
Kensington, NSW 2033.