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IMPLEMENTATION OF THE INTERNATIONAL COVENANT ON  
ECONOMIC, SOCIAL AND CULTURAL RIGHTS

Second periodic reports submitted by States parties to the  
Covenant concerning rights covered by articles 10 to 12,  
in accordance with the second stage of the programme  
established by the Economic and Social Council in its  
resolution 1988 (LX)

Addendum

AUSTRALIA\*

[5 November 1985]

INTRODUCTION

1. The International Covenant on Economic, Social and Cultural Rights was signed by Australia on 18 December 1972 and was ratified on 10 December 1975. It entered into force for Australia on 10 March 1976.

2. In accordance with articles 16 and 17 of the Covenant, and with the programme set forth in Economic and Social Council resolution 1988 (LX) of 11 May 1976, Australia hereby submits its second periodic report on the measures it has adopted and the progress made in achieving, progressively, observance of the rights recognized in articles 10 to 12 of part III of the Covenant. The material in the present report updates information contained in Australia's initial report (E/1980/6/Add.22) and covers developments since 1980. It should be read in conjunction with the initial report.

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\* The initial report submitted by the Government of Australia concerning rights covered by articles 10 to 12 of the Covenant (E/1980/6/Add.22) was considered by the Sessional Working Group of Governmental Experts at its 1981 session (see E/1981/WG.1/SR.18).

3. In the preparation of the present report, where practicable, the format set out in the guidelines for reporting, annexed to the note verbale of the Secretary-General dated 10 January 1985 addressed to the Foreign Minister (G/SO 221/912), has been followed. It will be noted that because of the range of special programmes available to certain disadvantaged groups, information on these groups has been consolidated at the end of the report on each article rather than under the separate headings.
4. The material included in the report should be considered in the context of the general constitutional and legislative structures in operation in Australia, brief outlines of which are given below.
5. Australia has a federal system of government and the present report presents information on relevant developments in both the federal (or Commonwealth) and state spheres. It may be helpful to mention some of the main features of Australia's constitutional structure.
6. Responsible government on the British model exists as a qualification on the separation of powers between the legislative, executive and judicial arms. In the federal sphere, the strict separation of judicial functions is a feature. There are both federal and state court systems, but the state courts may exercise federal as well as state jurisdiction in those instances where federal legislation confers federal jurisdiction on them. The High Court of Australia is established by the Constitution as the final appellate court in state matters as well as being the ultimate constitutional court.
7. The federal Parliament has legislative power in respect of specified subject-matters, but only in respect of a few subject-matters is that power exclusive of that of the state Parliaments. Thus the latter have concurrent legislative powers on certain specified subject-matters and residue of legislative power over matters on which legislative power is not expressly conferred on the federal Parliament. Inconsistencies between valid federal laws and state laws are resolved by the latter being invalidated to the extent of the inconsistency by section 109 of the Constitution.
8. The federal Parliament has specific legislative power with respect to external affairs and under that power it may legislate to give effect to Australia's treaty obligations. In this way an act of the federal Parliament, the Racial Discrimination Act, 1975 relies for its validity to a substantial extent on the external affairs powers.
9. Some of the states (New South Wales, Victoria, South Australia and Western Australia) have anti-discrimination (or equal opportunity) laws directed, inter alia, against discrimination on the ground of race. These laws are enacted under the general legislative powers retained by the state Parliaments and apply within state boundaries.
10. Legislation is subject to review by the courts as to its constitutionality. More exercises of executive power are also subject to forms of judicial review to determine whether the exercise is within legal (including constitutional) limits.

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11. As far as the introductory articles of the Covenant on Economic, Social and Cultural Rights are concerned, Australia's respect for the right of all people to self-determination - which is enshrined in article 1 - is clearly on record.

12. Much of what is required under article 2 and article 3 has already been achieved in Australia through the introduction of a number of important administrative and legislative measures at both the federal and state levels. The present report details measures in respect of articles 10 to 12.

13. In Australia's initial report under articles 10 to 12 (E/1980/6/Add.22), a number of anti-discrimination laws were listed. Since that time a number of these laws have been updated and new laws introduced.

14. Specific anti-discrimination legislation now exists at the federal level and in four Australian states. This legislation provides for machinery to deal with complaints of discrimination in areas such as employment and working conditions, accommodation and provision of land, the provision of goods, facilities and services, education, the activities of certain clubs and the manner in which federal government laws and programmes are administered.

15. Legislation enacted since Australia's initial report under articles 10 to 12 includes the federal Sex Discrimination Act, 1984, which deals with discrimination on the grounds of sex, marital status and pregnancy, and the Public Service Reform Act, 1984, which proscribes discrimination in the federal civil service and introduces new equal employment opportunity programmes. The New South Wales Anti-Discrimination Act has been extended to cover discrimination on the grounds of physical and intellectual impairment and homosexuality. New equal opportunity acts were passed in 1984 in Victoria and South Australia to update existing anti-discrimination legislation in those states. The South Australian act now covers the additional grounds of physical handicap, homosexuality, bisexuality and transexuality. The Victorian act now covers additional grounds of physical impairment, mental disorder, the status of being a parent or childless, and discrimination as to lawful religious or political beliefs.

16. In Western Australia, a new Equal Opportunity Act was passed in 1984. It deals with discrimination on the grounds of sex, marital status, pregnancy, race (defined to include colour, descent, ethnic or national origin or nationality) and religious or political conviction.

17. At the federal level, a significant development since the initial report was the passage by the federal Parliament of the Human Rights Commission Act, 1981. The Act annexed to it as schedules the International Covenant on Civil and Political Rights, the Declaration on the Rights of the Child, the Declaration on the Rights of Mentally Retarded Persons and the Declaration on the Rights of Disabled Persons. The Human Rights Commission Act, along with the Racial Discrimination Act, 1975 and the Sex Discrimination Act, 1984 puts into legislative form Australia's obligations under major international instruments on human rights.

18. The Human Rights Commission was established under the Act to promote and protect human rights in Australia. The Commission is able to review Commonwealth Legislation, investigate complaints and undertake research and educational programmes affecting human rights. The Commission has also been given

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responsibility for the administration of the Racial Discrimination Act and the Sex Discrimination Act, in part through the Commissioner for Community Relations, who has the responsibility for inquiring into, and endeavouring to settle, complaints of racial discrimination and in part through the Sex Discrimination Commissioner, who has similar responsibilities in relation to discrimination on the grounds of sex, marital status or pregnancy. At the time of writing the present report, a significant review of the Human Rights Commission Act was under consideration.

19. During 1983 and 1984, the federal Government made major changes in some legislation - the repeal of the Aliens Act, 1949 and amendments to the Migration Act, 1958 and the Australian Citizenship Act, 1948 - in order to remove differences in the treatment of different categories of non-Australian citizens. This had the effect of dispensing with the previous two existing categories of non-citizens - aliens and British subjects/Irish citizens/protected persons - and thereby the more favourable treatment in certain matters which had been accorded to the latter.

20. The Australian Citizenship Act, 1948 was also amended to reduce the qualifying period for granting of Australian citizenship from three years' residence in the previous eight to two years' residence in the previous five. The English language requirement for grant of Australian citizenship was also eased from "adequate" to "basic" knowledge of English, and applicants over 50 years of age were exempted from the requirement entirely.

21. Australia has ratified International Labour Organisation (ILO) Convention No. 111: Discrimination (Employment and Occupation), 1958, which provides for the elimination of discrimination in employment. A detailed account of the measures taken to give effect to the Convention can be found in the report submitted under article 22 of the Constitution of the International Labour Organisation provided in 1984 for the period 1 July 1982 to 30 June 1984.

22. At the time of preparation of the present report, the federal Government was considering a proposal to include ILO Convention No. 111 as one of the international human rights instruments to be attached to the revised legislation of the Human Rights Commission. This proposal would strengthen the protections available under that Convention. It is also one of the federal Government's proposals for rationalizing existing anti-discrimination machinery in order to avoid confusion among potential clients by creating a one-shopping approach for handling violations of human rights complaints.

23. The Sessional Working Group should also refer to Australia's fifth periodic report on the Convention on the Elimination of All Forms of Racial Discrimination for details of recent developments in the area of racial discrimination.

24. Australia places importance on greater efforts being made to achieve fuller realization of economic, social and cultural rights as set out in the Covenant. The Government of Australia believes that to date the international community, and in particular the major international bodies on human rights, have not given sufficient attention to this problem. Australia has continually supported initiatives to reinforce implementation and encourage greater publicity of the provisions of the Covenant. Australia welcomed the adoption by the Economic and Social Council of the resolution which instituted needed reform of its Sessional Working Group and looks forward to its full implementation.

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25. The process of preparing reports for consideration by the United Nations is a valuable one. The Covenant touches on many areas of government. In some of these areas, knowledge of the provisions of the Covenant is limited. Australia regards the reporting process on the implementation of the International Covenant on Economic, Social and Cultural Rights as having the important effect of consciousness-raising within bureaucracies.

26. In reporting to the Council, a State party to the Covenant is called on to provide an account to the international community of progressive implementation of its obligations assumed under the Covenant. States have much to learn in this reporting process, both from the comments by members of the Council and from the reports of other countries. Australia hopes, in presenting this report, that the experiences outlined may be of interest and relevance to other countries.

#### ARTICLE 10: PROTECTION OF THE FAMILY, MOTHERS AND CHILDREN

##### A. Protection of the family

##### 1. Principal laws and regulations

##### (a) Citizenship

27. The Australian Citizenship Act provides citizenship to persons born in Australia or whose parents are Australian citizens. With the exception of certain children born to parents who are diplomatic or consular staff of foreign States, all children born in Australia become Australian citizens. The provision is intended to protect children born in Australia from being rendered stateless. However, the provision has been criticized recently by the Human Rights Commission in report No. 10, The human rights of Australian-born children: a report on the complaint of Mr. and Mrs. A. C. Au Yeung. In that report the Commission found that the threatened deportation of two overstayed visitors to Australia, Mr. and Mrs. Au Yeung, infringed on the human rights of their one-year-old child who, having been born in Australia, was an Australian citizen. The Commission considered that to deport the parents or otherwise require them to leave Australia amounted also to requiring the child, an Australian citizen, to leave his country of nationality. The Commission queried why it was necessary to grant citizenship automatically to all children born in Australia regardless of whether their parents were Australian citizens or not. The Commission's views are currently under consideration.

28. In the period covered by the present report, there were amendments to the Australian Citizenship Act to remove remaining discrimination in the Act on the basis of sex and marital status, and to change the definition of responsible parent in relation to a child's citizenship status.

29. The effect of the earlier definition of responsible parent was that normally only the father could apply for citizenship on a child's behalf. Whether or not a child lost citizenship depended primarily upon whether the father lost citizenship, unless he was not the responsible parent. Through amendment, the Act now provides that either parent - or the person who has legal responsibility for a child, or otherwise normally has custody of the child - can apply for citizenship on the

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child's behalf. If either responsible parent loses Australian citizenship, the child remains an Australian citizen provided the other responsible parent (if there is one) is still an Australian citizen.

(b) Marriage

30. Under Australian law all men and women have the right to free choice of a spouse (subject to meeting the requirements of legal capacity to enter into marriage), and the right to enter into marriage only with their full and free consent. The federal Marriage Act, 1961 provides that a marriage is void if the consent of either of the parties is not a real consent because it was obtained by duress or fraud.

31. One aspect of marriage not dealt with by Australian law is the system of marriage under Aboriginal customary law. The Aboriginal system of promised marriages still operates in many traditionally oriented communities, but more recent influences have modified the strictness with which promises are kept.

32. The Australian Law Reform Commission, at the request of the Government, is currently investigating the system of Aboriginal customary law, but has to yet report on this matter.

33. Another major piece of federal legislation dealing with the family is the Family Law Act, 1975, which is concerned with the rights and responsibilities of spouses to a marriage when the marriage is being dissolved or for related matters such as custody or financial arrangements.

34. The Act, by section 14, imposes a duty on the judge or magistrate hearing proceedings for dissolution of marriage or financial or custodial proceedings in regard to a subsisting marriage (and legal representatives of parties to such proceedings) to give consideration to the possibility of reconciliation of the parties. Parties may be directed to attend a marriage counsellor for this purpose and the Act makes provision in regard to activities of marriage-counselling organizations.

35. The principles to be applied by courts in exercising jurisdiction under the Family Law Act are set out in section 43, as follows:

"The Family Court shall, in the exercise of its jurisdiction under this Act or any other Act, and any other court exercising jurisdiction under this Act shall, in the exercise of the jurisdiction, have regard to -

- (i) The need to preserve and protect the institution of marriage as the union of a man and a woman to the exclusion of all others voluntarily entered into for life;
- (ii) The need to give the widest possible protection and assistance to the family as the natural and fundamental group unit of society, particularly while it is responsible for the care and education of dependent children;
- (iii) The need to protect the rights of children and to promote their welfare;

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- (iv) The means available for assisting parties to a marriage to consider reconciliation or the improvement of their relationship to each other and to the children of the marriage."

(c) Family

36. The Family Law Act, 1975, created an Institute of Family Studies, which has the overall function of encouraging co-ordinated research into the factors affecting marital and family stability in Australia, with the object of promoting the protection of the family as the natural and fundamental group unit in society. Formally established as a statutory body, its foundation director was appointed in 1980. Since that time the Institute has won recognition at a national and international level as a body with great expertise in the area of family research.

37. The activities of the Institute include the following:

- (i) Research on social and economic factors affecting the well-being of families of different types in Australian society;
- (ii) Development of an objective understanding of what is happening to the family in Australia, including identification of the strengths, as well as the problems, of Australian families;
- (iii) Dissemination of information about families and family structures to all those whose work directly affects the lives of families;
- (iv) Monitoring and reporting on the impact of government policies and administrative practices on families of various types in Australia; and
- (v) Evaluation of the effects of marriage counselling, premarital education and other services, including those areas of the law aimed at assisting families.

A list of studies prepared by the Institute is given below.

Marriage breakdown study  
Economic consequences of marital breakdown  
Australian children in families  
Australian families income transfer  
Report on human relations education  
Development of FAMILY database

38. The problems of families are of course also a matter of concern to state governments in regard to their activities in community welfare. For example, in South Australia, the Family Research Unit was established in 1979 to develop a series of family impact statements and to examine the status and well-being of families in order to recommend to the government of South Australia ways of strengthening the family as a unit.

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39. Considerable work is currently being done at national and state levels on protection of the family, particularly in the area of child welfare.

40. In Queensland, the Family and Community Development Bill, 1985 is expected to be passed through Parliament in late 1985. The Bill is intended to codify and streamline existing legislation and introduce new laws with greater safeguards for protection of children. It will incorporate provisions of the Children's Services Act, parts of the Criminal Code, Maintenance Act, Probation and Parole Act, Adoption of Children Act, Bail Act, Status of Children Act and Criminal Law (Sexual Offences) Act.

41. The objectives of the Bill include the following:

- (i) Promotion and support of the welfare of families as the basis of community well-being;
- (ii) Establishment of services and the encouragement of the development of services which promote, support and protect the well-being of families;
- (iii) Encouragement of the development of co-ordinated social welfare services and programmes which promote and strengthen local, neighbourhood and community interests;
- (iv) Protection of children;
- (v) Establishment of the basis of the administration of juvenile justice and the provision of services for the fair and humane correction of juveniles who have committed offences;
- (vi) Promotion of the well-being of the community by assisting individuals and families to overcome social problems with which they are confronted.

42. Other measures concerned with the protection of children are discussed in section B below.

## 2. Assistance to families

### (a) Social security benefits

43. The Government of Australia supports the principles of article 10 of the Covenant and article 23 of the International Covenant on Civil and Political Rights consistent with those obligations.

44. The Australian social security system provides extensive programmes designed to assist families.

45. Family allowances provide a major form of cash assistance to families. In general terms, they consist of monthly payments to all persons with children who are permanent residents of Australia.

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46. In recognition of the special needs of families with multiple births, the Government will introduce special additional assistance for such families beginning in November 1985. Payments, which will generally be made to the mother, will not be taxable and will not be means-tested. Payments of \$A 150 a month for triplets and \$A 200 a month for quadruplets will be made up to the age of six. These payments, which will be in addition to family allowance payments and, where applicable, to family income supplements, replace the previous system of discretionary Act of Grace assistance provided to parents of quadruplets.

47. Families who have a handicapped child as one of their members may also receive a payment known as handicapped child's allowance, in addition to the family allowance payment for that child. The allowance is income-test free where the child is "severely handicapped", but is subject to an income test where the child is less than severely handicapped. A person caring for a child who has lost both parents may also be entitled to a double orphan's pension.

48. Australia's initial periodic report on articles 6 to 9 of the Covenant (E/1978/8/Add.15, pp. 67-69) outlined the conditions of eligibility for family allowances, handicapped child's allowance and double orphan's pension. The basic structure of the present family allowances system was established in June 1976, when there was a major increase in the rates of allowances (formerly known as child endowment) and when personal income tax rebates for dependent children and students were abolished.

49. Additional assistance, in the form of additional pension/benefit for children, is available to all pensioners and beneficiaries with children.

50. Single pensioners and beneficiaries with children also receive mother's/guardian's allowance, which is payable at a single rate regardless of the number of children. Both payments represent an increase in the maximum rate of pension/benefit and as such are subject to the relevant pension/benefit income test and pension assets test. A non-means-tested remote area allowance (incorporating additions for children) is available to pensioners and beneficiaries whose usual place of residence is in a remote area.

51. Income support to low-income families with children not receiving social security or similar payments has been available since May 1983 in the form of a Family Income Supplement (FIS). FIS is a non-taxable, income-tested allowance which is tied to the level of additional pension/benefit for children.

(b) Child care services

52. The federal Government also plays a substantial role in the provision of child care services. Its role was only minor until 1972, when the Children's Services Program and the enabling Child Care Act were introduced. The early years of this programme focused on the development of pre-school services and the associated capital costs. Since 1976, with the establishment of the Office of Child Care within the Department of Social Security, there has been a gradual reorientation of the programme towards other services for children.

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53. The basic responsibility for the regulation, licensing and provision of family and child welfare and early education services still lies with state governments, which are responsible for numerous welfare and support services. There are also a number of non-governmental charitable organizations which provide direct assistance to disadvantaged families. The federal Government, however, provides a significant contribution towards costs and has tended to concentrate on supplementing the activities of the states for particular groups of children and for particular services which it considers to be of national importance.

54. Programmes funded under the Children's Services Program are as follows:

- (i) Centre-based services for children providing full day and regular part-time care;
- (ii) Family day care, providing supervised care for small numbers of children over a flexible range of hours in the homes of care givers;
- (iii) Fee relief payments to enable families to meet the cost of centre-based or family day care services;
- (iv) Occasional care for families needing short periods of child care;
- (v) Outside school hours care for school-age children and vacation care programmes during school holidays;
- (vi) Special services for Aboriginal, ethnic and disabled children;
- (vii) Field staff, play-groups, mobile services, research and advisory services;
- (viii) Work-related child care;
- (ix) Multifunctional and neighbourhood centres; and
- (x) Pre-schooling, through block grants to state governments, which will cease on 31 December 1985.

55. Under the Children's Services Program, the federal Government provides capital and operational assistance for services for children and their families. Priority of access for day care services is given to children with an immediate requirement for child care, such as the following:

- (i) Children whose parent(s) are working or actively seeking work;
- (ii) Children at risk of serious abuse or neglect, where child care is an appropriate response;
- (iii) Children whose parent(s) need respite because of continuing disability or incapacity of the parent of child.

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56. In assessing priorities among the groups, access is provided on the basis of the benefit of child care to the child and the family and any alternative arrangements reasonably available that might achieve the benefit. Children of certain families such as Aboriginal, ethnic, isolated, low-income, and single parent families are given special consideration.

57. The Family Support Services Scheme (FSSS) was introduced in 1978 under the Children's Services Program to encourage the development of innovative services such as family aide or homemaker services; family or financial counselling services; parent education services; and support, advice and referral services. Funding for the Scheme has been extended to 30 September 1985 to allow time for the federal Government to consider its longer-term future.

(c) Tax arrangements

58. (The information on tax arrangements given below is current as at the time of preparation of the report. However, the taxation system is being reviewed by the federal Government and changes may result, for example, the Government has already announced its intention to abolish the concessional expenditure rebate.)

(i) Rebates

59. Australia's personal income tax system provides assistance for families in the form of specific tax reliefs. Although the basic tax unit is the individual, in raising an assessment, special concessions are allowed where that individual is part of a family unit and maintains a dependent spouse and/or children. These concessions take a number of forms, as shown below:

a. Rebates for dependants

60. Fixed sum rebates for dependants are allowed in the following situations:

Where the taxpayer contributes to the maintenance of a dependent spouse (whether legal or de facto). This rebate increases where there are also dependent children;

Where the taxpayer has sole care of a resident child under 16 or a student under 25;

Where a housekeeper is wholly engaged in keeping house for the taxpayer and in caring for a child under 16 or certain other specified dependants.

61. These rebates of tax are for fixed amounts and are subject to reduction where there is only part-year dependency or the dependant has his or her own income.

62. The following table shows the maximum rebates allowable for 1984/85:

Dependants

- Spouse (legal or <u>de facto</u> )	\$A 830)	(increases by \$A 200 if
- Daughter-housekeeper	\$A 830)	taxpayer has a dependent child or dependent student)

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<u>Housekeeper</u>	\$A 830	(increases by \$A 200 if taxpayer has a dependent child or dependent student)
<u>Sole parent</u>	\$A 780	

b. Concessional expenditure rebate

63. The Australian taxation law also allows a rebate for certain types of personal expenditure (e.g., medical, hospital, dental and education expenses) - some being subject to statutory ceilings - which a taxpayer incurs on his or her own behalf or on behalf of a dependant. Other eligible expenditure includes the cost of purchasing life insurance cover and contributions to a superannuation fund. Allowing rebate for the cost of life or superannuation cover is designed to encourage taxpayers to provide financial protection for family members in the event of the breadwinner's untimely death or incapacity for work and for adequate income on retirement.

64. Where the total of all these qualifying expenses exceeds \$A 2,000 (in 1984/85), the taxpayer is entitled to a rebate of tax of 30 per cent of that excess.

65. On 19 July 1985, the Treasurer announced the federal Government's plans to abolish the existing concessional expenditure rebate. In its place a new tax rebate will apply to eligible net (that is, unreimbursed) medical expenses to the extent that they exceed \$A 1,000 in any financial year, commencing in 1985/86. The rebate will be 30 per cent of the excess.

c. Rebates for persons living in remote areas

66. Taxpayers who live in remote areas are also accorded an added concession in the form of a "zone" rebate. This rebate is designed to compensate taxpayers for the increased cost of living in such areas. The rebate is made up of a basic amount plus a further amount reflecting a percentage of any dependant rebates to which the taxpayer is entitled. The loading for dependant rebates assists taxpayers with families.

(ii) Medicare levy

67. Under Medicare the concept of a 1 per cent levy on all taxable incomes reflects the policy that health care should be related to the individual's ability to pay. From 1 July 1984, no levy is payable by single people earning \$A 7,110 per annum or less or by married couples and sole parents with a combined income of \$A 11,803 per annum or less, with a further \$A 1,330 per annum allowed for each dependent child. There is also a maximum levy payable. With effect from 1 November 1984, this is reached at a single or combined husband and wife taxable income of \$A 75,000 per annum or \$A 1,442 per week. Originally the low income cut-off points were set at levels estimated by the Department of Social Security to have the effect of freeing from the levy income-tested holders of a Pensioner Health Benefits Card/Health Benefits Card or Health Care Card who were cardholders for the whole of 1983-1984.

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68. The legislation also includes a shading-in provision, the effect of which is that in circumstances where taxable income marginally exceeds the minimum limit, the levy payable will be less than 1 per cent.

## B. Maternity protection

### 1. Principal laws and regulations

69. Australian law and practice makes very little provision for specific measures for the protection of maternity. There are two main avenues of assistance, that is, in the form of social security or allocation of other welfare resources and assistance in the form of anti-discrimination legislation.

70. The federal Sex Discrimination Act, 1984 proscribes discrimination on grounds of pregnancy as well as on grounds of sex or marital status. Discrimination on grounds of pregnancy is defined in section 7 of the Act to include direct discrimination which is not unreasonable in the circumstances of a particular case and indirect discrimination. A copy of the Act is provided. The Act also provides (in section 31) that it is not discrimination against a man on the grounds of sex to provide a woman with rights or privileges in connection with pregnancy or childbirth.

71. The Act covers discrimination in areas of employment, accommodation, education, the provision of goods, facilities and services, the disposal of land, the activities of clubs and the administration of federal laws and programmes. Complaints contrary to the Act are dealt with by a Sex Discrimination Commissioner with a right of appeal to the Human Rights Commission. The Sex Discrimination Commissioner's role is to attempt to reach a settlement of each complaint by conciliation. If unsuccessful, the matter can go to the Human Rights Commission for a more formal inquiry.

### 2. Pre- and post-natal assistance

72. Currently the social security system has no direct role in maternity protection. For births occurring prior to 1 November 1978, a lump sum maternity allowance was payable. The Government decided to abolish the allowance on the grounds that the need for it had been superseded by health care and family allowance provisions.

### 3. Working mothers

73. In 1979, the Australian Conciliation and Arbitration Commission granted women in paid employment covered by federal industrial awards the right of up to 52 weeks unpaid maternity leave. Unpaid maternity leave is now a standard condition of employment under most federal and state awards. New South Wales enacted legislation in 1980 to provide maternity leave for employees not covered by federal awards.

74. With the exception of women employed in the federal and Victorian public services, who receive 12 weeks maternity leave on full pay, and the women employed in the New South Wales public service, who receive 6 weeks full pay and 6 weeks

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half pay, women generally do not receive paid maternity leave in Australia. Non-award employees, other than those in New South Wales who are covered by legislation, are not entitled to maternity leave.

75. In general, entitlement to maternity leave in Australia is conditional on a minimum of 12 months' continuous service with the same employer. Usually a minimum of six weeks must be taken and a maximum of 52 weeks can be taken. It is usually expected that a woman will take six weeks leave after childbirth, but the employer may, in addition, request the women to take leave of up to 6 weeks prior to the expected date of birth.

76. In 1985, an Arbitration Commission decision granted women who worked full-time or part-time the right to 52 weeks unpaid leave to care for adopted children. This leave was restricted to care for children under five years of age. The Commission also granted both potential parents two unpaid days leave from work to attend interviews necessary to finalize adoption procedures.

4. Mothers' maintenance in absence of husband

(a) Government assistance

77. A payment known as "widow's pension" is available to widows and certain other women who have lost the support of a male breadwinner and whose incomes do not exceed certain limits.

78. A payment known as "supporting parent's benefit" is available to men and women who do not qualify for other pensions, who as single parents are bringing up children and whose incomes fall within certain prescribed limits.

79. Supporting parent's benefit was introduced in November 1977. Prior to that time a benefit known as supporting mother's benefit was payable but only to eligible female claimants. The change had the broad effect of extending the benefit to men bringing up children alone.

(b) Contribution of spouse

80. The Family Law Act, 1975 provides that the parties to a marriage are liable, according to their respective financial resources, to maintain the children of the marriage under the age of 18 years. The Act also provides that a party to a subsisting, dissolved or annulled marriage may claim maintenance from the other spouse if he or she is unable to support himself or herself adequately, whether by reason of having the care and control of a child of the marriage aged under 18 years, or by reason of age or physical or mental incapacity for appropriate employment, or for any other adequate reason.

81. Proceedings under the Family Law Act for maintenance may be instituted by persons who are not Australian citizens. The Act provides that such proceedings may be instituted if, at the date of their institution, either party to the marriage is ordinarily resident in Australia or is present in Australia or, if the proceedings relate to a child of the marriage and the child is present in Australia.

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C. Protection of children and young persons

1. Principal laws and regulations

82. There are a number of ways in which Australian law and practice provide protection for children and young persons. While recognizing the importance of maintaining the family unit, there will be occasions in which the protection of children requires intervention or assistance from government. Thus in Australia there is a considerable amount of legislation concerned with child welfare. The various types of legislation are discussed below.

83. The Family Law Act, 1975 (referred to above) requires a court hearing proceedings under the Act relating to the custody, guardianship or welfare of, or access to, a child of a marriage to regard the welfare of the child as the paramount consideration.

84. In any proceedings under the Act where the welfare of a child under 18 years is relevant, the court may require the parties to the proceedings to attend a conference with a court counsellor or welfare officer to discuss the welfare of the child and to endeavour to resolve any differences.

85. Where it appears to the court that a child ought to be separately represented, it may, of its own motion, or on the application of the child or of any other person, order that the child be separately represented and make any orders necessary to secure such representation.

86. Proceedings with respect to custody, guardianship, maintenance or welfare of, or access to, a child of a marriage, may be instituted under the Family Law Act by persons who are not Australian citizens if the child is present in Australia on the date the application is made.

87. Under the Human Rights Commission Act, 1981, the federal Human Rights Commission is required to have regard to a number of international instruments in the discharge of its functions. Of particular relevance among these instruments is the Declaration of the Rights of the Child.

88. In areas of federal jurisdiction the Commission is empowered to investigate acts or practices which infringe on human rights - human rights being defined as those rights set out in the international instruments annexed to the Human Rights Commission Act. (See previous reference.) The Commission also has research and community education functions.

89. In pursuance of its research functions, the Commission is currently considering the issues relating to adoption laws and guardianship of infants.

90. All of the Australian states and territories have legislation dealing with the protection of children and young persons and for the treatment and correction of juvenile offenders.

91. Recent developments in state legislation are shown below.

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South Australia

92. Amendments to the Community Welfare Act in 1983 made a number of changes, including the establishment of a Children's Interest Bureau to increase public and departmental awareness of matters affecting the welfare of children; the reduction of time from three months to four weeks in which a guardian (or child if over the age of 15 years) can seek an application for the child to be placed under the temporary guardianship of the Minister, and the widening of the range of people required to report matters of suspected child abuse.

93. Amendments to the Children's Protection and Young Offenders Act 1979. The Act establishes screening panels to decide whether allegations against a child should be dealt with by a Children's Court of a Children's Aid Panel. The 1982 amendments introduced a third alternative - a screening panel which can recommend that a child be cautioned by a member of the police force against committing any further offences.

Victoria

94. The report of the Review into Child Welfare Practice and Legislation was completed and submitted to the Government in December 1984. A charter of children's rights is proposed for inclusion in new legislation. The Government has not yet responded to the report.

95. In 1984, new adoption legislation was enacted to allow adult adoptees to obtain original birth information, information exchange and some access where adoption orders are made. New legislation also allowed for custody or guardianship orders in lieu of adoption. This legislation is designed to strengthen the range of options enabling a child to have a legally secure, long-term place in a family.

Queensland

96. Reference has already been made to the new Family and Community Development Bill, 1985.

2. Education

97. Education for children between the ages of 6 and 15 (16 in Tasmania) is compulsory, and legislation in all Australian states and territories requires that all children between the prescribed ages must attend either a government school or some other educational institution approved by the Government.

98. Education in government schools is free and there is no discrimination in access or selection at any level of the education system. Additional support is provided through education systems to groups within the community recognized as being disadvantaged.

99. Some exemptions from school attendance are granted in all jurisdictions but only when considered in the best interests of the child. Most exemptions granted are in the 13- to 14-year-old age bracket.

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### 3. Employment

100. Although there is no general prohibition on the employment of children before or after school hours, at weekends or during school holidays, there are some selective restrictions in state legislation such as:

(a) The Queensland Factories and Shops Act, under which a child under the school leaving age may not be employed in a factory;

(b) The Western Australian Child Welfare Act Section 106, which prohibits and restricts street trading by children.

101. An account of the Australian position regarding the employment of children, along with copies of legislation, can be found in the report submitted under article 19 of the Constitution of the International Labour Organisation for the period ending 31 December 1979 on ILO Convention No. 138: Minimum Age 1973. No substantial change in position has occurred since the submission of that report.

102. There is no general legislation to govern the type of work or the hours of work undertaken by young persons 15 to 19 years of age. However, some specific measures exist in state legislation regarding industrial awards and apprenticeships. For example, the South Australian Dangerous Substances Act restricts permits for dispensing liquefied petroleum gas to persons aged 18 years and above, and the Queensland Mines Regulation Act of 1964 restricts employment in mines.

103. Labour force statistics for young persons 15 to 19 years of age in Australia are contained in Australian official statistical publications, copies of which are available for consultation in the files of the Centre for Human Rights of the United Nations Secretariat.

### 4. Safety standards

104. Consumer legislation in Australia is directed, inter alia, to protecting the physical well-being of children. Under the Trade Practices Act, the Minister for Business and Consumer Affairs has the power to declare mandatory consumer product safety and information standards and to ban unsafe goods.

105. The Trade Practices Act provides, inter alia, that:

(a) Consumer product safety standards may be prescribed which are reasonably necessary to prevent or reduce risk of injury to persons or to any other persons;

(b) Consumer product information standards may be prescribed which are reasonably necessary to give accurate information as to the quantity, quality, nature or value of the goods;

(c) Unsafe goods prohibitions may be prescribed where it appears that tools of a particular kind will or may cause injury to persons using the goods or to any other persons.

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106. Wherever possible, standards developed by the Standards Association of Australia are used as the basis for mandatory standards declared under the Trade Practices Act.

107. In the field of child-related production, mandatory safety and information standards have been declared to cover:

(a) Flammability requirements of children's night garments;

(These standards were introduced to remove from the market those children's garments which, because of excessive flammability of the material or because of unsafe design features, presented an unreasonable and unnecessary risk of injury)

(b) Child-restraining devices for use in motor vehicles;

(c) Pedal bicycles and reflectors for pedal bicycles.

108. In conjunction with the International Year of the Child, the federal Government has undertaken a programme concerned with the introduction of mandatory safety standards for a wider range of children's products. Products which have been considered for the development of appropriate standards include: toys, prams and pushchairs, recreational safety helmets, folding portable cots, carry-cots and stands, children's footwear, sunglasses, children's swimming aids, children's playground equipment and baby pacifiers (dummies).

##### 5. Special measures for deprived children

109. An outline of the diversity of methods and approaches adopted by the federal and state Governments in the pursuit of maximum fulfilment and a useful, fully respected place in the community for all handicapped children were described in Australia's initial periodic report on articles 10 to 12, pages 12 to 13. The report (see pp. 13 to 15) also outlined the School's Commission Disadvantaged Schools Program, the programme's special component for schools in disadvantaged country areas, and other measures to assist children in rural areas, such as correspondence schools, schools of the air, production of relevant teaching materials etc.

110. Special measures for the care and education of deprived and handicapped children are outlined below.

111. Measures undertaken to eliminate overt and covert sexual bias in school programmes and teaching practices was outlined in the initial periodic report (see p. 20). Policies and measures relating to delinquent minors were described in pages 20 to 21 of the same report.

112. All Australian states and the Northern Territory have legislated to remove the legal consequences of illegitimacy which formerly disadvantaged children born out of wedlock. A draft ordinance has been prepared for the Australian Capital Territory to remove the remaining legal disabilities which penalize children born out of wedlock.

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113. In addition, the federal Government and a number of states (New South Wales, Victoria, Western Australia and South Australia) have enacted legislation relating to the parentage of children conceived as a result of artificial insemination by donor (AID) or in-vitro fertilization (IVF) procedures. The federal legislation, s.5A of the Family Law Act, 1975 operates only in the context of that Act, for example, concerning custody or maintenance of children. The state legislation operates generally to deal with parentage for all purposes. In general, state legislation deems the husband (or de facto spouse) of a woman who gives birth to a child as a result of AID or IVF with donor sperm, to be the child's father for all purposes, provided that he consented to the fertilization procedure. All except the New South Wales Act also deal with maternity. In South Australia, a woman giving birth to a child as a result of IVF with donor ovum is presumed, for all purposes, to be the mother of the child. In Victoria and Western Australia, the presumption is restricted to a married woman who has undertaken the procedure with her husband's consent.

114. The relevant legislation is as follows:

(a) Family Law Act, 1975 (federal), as amended by the Family Law Amendment Act, 1983.

(b) Artificial Conception Act, 1984 (New South Wales).

(c) Status of Children Act, 1974 (Victoria) as amended by the Status of Children (Amendment) Act, 1984.

(d) Family Relationships Act, 1975 (South Australia), as amended by the Family Relationships (Amendment) Act, 1984.

(e) Artificial Conception Act, 1985 (Western Australia).

115. A major report, Creating children: a uniform approach to the law and practice of reproductive technology in Australia, has recently been submitted to the federal Attorney-General by the Family Law Council, the body which advises him on family law. The report has been tabled in Parliament and will undoubtedly make a significant contribution to the development of government policy in this area.

116. In Australia, the prevention of and intervention and mediation in cases of child abuse is a state responsibility. The role of the Office of Child Care within the Department of Community Services is therefore limited to providing funding for a variety of child-care services which provide relief and respite for parents.

117. Women's refuges have been established to provide short-term accommodation of a domestic nature for women and their children in crises, often as a result of domestic violence, and at any one time there are likely to be more children than women temporarily accommodated in refuges. Often these children have suffered physically or emotionally from violence within the family.

118. In June 1985, approximately 170 women's refuges were being funded under the Supported Accommodation Assistance Program (SAAP). Funds are available for child care workers in women's refuges. Details on SAAP and related programmes are provided in the section "Right to housing".

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D. Special groups

1. Aboriginal and Torres Strait Islander families

119. The social factors affecting the establishment of Aboriginal families are largely dependent in Australia on geographic location and the extent to which the persons involved follow traditional Aboriginal life-styles and customs. Fifty-eight per cent of Aboriginal and Torres Strait Island people now live in urban areas, mainly in the south-east of Australia. These Aboriginal families are subject to similar social factors as other urban dwelling Australians in relation to marriage and care and education of children. While all Aboriginal people are subject to the same laws with regard to marriage and the care of children as other Australians, in the remote areas the Aboriginal family exists to a greater extent within customary kinship systems, which may include arranged and polygamous marriages. The protection of the family and education of children within this context is an integral part of Aboriginal culture and customary law. In accordance with its policy of self-management for Aboriginals, the federal Government does not interfere in the practice of such customs, where they are still extant among Aboriginal people.

120. The federal Government encourages Aboriginal people to maintain their traditional customs. In regard to the relationships between Australian legal systems and Aboriginal customary law the Commonwealth Law Reform Commission was asked by the then Government in 1977 to report on "whether it would be desirable to apply either in whole or in part Aboriginal customary law to Aborigines ...". The Commission published a number of discussion papers including one entitled Aboriginal customary law: marriage, children and the distribution of property. The Commission has yet to report formally to the Government on this complex issue.

121. The Government of Australia is particularly concerned that there should be provision of assistance to Aboriginal mothers. This is reflected in the allocation of resources within Aboriginal health programmes and includes a general requirement for all nursing staff and Aboriginal health workers, posted to remote areas to have midwifery training, to operate regular clinics for mothers and infants, to maintain educative and promotive programmes and, at the discretion of medical staff, to evacuate pregnant women to hospitals for delivery.

122. Many Aboriginal people remember with distress the practice of state governments deliberately removing children from their parents, as part of a policy of assimilation. Historically, a disproportionate number of Aboriginal children have been in government and non-government child welfare institutions or have been placed with non-Aboriginal families as wards of the state. Past practice frequently reflected an assumption that removal of an Aboriginal child to white foster or adoptive parents would be in the child's best interests.

123. In recent years all states and territories have attempted to redress this situation. Most state and territory governments have now accepted the Aboriginal Placement Principle, which provides that Aboriginal children in need of care will be placed with Aboriginal families in their home, or some other suitable community whenever possible. In its 1983 report, the Working Party of the Standing Committee of Social Welfare Administrators recommended that selection criteria for Aboriginal

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foster and adoptive parents be amended to recognize Aboriginal couples married according to Aboriginal customary law, to recognize the prevailing social values and customs of the appropriate Aboriginal community and to consider the appropriateness of recognizing de facto marriages for fostering purposes. It also recommended support for Aboriginal people being involved in paid welfare work, with recruitment policy to take into account experience of Aboriginal community life, and recommended that Aboriginal people should be involved in the planning, organization and implementation of staff training and discussion programmes.

124. The special educational provisions for persons of Aboriginal and Torres Strait Island descent were described in pages 21 to 24 of the initial periodic report, including those facilities aimed at maintaining a sense of cultural identity in Aboriginal children such as bilingual education, the establishment of schools set up and operated by Aboriginal parents and the Homeland Centre Education System.

125. The federal Government recognizes that cultural differences and social and economic disadvantages have resulted in very few Aboriginals and Torres Strait Islanders continuing in the education system beyond the compulsory education period. In response to this, the Department of Aboriginal Affairs provided \$A 15.4 million for Aboriginal education in programmes at all levels from pre-school to tertiary education in 1984-1985.

126. State grants and grants to the Northern Territory for Aboriginal education programmes totalled \$A 9.65 million, representing about 63 per cent of the Department's spending on Aboriginal education. A majority of Aboriginal children attend government schools and financial support is provided to state governments to develop and implement appropriate programmes, curricula and methodology suitable for Aboriginal students. The Department also supports measures aimed at increasing Aboriginal involvement in schools, for example, the employment of Aboriginal teaching assistants, school visitors and teachers.

127. Many of the programmes are initiated and managed by Aboriginals, including Aboriginal independent community schools, community pre-schools, community education centres and homework centres.

128. These programmes have contributed to considerable progress in Aboriginal education. There has been continued growth in retention rates for Aboriginal secondary students to year twelve, from 7.5 per cent in 1979 to 9.9 per cent in 1982 and 13.1 per cent in 1984, although when compared with the retention rate of 45 per cent in 1984 for the whole student population, these retention rates are still disappointing.

## 2. Migrants and ethnic families

129. In 1981, about 12 per cent of the total Australian population comprised persons born in non-English-speaking countries. A further 8 per cent were born in Australia but with one or both parents born in a non-English-speaking country.

130. An outline of special support given to migrant children in Australia's education systems and the forces which led to improvement during the late 1970s were outlined in the initial periodic report, pages 18 to 20.

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131. A major stimulus to improvements in the general standard of services to migrant and ethnic groups, including educational services, occurred with the acceptance in full of the Government of Australia of the report of a Review of post-arrival programs and services (the Galbally Report), which was published in April 1978 in English and in nine other languages.

132. Seven of the recommendations contained in the report related primarily to education and were implemented by the federal Department of Education, the Schools Commission and the Tertiary Education Commission. The Galbally measures were evaluated in 1982 by the Australina Institute of Multicultural Affairs, which recommended a continuation of the main thrust of migrant programmes and services on principles established by Galbally.

133. State and Territorial Authorities are co-operating with federal Government authorities in implementing national programmes in support of migrant and ethnic groups. In addition, most have produced reports or policy statements on multiculturalism and are directing considerable efforts to assist migrants and ethnic groups within their own school systems. The initiatives being undertaken vary, but generally include the development of multicultural curriculum materials and the integration of multicultural approaches in school programmes, expansion in the number and availability of ethnic languages as subjects in schools, additional support for schools in areas of high migrant density, closer formal and informal contact between schools and ethnic parents and communities, the appointment of bilingual teachers and teacher aides in schools and the development of bilingual programmes, the establishment in some states of intensive language centres for refugee students, publication of educational information in ethnic languages, in-service programmes for teachers and special programmes for parents, and surveys and research into the composition and educational and other needs of ethnic communities. In Tasmania, a Directory of Resources for Multicultural Education has been published to assist in the development of school programmes and the Schools Commission has also published a resource book for teachers.

134. A list of school curriculum materials on population is being prepared for the Department of Immigration and Ethnic Affairs. The kit is aimed at increasing awareness of population issues, in general, among high school students. The Department will arrange for distribution of the kit throughout Australia.

### 3. Refugee families

135. Australia has fully accepted its humanitarian responsibility to assist refugees and displaced persons throughout the world. Under the current refugee and special humanitarian programmes Australia accepts persons from every continent. In per capita terms, Australia has accepted a greater proportion of Indochinese refugees for resettlement than any other country.

136. Conscious of the burdens that have been placed on state education systems by the arrival of refugee children in need of special educational help, the Government has made funds available to the states for transitional services to help these children adjust to life in Australian schools. The funds have been allocated for a number of purposes, including the salaries of specialist language teachers and teacher aides, assistance with teaching and learning materials and emergency classroom accommodation. They are in addition to funds already available through the Schools Commission for migrant and multicultural education

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ARTICLE 11: THE RIGHT TO AN ADEQUATE STANDARD OF LIVING

A. General

137. Australia recognizes the right of every person to an adequate standard of living, including adequate food, clothing and housing, and to the continuous improvement of living conditions. Australia is taking appropriate steps to facilitate the realization of this right, recognizing to this end the importance of international co-operation based on free consent.

1. Provision of employment

138. In Australia, the federal Department of Employment and Industrial Relations administers a range of labour force programmes for disadvantaged job-seekers such as long-term unemployed, young people, people with disabilities, Aboriginals, migrants and retrenched workers. The labour force programmes also pay attention to those job-seekers with special needs, through targeted employment creation, wage subsidies, and appropriate training and retraining assistance programmes.

139. Special programmes include:

- (a) Training programme for Aboriginals, providing a wide range of employment and training assistance;
- (b) Wage subsidies and training assistance for job-seekers with disabilities;
- (c) Wage subsidies for job-seekers with special needs who, because of social, cultural and/or other personal factors have difficulty in competing against other job-seekers in the open labour market;
- (d) Temporary job positions under the Community Employment Program for long-term unemployed persons.

140. The Department of Employment and Industrial Relations is also responsible for the operation of the Commonwealth Employment Service (CES) on a national basis. The CES assists job-seekers to gain suitable employment through the provision of occupational information, employment counselling services and innovative community-based employment programmes which focus on those target groups mentioned earlier.

141. Whilst the Department of Employment and Industrial Relations attempts to meet the needs of persons from diverse groups, specific attention is paid to the needs of youth in labour market programmes. This stems from the particular circumstances of youth, who experience unemployment at a rate considerably higher than other age-groups in the labour force, and whose failure to establish themselves may lead to significant long-term problems. The various youth-oriented programmes were created to allow youth to compete on a more equitable basis with other groups in the community.

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142. Data on existing programmes indicate that they have had a significant impact on the employment chances of young people. For example, some 50 per cent of the 37,000 young persons who received subsidized work experience under the Special Youth Employment Training Program (SYETP) in 1983-1984 were employed three months after the completion of their placement. Statistics also showed that these persons averaged 33 weeks unemployment prior to placement on the SYETP.

143. More limited data are available on the effectiveness of school to work transition programmes such as the major Participation and Equity Program (PEP), which was introduced only relatively recently, so that no evaluation has yet been completed. Data on disadvantaged young persons who have attended a range of "transition type" courses, often after an extended period of unemployment, indicate that 20 per cent of these were in employment three months after leaving their course. A more significant change which can, at least in part, be ascribed to programmes such as PEP has been the recent increase in school participation. First to final year school retention rates have increased from 36.3 per cent in 1982 to 45.0 per cent in 1984.

## 2. Provision of social security

144. In general, persons in the labour force and their dependants are assured of some degree of protection of their living standards through the existence of minimum wages legislation. For persons who are not working, the federal social security system is one principal means of ensuring that an adequate standard of living is achieved and maintained.

145. The social security system, although based on a number of distinct eligibility categories, is intended to be comprehensive in so far as it protects people against economic hardship caused by their inability to work owing to the lack of available employment, age, invalidity, sickness, widowhood or lone parenthood. Indeed, a principal aim of the system as expressed by the Government is that of providing a basic level of security below which no one can involuntarily fall.

146. A full description of the cash payments available at May 1985 to persons and their dependants is available for consultation in the files of the Centre for Human Rights at the United Nations Secretariat. The basic rates of all pensions, supporting parent's benefit, sickness benefits for persons 18 years of age and over and unemployment benefit paid to those who are married, or who have dependants and are 18 years of age and over, are normally increased in accordance with movement in the Consumer Price Index.

147. Social workers and welfare officers are employed by the Department of Social Security to ensure that those in need know about and have access to departmental programmes. They also help clients establish their eligibility for assistance or, in cases where clients are not eligible or have no entitlements, refer them to other sources of assistance.

148. Following the establishment of a Migrant Service Section within the Central Office of the Department of Social Security in 1978, Migrant Services Units have been established in all state headquarters of the department.

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149. The principal tasks of the Section and the Units are:

(a) To ensure that departmental policy makers and administrators recognize that ethnic considerations are not ancillary but integral to all levels of general administration;

(b) To ensure migrant/refugee special needs and problems are appropriately attuned to ensure equal access to the full range of services and programmes of the Department.

150. Training and seminar programmes are also organized on a regular basis to further sensitize departmental public contact and other service delivery staff to the special needs of the non-English speaking members of the community as well as ethnic community workers and agencies to assist them to better utilize the services and programmes offered by the Department of Social Security.

## B. Right to adequate food

### 1. Principal laws and regulations

151. Reference should be made to the initial report on articles 10 to 12 (E/1980/6/Add.22).

### 2. Agrarian reform

152. Australia, as a developed country, has achieved an agrarian system which operates satisfactorily within its economic, social and cultural framework. The efficient development and utilization of agricultural resources is left to market forces, with the Government intervening to encourage adjustment and restructuring of agricultural enterprises and systems where appropriate.

153. An example of government intervention for financial assistance is that under the Rural Industry Assistance Act, 1977 (South Australia) rehabilitation and household support is provided for those being forced out of farming. Rehabilitation grants can be provided to farmers for alleviating conditions of personal hardship when obliged to leave the industry. Household support can also be provided for up to one year to non-viable farmers having insufficient resources to meet living expenses, and to alleviate hardship while the farmer considers whether to adjust out of farming. A discretionary extension of up to three years and the conversion to a grant of the first year's advance is considered when a demonstrable effort has been made to adjust out of farming.

### 3. Research for the improvement of food production

154. Details of research connected with Australian rural industries are outlined in the initial report on articles 10 to 12. In addition to that information, it should be noted that in 1983 the federal Government established the National Soil Conservation Program to stimulate soil conservation and unity of all sectors of the community with an involvement in land management. The Commonwealth Extension Services Grant (CESG) referred to in the report, which funded agriculture advisory services, was terminated in June 1981.

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155. Since the issue of the initial report, there has been an increase in the number of educational institutions involved in agriculture. The number of university facilities of agricultural science are now as follows: New South Wales (three), Victoria (two), Queensland, South Australia, Tasmania and Western Australia. There are also colleges of advanced education which specialize in agriculture in New South Wales and Queensland plus agricultural colleges in Victoria (three), New South Wales (four), Queensland (four) and South Australia. The following table provides specific data concerning expenditures on agricultural research and the number of staff engaged in such research.

Commonwealth Scientific and Industrial Research Organization (CSIRO)  
agricultural research - expenditure and manpower

1983-1984

	<u>Research expenditure Percentage of total of (\$A 25.9 million)</u>	<u>Direct professional staff Percentage of total of (2,500 people approx.)</u>
<u>Agriculture - plants</u>		
Plant improvement	3.2	2.9
Plant physiology and biochemistry	3.1	3.0
Soils and plant nutrition	3.4	3.4
Crop and pasture pests and diseases	2.8	2.7
Not specifically allocated	0.4	0.4
	12.9	12.4
<u>Agriculture - animals</u>		
Livestock production	5.3	4.2
Livestock health	5.7	3.9
Wool textiles	2.9	2.0
Not specifically allocated	0.1	0.1
	14.0	10.2
<u>Agricultural systems</u>		
Agricultural systems	2.7	2.2
	2.7	2.2
Total agriculture	29.6	24.8
		/...

156. Government expenditure in Australia on agricultural research and development (R and D) is difficult to estimate, depending on how "agricultural" or "rural" is defined. One estimate, including agriculture, fisheries and forestry, for 1981/82 has been placed at \$A 320 million:

Government agricultural research and development -  
Expenditure 1981/82

(Most recent breakdown of figures available)

<u>Organization</u>	<u>\$A million</u>
State departments	135
Higher education organizations	40
Director Commonwealth Government funding (CSIRO, BAL, etc)	100
Rural industry research funds (half from producers, half from Commonwealth Government)	45
<u>Total</u>	320

157. Tax provisions relating to the agricultural sector remain the same as described in the initial periodic report (pp. 30 to 31), with the exception of the investment allowance provisions, which have been terminated.

4. Dissemination of knowledge - rural advisory services

158. The initial report described the services available in Australia. This account remains current.

5. Food distribution

159. Food distribution was described in the initial report.

160. With respect to wheat, the Australian Wheat Board (AWB) has sole responsibility for the domestic marketing of wheat for human consumption. The price of such wheat is determined quarterly by the Minister for Primary Industry in accordance with legislation. The price is based on the AWB's export quotes plus a margin to cover the additional costs of servicing the domestic market, as compared to the export market, and an amount to cover the cost of shipping wheat to Tasmania.

6. Improvement of food consumption levels, food quality and nutrition

161. Problem areas in this field and measures being taken to overcome them were outlined in the initial report, pages 34 to 36.

162. The formulations of food standards and the evaluation of food additives is leading to the development of uniform laws, new standards in meat inspection and the general improvement of food quality. One example is the new pet food regulations in South Australia introduced in 1985, by which all pet meat (other than canned) must be stained with a blue dye, making it more difficult to divert such products into the human food chain.

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7. International co-operation

163. Australia supports an extensive range of international co-operation programmes designed to increase the level of food production in countries suffering from food shortages.

164. Australia recognizes that food aid can effectively assist in meeting the pressing needs of developing countries and can play an important role in the socio-economic development of the recipient countries.

165. Food aid has always been an important component of Australia's aid programme. In the early 1950s, gifts of wheat and flour began to be provided under the Colombo Plan.

166. Until 1967 food aid was given on an ad hoc basis. Then major wheat importers and exporters, including Australia, negotiated a Food Aid Convention (FAC) as part of the International Wheat Agreement. Australia has set minimum pledges for its food aid as follows:

A minimum of 400,000 tonnes of wheat or wheat equivalent committed under the International Food Aid Convention, of which 50 per cent is given bilaterally and 50 per cent is channelled through the World Food Programme (WFP);

Fifty thousand tonnes of grain, with provision of freight costs, allocated to the International Emergency Food Aid Reserve (IEFR) for distribution to countries facing food crisis as a result of national disasters;

A non-grain food aid programme by which various foodstuffs are provided for nutritional impact projects or emergency assistance to the most vulnerable social groups in food-deficit countries;

A cash contribution to WFP in support of its programme, of \$A 24 million for each of the calendar years 1985 and 1986.

167. Fifty per cent of Australia's food grain aid is given bilaterally, that is, from Government to Government.

168. Australia's food aid allocations have been determined by using social and economic data that refer to, among things, the nutritional status of the people, the country's level of grain production, their ability to pay for commercial imports and the general economic prosperity of the country. The model used also includes a "physical quality of life index" which takes into account infant mortality rates and life expectancy levels. Both of these are highly indicative of nutritional levels in recipient countries. Allocations are adjusted for logistical, geographic and aid programming reasons.

169. Consequently, recipients of Australian food aid are those developing countries which are experiencing food deficits and which cannot commercially import needed food because of a balance-of-payments problem. Before receiving food aid from Australia, recipients are asked to advise the Government of Australia whether the gift will be distributed free direct to needy recipients, used in food for work

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programmes or sold (either on the open market or through government ration systems at subsidized prices), with the net proceeds used for developmental purposes. Thus food aid, besides alleviating food shortages, is also a means of conserving scarce foreign exchange and is often used in implementing rural development programmes and directing local currency funds into development.

170. Australia also operates a non-grain food aid programme whereby foodstuffs (such as milk powder, dried eggs, canned meat, high-protein milk biscuits and edible oils) are provided for nutritional impact projects in developing countries. These projects are aimed at assisting the most vulnerable groups in the community, such as children, nursing mothers and poverty-stricken groups.

171. As well as providing food aid bilaterally, Australia also channels 50 per cent of its food grain aid resources through the World Food Programme (WFP).

172. Australia has contributed to the WFP since its inception by making forward pledges and by channelling food-grain through the Programme. For the 1984 and 1985 calendar year biennium, Australia has pledged \$A 20 million, of which one third is provided in cash and two thirds in commodities. These commodities are selected by WFP from a list of Australian products supplied by the Government.

173. In providing food aid, WFP endeavours to ensure that requests are well co-ordinated, that projects are technically and economically feasible, and that there is no danger that the arrival of the food may have a harmful, dampening effect on local food production or the country's agricultural trade. Australia also monitors, through the Food and Agriculture Organization of the United Nations (FAO) and Australian non-governmental organizations regions and countries where an emergency food aid response may be justified. Allocations for these purposes are made under Australia's IEFER contribution and through disaster relief funds.

174. Although food aid is basically an interim measure, Australia recognizes that it can effectively assist in meeting the pressing needs of developing countries, and can play an important role in the socio-economic development of the recipients.

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Country	Commodity	1984/85 Tonnage (metric tons)
Bangladesh	Wheat	55 000
Comoros	Rice	600
Democratic Kampuchea	Rice	2 000
Democratic Kampuchea (NGO)	Rice	1 680
Democratic Kampuchea	Food security	
Egypt	Wheat	40 000
Ethiopia	Wheat	27 000
Ethiopia	Vegetable oil	280
Ethiopia	High-protein biscuits	124
Ethiopia		
Ethiopia (Eritrea)		
Ethiopia (Tigray)		
Ethiopia		
Ethiopia	Whole-milk powder	20
Indonesia (refugees)	Rice	864
Kenya	Wheat	20 000
Lebanon (UNRWA)		-
Madagascar	Wheat	3 000
Maldives	Rice	600
Mauritius	Flour	2 920
Mozambique	Rice	4 138
Mozambique		-
Nepal	Food security	
NGOs in Africa		
Pakistan (refugees)	Wheat	20 000
Pakistan	High-protein biscuits	155
Philippines	Skim-milk powder	410
Seychelles	Rice	600
Somalia	Wheat	1 000
Somalia	Rice	3 000
Somalia	Flour	3 000
Sri Lanka	Whole-milk powder	400
Sri Lanka	Wheat	3 000
Sudan		
Thailand (border camps)	Whole-milk powder	50
Thailand (border camps)	High-protein biscuits	60
United Republic of Tanzania	Food security	
United Republic of Tanzania	Sorghum	10 500
United Republic of Tanzania	Maize	2 000
United Republic of Tanzania	Flour	4 050

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L FOOD AID ALLOCATIONS

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(Actual) Total cost (incl. freight)	Commodity	1985/86 Tonnage (metric tons)	(Estimated) Total cost, incl. freight (Australian dollars)
10 257 000	Wheat	50 000	9 500 000
273 600	Rice	1 000	487 000
991 556	Rice*	1 000	487 000
826 829	Rice	1 000	487 000
422 000			
7 400 400	Wheat	40 000	7 600 000
7 712 707	Wheat	23 100	6 925 900
663 036	Vegetable oil	300	680 000
405 799	High-protein biscuits	150	487 500
	Maize	6 000	1 380 000
	Wheat	3 000	1 080 000
	Wheat	3 000	1 080 000
	High-protein biscuits	20	43 000
45 986	Whole-milk powder	20	63 000
401 760		-	
4 509 200	Wheat	10 000	2 700 000
	Canned meat	180	495 000
705 580		-	
296 568	Rice	1 000	487 000
1 248 183	Flour	3 000	1 410 000
1 886 945	Rice	7 000	3 409 000
	Maize	7 000	1 610 000
160 000			
	Maize	5 600	1 100 000
3 808 000	Wheat	20 000	4 550 000
477 836		-	
383 157		-	
296 568	Rice	1 000	487 000
454 999		-	
1 410 668	Rice	3 000	1 461 000
1 209 194	Maize	2 000	540 000
870 503		-	
570 000	Wheat	6 000	1 140 000
	Sorghum	14 000	3 780 000
117 271	Whole-milk powder	80	385 000
192 127	High-protein biscuits	120	390 000
553 647			
2 543 407	Sorghum	7 000	1 820 000
498 370		-	
1 529 887	Rice	2 000	979 100

Country	Commodity	1984/85 Tonnage (metric tons)	(Actual) Total cost (incl. freight)	Commodity	1985/86 Tonnage (metric tons)	(Estimated) Total cost, incl. freight (Australian dollars)
Viet Nam	Rice	1 000	367 000		-	
WFP store	Rice	1 500	693 436		-	
Zambia	Wheat	4 000	2 029 823		-	
Zimbabwe	Wheat	6 000	1 352 760		-	
Emergency store (AUS*)	(Biscuits)				100	300 000
WFP emergency stores	(To be finalized)					556 500
Africa regional	Food security		80 826			76 000
S. E. Asia regional	Food security		65 000			228 000
Indo/Pacific regional	Food security		123 451			130 000
Other regional	WFP Africa contribution		500 000			-
Shipping charges			395 436			-
Monitoring and evaluation			56 289			100 000
<b>Total</b>		<b>218 951</b>	<b>58 786 804</b>		<b>217 670</b>	<b>58 000 000</b>

\* 1,000 metric tons rice for emergency feeding and 1,000 metric tons rice for UNHCR returnees programme.

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WORLD FOOD PROGRAMME: SUMMARY 1984/85

Commodity	Tonnage (Mtn)	Wheat Equivalent (Mtn)	Commodity Cost (Australian dollars)
<b>A. <u>Grain</u></b>			
Wheat	101 266	101 266	19 584 965
Rice	32 664	94 726	11 989 188
White sorghum	2 275	2 275	894 984
Wheat flour	1 265	1 733	377 722
<hr/>			
Total grain			
<hr/>			
<b>B. <u>Non-grain</u></b>			
Vegetable oil	1 687	-	3 097 414
Skim-milk powder	2 317	-	2 030 097
Sugar	1 887	-	568 182
Dried fruit	55	-	54 463
Yellow split peas	75	-	23 625
<hr/>			
Total non-grain	6 021	-	5 773 781
<hr/>			
Total WFP commodities	143 491	200 000	38 620 640
Cash pledge to WFP 1984/85			14 848 360
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Total multilateral			53 469 000
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FOOD AID ALLOCATION RECOMMENDATIONS BY PROGRAMME FOR 1985/86

World Food Programme

World Food Programme                      1985/86 Appropriation                      \$A 62 780 000

(1) Monetary allocations

Grain	\$A 30 230 000
Commodities	\$A 10 560 000
Cash	\$A 21 990 000
Budget allocation	\$A 62 780 000

(2) Grain/Commodity mix

<u>Grain Commodity</u>	<u>Tonnage</u>
Wheat	95 651
Rice	25 000
Flour	5 000
Yellow maize	10 000
White sorghum	15 000
Dried fruit	200
High-protein biscuits	1 000
Skim-milk powder (vit. A)	2 000
Whole-milk powder	NIL
Butter oil	NIL
Sugar	2 000
Vegetable oil	2 382
Pulses (Types to be advised)	2 000
Canned meat	NIL

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C. Right to adequate clothing

175. Reference should be made to pages 40 to 41 of the initial periodic report on articles 10 to 12.

D. Right to housing

176. Approximately 70 per cent of all dwellings in Australia are owner-occupied. This is a high rate by international standards. This is partly owing to policies of the federal and state governments which encourage families to own their own home. The policies have been directed at ensuring an adequate supply of home loans, through banks and building societies, and at providing subsidies to individual home buyers to assist them in taking the initial step towards home ownership.

177. Public rental dwellings, which are built and administered by separately constituted state housing authorities, comprise about 7 per cent of the total stock of dwellings. The dwellings are provided at subsidized rentals to persons on low to moderate incomes.

178. The remaining households, approximately 20 per cent of the total, rent their accommodation from a stock of privately-owned rental dwellings, which are provided by individuals and corporate owners through a private rental market.

1. Principal laws and regulations

179. The state and local governments have statutory responsibilities in the areas of landlord and tenant relations. Information on the statutory provisions was given in the previous report, pages 47 to 49.

180. The federal and state Housing Ministers are currently exploring the possibilities of nationally uniform arrangements for landlord and tenant legislation.

181. Consumer affairs officers of state government provide information and advice on the respective rights of tenants and landlords, e.g., on repairs, rent in advance, bonds (security deposits). Tenants' advice services also operate in most capital cities to provide information on the availability of low-cost private rental accommodation.

182. The federal Government ensures that rights to housing in Australia are applied without any discrimination on the grounds of race, colour, or national or ethnic origin and it has legislated to achieve this. Section 12 of the Commonwealth Racial Discrimination Act, 1975, makes it unlawful for a person (whether as principal or agent) to discriminate in a wide range of transactions concerning housing or other accommodation. Details of the Act, which applies universally throughout Australia's states and territories, were given in the previous report.

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2. Housing programmes and assistance

(a) First Home Owners' Scheme

183. This was introduced on 1 October 1983 and replaced the previous Home Deposit Assistance Scheme, which operated from March 1982 to September 1983. The main aims of the new Scheme are to assist low to moderate income first home buyers and to stimulate the building industry. Following the introduction of the Scheme, there has been a significant increase in the rate of new dwelling construction. The number of new dwellings commenced increased from 105,020 in 1982-1983 to an estimated 151,000 in 1984/85.

184. In recognition of the differing financial requirements of first home buyers, the Scheme allows successful applicants a choice of three payment options. Benefits may be taken either as a monthly subsidy spread over five years, or as an initial lump sum payment and a reduced monthly subsidy. These payment alternatives provide flexibility in meeting the specific needs of applicants by increasing borrowing capacity or providing an initial lump sum to help bridge the deposit gap, and providing repayment assistance during the first five years of home ownership. The amount of the benefit is determined on the basis of income, family status and the number of dependent children.

185. In 1984/85, the Government introduced changes in the income and benefit levels, which more effectively targeted this assistance.

186. The Commonwealth-State Housing Agreement (CSHA) was renegotiated with the state and Northern Territory governments during 1984 to better reflect the Government's priorities in housing. The Agreement came into operation on 1 July 1984 and formal arrangements were completed when the Prime Minister signed the Agreement on 12 March 1985.

187. The CSHA is the federal Government's major housing programme. Since 1945, financial assistance has been given to the states under a series of such agreements to provide housing assistance to people in need.

188. The main features of the 1984 Agreement include:

- (i) Substantially increased guaranteed minimum federal funding;
- (ii) Broadened eligibility criteria to ensure that assistance is available to all sections of the community irrespective of age, sex, marital status, race, religion, disability or life situation;
- (iii) Rents for public tenants based on the cost of providing the accommodation, with rent rebates for those unable to afford this amount.

189. Funds provided under the CSHA are used by the states to assist in achieving their public housing objectives in a variety of ways. These include:

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- (i) Purchase, development and servicing of land;
- (ii) Construction, purchase and leasing of dwellings;
- (iii) Subsidies to voluntary, non-profit organizations, rental housing co-operatives, local governments and Aboriginal housing associations;
- (iv) Provision of rental subsidies to assist private renters to remain in their own home;
- (v) Housing advisory services related to public housing;
- (vi) Provision of community facilities and landscaping in association with rental housing;
- (vii) Urban renewal activities related to public housing.

190. Separately identified funds are provided under the Agreement to the states for housing pensioners and Aboriginals, who are particularly disadvantaged because they usually cannot afford satisfactory private rental accommodation. The aim of these programmes is to assist pensioners and Aboriginals to gain access to rental accommodation which suits their needs and capacity to pay.

191. There are also three specific additional programmes under the 1984 Agreement, which provide assistance in other than the traditional forms and seek to encourage alternative forms of public housing tenure and the involvement of local government and community groups. These are described immediately below.

(b) Mortgage and rent relief scheme

192. This Scheme provides short-term financial assistance for housing to both rent and mortgage payers in the private market who are experiencing genuine difficulty with their housing payments. The Scheme is intended to provide a "breathing space" until the crisis has passed. State and Territory governments are required to match federal government expenditures on a dollar for dollar basis.

193. Funds provided under the Scheme are used by the states to provide cash rental support, bond and relocation assistance and loans to low-income home buyers in difficulty. States may also use some of the funds to provide short-term rental accommodation.

194. Although not under the CSHA, there is also a scheme of rent assistance, which is a tax-free allowance paid by the federal Government to some recipients of social security benefits. This assistance, of up to \$A 15 per week, is available to pensioners and supporting parent beneficiaries who have little or no income apart from pension or benefit, provided they are paying in excess of \$A 10 a week for rent, lodging or board and lodging, or site rent (for a caravan, for example). Sickness beneficiaries are also entitled to rent assistance after six weeks on benefit. More details are available in the outline of cash payments forwarded by the Government of Australia to the Centre for Human Rights of the United Nations Secretariat.

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195. It should be noted, however, that from May 1986, rent assistance of up to \$A 10 a week will be available for the first time to people who have been on unemployment benefit for six months or more, are renting privately and:

Are 25 years of age or over, married or have dependent children;

If aged 18 to 24, are not living with parents or guardians.

(c) Local government and community housing Program

196. The Program was introduced by the federal Government on 1 July 1984. It is designed to involve local governments and community groups in the provision of low-cost rental housing and to encourage greater tenant participation in the management of these dwellings. The Program is administered by the state housing authorities.

197. Financial assistance in the form of loans or grants is provided for the purchase, construction, leasing and upgrading of dwellings for low-cost rental housing. Funds may also be used to subsidize private borrowings and for other agreed purposes such as the employment of housing resource officers.

198. State and local governments and community groups are expected to make contributions wherever possible in the form of funds, dwellings, land, expertise and knowledge.

(d) Crisis Accommodation Program

199. This Program, introduced on 1 July 1984, provides capital funding for short-term emergency accommodation. It is closely linked with the Supported Accommodation Assistance Program, administered by the Department of Community Services.

200. Funds are provided through state governments and may be used by them to purchase, construct, renovate or lease dwellings, or convert existing public rental dwellings for use as crisis accommodation. The Program provides short- to medium-term accommodation for families unable to live in their normal home. It will also add to the stock of youth and women's refuges and accommodation for the chronically homeless.

(e) Supported Accommodation Assistance Program

201. Another scheme recently instituted to further implement the Government's commitment to adequate accommodation for all is the Supported Accommodation Assistance Program (SAAP) which is a federal/state-funded, state-administered programme with the aim of providing a range of supported accommodation and related support services to assist men, women, young people and their dependents, who are either permanently homeless or temporarily homeless as a result of crisis, and who need such assistance to move towards independent living, where possible and appropriate. SAAP commenced operation on 1 January 1985.

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202. Services may be provided in refuges, hostels, half-way houses, day centres etc., and provide assistance in the short-, medium- or longer-terms. Services may specialize in assisting groups with particular needs, but are not permitted to discriminate improperly against clients/residents.

203. In 1984/85, under SAAP, the federal Government provided \$A 18.251 million to supported accommodation and related support services, and in 1985/86, it will provide \$A 32.142 million. State/territory governments match nominated Commonwealth expenditure.

204. A complementary programme to SAAP, the Crisis Accommodation Program (mentioned above under the Federal/State Housing Agreement) provides capital funding for dwellings for approved SAAP services.

205. In addition, the Homeless Persons Assistance Program (HPAP) and the Homeless Persons Supplementary Grants (HPSG) Scheme, which are federally funded programmes, provide funds to a small number of services similar to those of SAAP. The Government provided \$A 9.668 million in 1984/85 to these services, and will provide \$A 8.073 million in 1985/86.

206. The Australian Housing Research Council, comprising the federal, state and territory Housing Ministers, has increased its sponsorship of studies dealing with economic and social problems in housing. Studies have been undertaken on the housing problems of disabled persons, youth, single parents and some ethnic groups.

207. The federal Government will release this year a report on homelessness and inadequate housing in Australia. The report, which compiles all the available information on the subject, will be given wide public distribution.

208. The federal Government has also established an Australian Housing Council, with membership across a wide range of government, industry and community organizations. The first meeting of the Council was held in April 1985; it is scheduled to meet twice each year. The functions of the Council are to provide advice to the federal Government on housing policies and to operate as a forum for discussion and consultation on housing issues.

209. In 1984, the South Australian Department of Labour instituted the Home Assistance Scheme, with the objectives of providing jobs for unemployed people and services such as home help, home maintenance and friendly visiting for disadvantaged families and individuals.

(f) Housing and veterans and servicemen

210. The Defence Service Homes Act provides housing loans at low rates of interest to service veterans for the construction or purchase of dwellings for home ownership. Low-cost rental accommodation is also provided to many existing members of the armed services as compensation for the frequent changes of location required of these people.

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(g) Migrant housing

211. Federal government funds are provided for the construction and operating costs of hostels and flats for newly arrived refugees and other migrants to Australia assessed as being in need. The housing serves as low-rent, temporary accommodation for the period up to six months after arrival and assists newcomers in the period before they obtain suitable housing, either in the private market or through the Government Housing Assistance Program.

212. A review of migrant centre accommodation was conducted during 1984 and proposals determining the future direction and standard of migrant on-arrival accommodation have been formulated.

(h) Housing for aged and disabled persons

213. The Department of Community Services administers several subsidy programmes which help provide accommodation for aged and disabled people. These programmes complement pensions paid by the Department of Social Security and housing-related programmes provided by other federal government departments and by state and local governments. The programmes administered by the Department provide for:

- (i) Grants under the Aged or Disabled Persons Homes Act and the Aged Persons Hostels Act towards the capital costs of self-contained hostel beds and day-care centres for eligible persons;
- (ii) A hostel care subsidy is paid to hostels to assist in meeting the cost of employing staff to provide basic hostel services such as meals, heavy laundry, help with cleaning rooms, social activities and attendance of a staff member on a 24-hour basis. As from 1 January 1986, the subsidy will be paid at \$A 50.40 per 28-day period for each resident assessed as requiring those services;
- (iii) A further subsidy is paid to those hostels to assist in meeting the cost of providing personal care services such as assistance with bathing, dressing, toileting, eating, therapy, and medication where necessary. The personal care subsidy is paid at \$A 220 per 28-day period for each resident assessed as requiring and receiving personal care and hostel care services;
- (iv) Subsidies under the Handicapped Persons Assistance Act to voluntary agencies, non-profit and local government bodies towards, inter alia, the capital and maintenance costs of residential accommodation or towards rental costs, where the organization rents suitable premises that cater for people with disabilities.

(i) Home and community services for the aged

214. The Department of Community Services administers several subsidy programmes which help provide home and community services for aged and disabled people and their careers. In the 1984/85 budget, a new programme, the Home and Community Care

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(HACC) Program, was announced, to take effect in July 1985. This programme, which will be jointly agreed with state and territory governments, incorporates some existing legislative programmes (States Grants (Home Care) Act, 1969, States Grants (Paramedical Services) Act, 1969, Delivered Meals Subsidy Act, 1970, Home Nursing Subsidy Act, 1957) and allows for additional initiatives in order to provide a comprehensive range of integrated community care services.

215. Under the HACC Program, subsidies will be paid to assist state and local governments and voluntary agencies to provide a range of community services to aged or disabled people who are in need of some supportive and maintenance services to enable them to choose to stay at home and to avoid unnecessary institutional care. These services will include: home help, home maintenance and modification, food services, respite care, transport services, community paramedical services, community nursing services and training services.

216. Subsidies will also be targeted to the construction of centres in the community, which will be a focal point from which a range of approved service types may be provided.

(j) Housing in rural areas

217. The comments provided in the initial report on this subject (E/1980/6/Add.22, pp. 46 to 47) remain current, with the standard of rural housing and the quality of services provided being very similar to those enjoyed by urban dwellers.

218. One development of interest since the initial report was issued has been the Western Australian policy of "normalization" of company towns in the Pilbara region, a major mining area. Under this policy the provision of land and other community services is reverting from the mining firms to the state government with the maturation of these communities.

3. Statistical information

219. By world standards, Australians enjoy a high standard of housing. In the first periodic report, this was illustrated by a range of statistical data on housing conditions in Australia. More recent data on some of these aspects of housing are shown below.

(a) Type of dwelling

The 1981 census indicated that there was little change since the previous report, with approximately 98 per cent of the population living in self-contained dwellings.

(b) Size of dwellings

As in previous report.

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(c) Housing occupancy

The average number of persons per occupied dwelling at the 1981 census was 3.2. This figure has fallen steadily since the 1985 census figure of 3.8 persons. The number of unoccupied dwellings as a proportion of occupied dwellings increased from 4.7 per cent in 1954 to 9.1 per cent in 1981. Most of these were either holiday homes, or were in the process of being repaired or offered for sale or lease.

(d) Housing tenure

	<u>1976</u>	<u>1978</u>	<u>1984</u>
	(Percentage)		
Owner/purchaser	68.4	73.4	71.0
Public tenant	5.1	4.4	5.9
Private tenant	20.8	19.7	19.8
Other	5.7	2.5	3.3
Total	100.0	100.0	100.0

(e) Housing costs

The Australian Bureau of Statistics measured housing and other household expenditure in their 1983/84 Household Expenditure Survey. The data showed that current housing costs represented on average 12.8 per cent of total household expenditure.

Special programmes for Aboriginal Australians

220. The 1981 census showed the median family income of Aboriginal and Torres Strait Islanders to be slightly more than half (54.4 per cent) that of the national average. The standard of living of Aboriginal families is adversely affected by the high rate of unemployment among Aboriginals and is manifested in poor standards of health, housing and education and high levels of dependence on social welfare benefits.

221. The Government of Australia recognizes that the provision of work opportunities is an important determinant of the standard of living. Special provisions in this regard exist for Aboriginals, in accordance with the national Employment Strategy for Aboriginals. The main programme is the Training for Aboriginals Program, which attempts to facilitate entry for Aboriginals into a stabilization within the work-force through the acquisition of appropriate skills. The National Aboriginal Employment Development Committee (NAEDC) has been established to promote the employment of Aboriginals in both the public and private sector through direct representations to major employer groups.

222. The Government has expanded its Aboriginal employment training programmes, and in 1984/85, approximately \$A 87.8 million was allocated to these programmes. This compares well with expenditures in 1983/84 and 1982/83 of \$A 69.8 million and \$A 46.3 million respectively. Aboriginals also participate in employment and training programmes available to the wider community.

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223. To counter the adverse effects of high levels of unemployment in remote Aboriginal communities, the Department of Aboriginal Affairs provides funds for Community Development Employment Projects (CDEP). Expenditures on this programme are not included in the figures quoted above. CDEP is a programme by which communities may utilize for development purposes funds which are an alternative to the payment to individual community members of unemployment benefits. A CDEP is provided only to those communities which elect to participate after full consultation has established that the community fully understands the scheme and prefers it to unemployment benefits.

224. The total CDEP funds allocated to a community will comprise:

(a) The aggregate national value of unemployment benefits for which unemployed Aboriginal members of the community are eligible;

(b) Costs of administration (including wages and costs), materials and tools (including capital expenditure essential for work activity undertaken under the CDEP) up to a limit of 20 per cent of the amount provided under (a).

225. There were 32 Community Development Employment Projects operating in Aboriginal communities in 1984-1985 at a total cost of \$A 23.6 million.

226. The Aboriginal Development Commission (ADC) makes grants and loans under section 24 of the Aboriginal Development Commission Act, 1980, to enable Aboriginal people to engage in business enterprises, thus contributing to their economic and social development. Grants and loans, or a combination of both, are made to incorporated communities and organizations, but individuals and partnerships are eligible only for loans.

227. Funds provided under the ADC Enterprise Grants Program totalled \$A 6.7 million in 1983/84 and \$A 9.4 million in 1984/85. Over \$A 5.1 million was granted to Aboriginal communities operating rural enterprises, \$A 3.25 million for commercial enterprise programmes and \$A 1.05 million for social enterprises.

228. The Enterprise Loans Programme totalled \$A 2,132,510 in 1983/84, with a little over half of the funds being provided for agricultural and pastoral projects. The types of projects funded were as follows: market gardens, citrus and almond orchards, cattle stations, emu farms, fresh-water crayfish farms, cereal and mixed farms and fish processing.

229. The Government acknowledges as a major priority the provision and up-grading of Aboriginal housing. A survey conducted in 1984 revealed that 14,738 houses, and 1,575 flats, 260 pensioner units, 633 shelters, 16 town-camper complexes and 320 hostels were needed nationally, at an estimated cost of \$A 1,015 million.

230. Special programmes for the provision of housing and accommodation, including rental and purchase by Aboriginal people, can be summarized as follows:

(a) Aboriginal housing associations were given grants by the Aboriginal Development Commission (ADC) to plan, build, or purchase and administer dwellings for Aboriginals. The ADC expended about \$A 33.5 million for this programme through the associations in 1984/85 and will expend \$A 36.1 million in 1985/86.

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(b) By means of the Commonwealth/State Housing Agreement, \$A 54.3 million was provided to the states/Northern Territory as separately identified or earmarked grants for rental housing assistance in 1985/86. The grants were generally used to provide housing for Aborigines in urban areas and country towns, although an increasing amount of accommodation was provided in outback areas and on Aboriginal land. The grants were administered by state and Northern Territory housing authorities.

(c) Under the Housing Loans Scheme, the ADC provided \$A 13.5 million to Aborigines and their spouses in 1983/84 and \$A 16.57 million in 1984/85 as loans to enable them to purchase houses when they were unable to obtain a loan from private sources.

(d) Aboriginal Hostels Limited (AHL) received \$A 13.7 million through the Department of Aboriginal Affairs in 1983/84, \$A 16.2 million for 1984/85 and \$A 17.2 million for 1985/86. AHL operates and funds hostels and shelters throughout Australia, providing subsidized hostel accommodation for Aborigines and shelters for those transient groups preferring a less formal environment.

231. The Government's response to the House of Representatives Report of the Standing Committee on Aboriginal Affairs of the Strategies to Help Overcome the Problems of Aboriginal Town Camps, was tabled on 1 March 1984. In tabling the response, the Minister for Aboriginal Affairs highlighted the extreme disadvantage suffered by town campers (i.e. fringe dwellers) and stated that the Government was determined to help Aboriginal people in town camps to gain a better future for themselves.

232. To this end, the Department of Aboriginal Affairs, in conjunction with other Aboriginal affairs portfolio agencies, has established a Town Campers Assistance Program (TCAP). Key elements of the Program are: secure land tenure; improvement of living conditions through the provision of essential services; suitable housing and shelter; the provision of employment and training; and a public awareness campaign to help promote a climate of understanding about the problems of town campers and the Aboriginal situation as it is today.

233. In 1985-86, approximately \$A 6 million is earmarked for TCAP for administration by the Aboriginal affairs portfolio agencies, as follows:

	\$A
Department of Aboriginal Affairs	500 000
Aboriginal Development Commission	5 000 000
Aboriginal Hostels Limited	500 000
	<hr/>
	6 000 000

234. There are over 100 town camping communities with secure title to land, and over 73 communities on non-tenured land.

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235. In 1984/85, TCAP assistance was directed mainly to meet the urgent needs of town campers for shelter, electricity, water and sewerage. To complement expenditure through TCAP, the Department of Employment and Industrial Relation agreed to give high priority in its programmes to the employment and training of town campers.

236. The Government recognizes the need for, and has given priority to, the provision of adequate community living areas with security of tenure for aboriginals resident on, or wishing to return to living on pastoral properties. In 1984, 38 pastoralists in the Northern Territory were asked to support requests for excisions from their properties in order to provide adequate living areas for Aboriginal communities and groups. Positive responses were received from 27 pastoralists. In 1983-1984, three such areas were finalized and special purpose leases issued. A number of other such excisions have been agreed to in principle.

237. Throughout Northern and Central Australia, particularly since the 1970s, Aboriginal people have decentralized to outstations in more remote areas. Such communities usually comprise groups of 10 to 50 people who choose to live a traditional lifestyle, and government assistance is accordingly usually limited to essentials such as water supplies, basic shelter, transport and communication. In 1983, there were approximately 10,000 people living on 360 homeland centres, outstations or pastoral excisions. In 1983/84, the ADC provided \$A 1,069,000 for homeland centres in Western Australia and the Northern Territory through the Housing Grants Program. The Department also provides assistance to outstations through resource centres and other Aboriginal organizations with funds exceeding \$A 4.6 million.

## ARTICLE 12: THE RIGHT TO PHYSICAL AND MENTAL HEALTH

### Introduction

238. A member of the World Health Organization, Australia subscribes in full to the principle expressed in the preamble of that organization's constitution: "The enjoyment of the highest attainable standard of health is one of the fundamental rights without distinction of race, religion, political belief, economic or social conditions."

239. Australia is also a member of the International Labour Organisation and co-operates closely with ILO endeavour, in the area of occupational safety and health, through standard-setting, research and technical assistance.

#### 1. Principal laws and regulations

240. Federal legislation designed to promote the right of everyone to health includes:

- National Health Act, 1953
- National Health Regulations
- Health Insurance Act, 1973
- Health Insurance Regulations

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Health Insurance Commission Act, 1973

Nursing Homes Assistance Act, 1974

Nursing Homes Assistance Regulations

States (Tax Sharing and Health Grants) Act, 1981.

241. It should however be noted that primary responsibility for health matters rests with the state governments.

242. A number of states are in the process of reviewing their mental health acts to ensure that there can be no unnecessary deprivation of liberty and that when people are detained for medical health reasons, there are assurances of quality of care and that liberty will be restored as soon as possible. In particular, there has been concern about psychosurgery and other "physical" treatments in psychiatry, with the aim of regulating such treatments without depriving patients of possible benefits. Several states have investigated the rights of the intellectually-handicapped to give consent to or to refuse medical treatment, and have encouraged the introduction of uniform legislation throughout all states and territories.

243. Recent development at the state level include the Queensland Mental Health Act, Criminal Code and Health Act Amendment Act, 1984, which establishes a mental health tribunal, with extensive powers to make determinations concerning a person's soundness of mind, and which also has power to direct a person's release in appropriate circumstances. In Victoria, new legislation is being introduced: Mental Health Bill, Intellectually Disabled Person's Services Bill and the Guardianship and Administration Board Bill. These bills are based on the principle of the "Least restrictive alternative". The government of Victoria is aiming towards accommodation for intellectually-disabled persons in non-institutional settings, through continued development of the community residential programme.

244. Exemptions under the Sales Tax (Exemptions and Classification) Act, 1935, which are designed to promote the right to physical and mental health were outlined in the first report on articles 10 to 12 (E/1980/6/Add.22), page 52.

## 2. Stillbirths and infant mortality

245. Perinatal mortality rates have shown a continuing decline to 1981 and a slight rise in 1982.

246. Neo-natal deaths have declined faster than foetal deaths, which reflect both better delivery techniques and improved care of newborn infants. Demographic factors have also played a part, with a reduction in births in teenagers and in women over the age of 40. In 1982, 66 per cent of all births occurred between the ages of 20 and 30 years.

247. However, women under the age of 20 still have higher than average rates of perinatal mortality and constitute a higher risk group.

248. Infant mortality has also shown a steady decline from 14.3 per 1,000 live births in 1975 to 9.6 per 1,000 in 1985.

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249. Statistics on Aboriginal infant mortality rates (deaths under one year of age) are presently available for only Queensland (14 reserve communities), South Australia (5 remote Aboriginal communities), Western Australia and the Northern Territory. State health authorities in other states and the Australian Capital Territory do not identify Aboriginals separately. The available data, from a limited number of remote communities, does show that the Aboriginal infant mortality rate has decreased over the last 10 years. In the Northern Territory, it has dropped from 142.9 deaths per 1,000 live births in 1971 (almost eight times the rate of all Australians) to 38.3 in 1982 (about three times the rate for all Australians). A similar decrease has occurred in Queensland and Western Australia.

250. The following table details percentage rates for 1982:

	<u>All</u>	<u>Aboriginal*</u>
Crude birth rate	15.8	36.0
Crude death rate	7.6	10.3
Neo-natal mortality rate	6.7	13.6
Infant mortality rate	10.3	30.0

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\* Selected rural centres only. Aboriginal health statistics are not comprehensive.

251. In 1979, the Government established a National Perinatal Statistics Unit at the Australian Institute of Health to monitor and analyse causes of stillbirth and neo-natal death.

252. The Unit also co-ordinates statistics on births following in-vitro fertilization.

### 3. Healthy development of children

253. Legislation and administrative arrangements relating to the healthy development of children were outlined in the first periodic report on articles 10 to 12, pages 53 to 54.

254. Australia supported the recommendations of the joint WHO/UNICEF meeting on infant and young child feeding in October 1979 and voted affirmatively for the adoption of the WHO International Code of Marketing of Breast-milk Substitutes at the Thirty-fourth World Health Assembly in May 1981. Australia's position on the important issue of infant and young child nutrition is reflected in Australia by:

(a) The adoption by Government of an industry Code of Practice for the marketing of infant formulas;

(b) The development of guidelines for the health care sector and health workers, to implement the aim and principles of the WHO Code and to promote breast-feeding;

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(c) The development of standards for foods for infants and young children;

(d) Policies in all states and territories which promote breast-feeding and provide for educational programmes on infant nutrition in prenatal, post-natal and infant health clinics.

4. Environmental hygiene

255. The Government of Australia has, under the Constitution, limited powers in relation to the protection of the environment. However, it is able to implement many of its policies by:

(a) Providing grants to state and local government;

(b) Passing legislation to ensure environmental protection where the federal Government is directly involved;

(c) Participating in international forums and agreements of relevance to environmental protection.

256. Grants have been provided since 1976 to the states under the following legislation:

(a) Soil Conservation (Financial Assistance) Act, 1985:

This Act provides financial assistance under the National Soil Conservation Program for soil conservation projects undertaken by the federal and state governments or by individuals and non-governmental organizations;

(b) National Water Resources (Financial Assistance) Act, 1978:

This Act provides grants to the states under the National Water Resources Program for projects designed to develop and manage Australia's water resources, including water quality. The federal Government also supports the Country Towns Water Supply Improvement Program;

(c) Captains Flat (Abatement of Pollution) Agreement Act, 1975:

Grants have been provided to the New South Wales state government to prevent pollution of the Mononglo River from the Captains Flat mine workings.

257. In addition, grants have been provided under the following programmes:

(a) National Estate Grants Program: Grants are provided to the states for projects designed to protect Australia's heritage;

(b) National Tree Program: Grants are provided to the states and territories to promote tree establishment and conservation;

(c) A federal Rain-forest Conservation Policy is being developed.

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258. The following Acts provide for protection of the environment where the federal Government is directly involved.

(a) Australian Heritage Commission Act, 1975:

This Act provides for the protection of those parts of Australia's natural and cultural heritage which are owned by Australia. (Some state legislation also exists in this area, for example, the Victoria Archeological and Aboriginal Relics Preservation Act, 1972-1984);

(b) World Heritage Properties Conservation Act, 1983

This Act makes provision for the protection and conservation of those places in Australia or under Australian control of such outstanding universal value that they are recognized as part of the cultural or natural heritage of the world;

(c) Environment Protection (Alligator Rivers Region) Act, 1978: Environment Protection (Nuclear Codes) Act, 1978

These two Acts, together with four other related Acts, give effect to the Government's commitment to protect the social and physical environment of the Alligator Rivers Region during uranium mining. In addition, the Government is providing money to the government of the Northern Territory for environmental regulatory services associated with the uranium mining;

(d) Environment Protection (Impact of Proposals) Act, 1974:

Under this Act, the environmental impact of federal government proposals, or proposals which may involve the Commonwealth in some way, and which may have a significant effect on the environment, is considered. Discussions have been held with state governments to rationalize and co-ordinate environment assessment procedures where both federal and state government are involved;

(e) Great Barrier Reef Marine Park Act, 1975:

The object of the Act is to make provision for the establishment, control, care and development of a marine park in the Great Barrier Reef region. Approximately 344,000 square kilometres or 98.5 per cent has been declared a part of the marine park. The park is inscribed on the World Heritage List;

(f) Environment Protection (Sea Dumping) Act, 1981:

The Act provides for control of marine pollution through dumping and incineration. It implements the Convention on the Prevention of Marine Pollution by Dumping of Wastes and Other Matter.

259. The federal Government also seeks to implement its environmental policies by adopting a co-ordination and communication role with state and local governments and other institutions and organizations.

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260. The National Health and Medical Research Council has many committees which recommend guidelines or standards in this field for application by the appropriate authorities. Such standards have been recommended to the state and territories in an attempt to achieve uniformity throughout Australia.

261. Among recent developments at the state level is the Victorian Environment Protection (Review) Act, 1984, which streamlined existing procedures, strengthened enforcement powers, gave the Environment Protection Authority more input at the planning stage and concentrated resources on major sources. Among other things, the Act extends the pollution abatement notice system to cover land and water as well as air and introduces a waste transport permit system.

262. Since 1979, federal and state governments have extended earlier programmes to prevent air, land and water pollution, and to overcome the adverse effects of urban development and industrialization.

263. Increased attention has been paid to the management of hazardous wastes, with a nationally co-ordinated approach being taken through the agency of the Australian Environment Council, the Council of Commonwealth and State Ministers with environment responsibilities. This Council established in 1981 a voluntary Interim Notification Scheme for new industrial chemicals. Under the scheme, new industrial chemicals are assessed for potential risks to human health and the environment. The Commonwealth announced in 1984 that it would be introducing legislation to bring into effect a mandatory scheme for the notification and assessment of new and priority existing chemicals. The federal legislation will be complemented by state legislation and will provide a national legal framework for the notification, assessment and control of chemicals. As part of this framework, the New South Wales Environmentally Hazardous Chemicals Act, 1985 provides powers for the control of chemicals and chemical wastes in that state.

264. In recent years, governments of Australia have introduced further measures to reduce air pollution from stationary vehicle sources. Beginning in 1986, Australian design rule No. 37 will require all new passenger cars to meet stringent emission limits and to run on unleaded petrol.

265. In 1984, the federal Government embarked on a three-year programme of assistance to state authorities in order to augment their air quality monitoring facilities.

266. Australia considers environmental noise abatement to be an important element in improving the quality of urban life. Since 1979, new Australian design rules have been adopted, requiring reduced noise emission levels for passenger cars and motorcycles.

267. Recent state initiatives in protecting persons and the environment from the adverse effects of radiation included the Victoria Nuclear Activities (Prohibitions) Act, 1983, which prohibits in that state the exploration for and mining of uranium and thorium, the construction or operation of certain facilities and the possession of nuclear material. The South Australia Radiation Protection and Control Act, 1982 provides for the control of activities related to radioactive substances and radiation apparatus and for protection against the harmful effects

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of radiation. The Radiation Ordinance, 1983, provides for the safe use, transportation, storage and disposal of radioactive material and irradiating apparatus.

268. In 1984, the federal Government endorsed a National Conservation Strategy for Australia (NCSA). The Strategy was developed, with considerable public participation, along the lines of the World Conservation Strategy (prepared by the IUCN with assistance from UNEP and WWF, and in collaboration with FAO and UNESCO) which the Government accepted in 1980.

269. The theme of the Strategy is: "Living resource conservation for sustainable development". It outlines four important objectives concerning the management of living resources, as follows:

"... to maintain essential ecological processes and life support system ..."

"... to preserve genetic diversity ..."

"... to ensure the sustainable utilisation of species and ecosystems ..."

"... to maintain and enhance environmental qualities ...".

270. The Strategy identifies principles to be followed in tackling major environmental problems such as soil erosion, water availability, water quality, loss of native vegetation, endangered species of native flora and fauna, declining fish stocks and contamination of estuaries and coastal waters. The Strategy recognizes that much has already been achieved in Australia and suggests what needs to be done now.

271. Most state governments and various non-governmental organizations have formally endorsed the Strategy. Others have accepted its broad strategic principles.

272. Environmental education is an active policy area of the Government and has an important priority in Australia's National Conservation Strategy. The main aim of the Government is to facilitate public participation and awareness of the need to preserve the environment for sustainable development by funding and expanding environmental education programmes. Federal government activities are centred on the Department of Arts, Heritage and Environment, which in 1983 established an environmental education section. Many state and territory educational and environmental agencies also have environmental education programmes. In the period from 1976 to 1981, the Curriculum Development Centre, in recognition of environmental education as a priority area, published a wide range of school curriculum materials and programmes.

273. The Australian Association for Environmental Education, a strong national non-governmental organization, encourages the development of environmental education.

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5. Prevention of disease

(a) Immunization

274. Immunization programmes directed towards the control of major communicable diseases such as diphtheria, pertussis, tetanus, poliomyelitis and measles have been a notable success, with 85-100 per cent coverage in some communities. BCG vaccination is also offered to all children of 0 to 5 years of age in all areas where leprosy is endemic, and to all tuberculosis contacts.

275. Influenza vaccination is provided in communities which are at risk as the result of the high incidence of chronic ill-health and respiratory disease among the population.

276. Rubella vaccination is recommended for all females, and a school rubella immunization programme was introduced in 1970-1971. A survey carried out by the Australian Bureau of Statistics in 1983 showed that at least 70 per cent of the Australian female population aged 15 to 34 had obtained immunization against rubella. Rates were higher among Australian-born women than among overseas-born women.

277. Children of migrant parents are also over-represented among those not immunized or incompletely immunized, particularly for polio and diphtheria.

(b) Other measures to limit the spread of communicable diseases

278. The federal and state governments collaborate, through the National Diseases Control Program, on measures for the eradication of disease-bearing insects, principally mosquitoes.

279. The Government has arranged for all donated blood to be screened for evidence of the AIDS virus, thus ensuring the safety of all blood and blood products. A public education campaign aimed at controlling the transmission of AIDS within the community is under way.

280. Venereal disease control programmes are undertaken in communities where a sudden and dramatic increase in the incidence of sexually-transmitted diseases is observed.

281. In areas where parasitic infections of the bowel are endemic, eradication programmes are in operation in the form of regular treatment and attempts at environmental improvement and hygiene education.

(c) Drugs, alcohol and tobacco

282. In the light of government and community concern regarding the extent and cost of drug misuse within the community in terms of death and illness, wasted human potential, violent crime and property crime, federal, state and territory government leaders met at a Special Premiers' Conference on 2 April 1985 and pledged their governments to do everything possible to combat the growing problems of drug abuse and drug dependence in Australia. They agreed to mount the National

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Campaign against Drug Abuse in which all governments will co-operate and will also seek the full involvement and support of the community as a whole.

283. The campaign will place a major emphasis on reducing the demand for drugs through education, treatment and rehabilitation programmes, which will be particularly directed to young people and the problem of "hard" drugs.

284. The Special Premiers' Conference identified a number of "at risk" groups within the community who are seen to have specific needs and to whom priority should be given in the development of drug abuse prevention strategies and effective treatment options. These groups include children and young adults, pregnant women and mothers of young children, Aboriginal people, prisoners and prostitutes.

285. The federal Government has committed itself to a long-term programme of assistance. The Government has agreed to provide additional funds for the education, treatment, rehabilitation and research aspects of the campaign. It will also be spending substantially increased amounts on strengthening law enforcement. In addition, the Commonwealth Government will provide substantial funding for the conduct of national projects, and additional funding will be made available to the states and territories to match increased expenditure undertaken by them.

286. The Government has established a Better Health Commission which is to identify and promote preventive health strategies throughout Australia. The health risks associated with smoking and alcohol misuse will be addressed by the Commission, with focus on specific target groups, including young people.

287. Australian health ministers have agreed to the introduction of four rotating health warnings for tobacco products and tobacco advertising.

288. As a public health measure, the Department of Health publishes a Smoke-Yield Table, showing the tar and nicotine yields of local and imported cigarettes. In 1984, for the first time, the Table included carbon monoxide yields.

289. The Government is concerned at the rise in the number of young women who take up smoking. Lung cancer rates are rising in both men and women, but at a relatively faster rate in women.

290. The Australian Broadcasting Tribunal has proposed new standards for the advertising of alcoholic liquor on television which will severely limit the times at which such advertising is permitted.

291. Low-alcohol beers have reached a significant level of penetration of the market.

(d) Occupational health and safety

292. Primary legislative responsibility for occupational health and safety in Australia rests with the state and territory governments. Therefore, occupational health and safety is very largely regulated by state laws, except for areas of Commonwealth jurisdiction (workers employed by the Commonwealth, or people living

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in the Australian Capital Territory or external territories). Since the issue of the first report, the government of Victoria has passed the Industrial Safety Health and Welfare Act, 1981 and proposes new legislation on occupational health and safety to increase protection for employees.

293. The federal Government is committed to the belief that every person has the right to a healthy and safe working environment, and believes that the most appropriate way to protect this right is to implement a national occupational health and safety strategy. This will ensure tripartite development of compatible legislation and national standards.

294. In response to the report and recommendations of the Interim National Occupational Health and Safety Commission, the federal Government has established the National Occupational Health and Safety Commission (NOHSC), which will be responsible for the following: development and co-ordination of national standards; procedures for the notification of occupational ill-health and injury; information collection; storage and dissemination; research and development; training and the implementation of a national occupational health and safety strategy.

295. The Commission will also develop proposals for appropriate legislation and standards within federal jurisdiction and promote their adoption throughout the states and territories. At the federal level, all occupational health and safety matters are the responsibility of the Minister for Employment and Industrial Relations.

296. Legislation establishing the National Commission as a statutory authority was passed by Parliament in May 1985.

297. Priority areas of concern in occupational health and safety are being addressed by a series of tripartite committees established by the National Commission. For example, the Standards Development Standing Committee will be looking at occupational health and safety standards currently in existence, advising the Commission on the development of and priorities for a standards development programme and undertaking standards development for another committee. The Committee on Occupational Health and Safety in Australian Government Employment (COHSAGE) has been brought under the umbrella of the National Commission, to act in an advisory capacity.

298. Significant initiatives have also been taken by the Commission in relation to factors harmful to the health in work-places. These initiatives include a national inquiry into repetition strain injury and the development of a mandatory notification and assessment scheme for industrial chemicals.

299. The activities of a number of federal agencies have been consolidated within the National Commission to provide a functional base for its operations. For example, Commonwealth Institute of Health staff and resources engaged in occupational health and safety research, training and educational functions are now staff of the Commission, and will become part of the proposed National Institute of Occupational Health Safety.

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300. Functions that were formerly the responsibility of the Occupational Health (Standing) Committee and its Occupational Hygiene (Reference) Sub-Committee of the National Health and Medical Research Council are now carried out under the auspices of the National Committee.

301. At the state and territory level the following is a list of the relevant state occupational health and safety legislation:

- South Australia - Industrial Safety, Health and Welfare Act, 1972
- New South Wales - Occupational Health and Safety Act, 1982
- Western Australia - Occupational Health, Safety and Welfare Act, 1984
  - Construction Safety Act, 1972
  - Factories and Shops Act, 1963
- Tasmania - Industrial Safety, Health and Welfare Act, 1977
- Queensland - Factories and Shops Act, 1960-1975
  - Construction Safety Act, 1971
- Victoria - Occupational Health and Safety Act, 1985
- Northern Territory - Construction Safety Act, 1975

(e) Quarantine

302. Arrangements relating to quarantine, and particularly to the handling of possible yellow fever carriers arriving in Australia, were described in the first periodic report on articles 10 to 12, pages 58 to 59.

303. A programme of imported goods control is being initiated in Australia. This has stemmed from a pilot scheme which was introduced in Sydney. Subject to resources available from quarantine staff and from the analytical laboratory of the Government of Australia, which provides the laboratory facilities, a number of priority items will be sampled in all major ports and further inspections will be undertaken to ensure that imported goods, in particular, food, are not bringing in human diseases.

(f) Health services

304. The primary responsibility for the provision of health services, including those in rural areas, lies with state and local government authorities. However, since 1953, the federal Government has provided special assistance for a wide range of medical and health services. Such assistance is usually provided on a cost-sharing basis with the states.

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305. In 1973, the federal Government established the Community Health Program to assist the states to develop integrated, co-ordinated and comprehensive systems of non-institutional community health services.

306. The programme has two major objectives:

- (i) To provide improved community health services to those living in areas where there is a significant health service need; and
- (ii) To promote aspects of health care, prevention, health maintenance and rehabilitation which had been neglected in the past.

307. The programme encompasses a variety of services, of which purpose-built community health centres are only a small part. Services include:

Comprehensive community health services;

Community mental health services;

Community-based alcohol and drug assessment treatment and rehabilitation services;

Health education;

Community geriatric services;

Community rehabilitation services;

Domiciliary rehabilitation services;

Staff training programmes;

Women's health services;

Youth and adolescent services.

308. Projects dealing with special-need areas of health care relating to rural and remote communities, migrants, Aborigines, and some health transport, family planning services and occupational health care also received funds under the programme.

309. In 1981, the federal Government devolved total responsibility for the programme to the state governments, but continues to provide assistance for the community health services through the tax-sharing arrangements with the states. The states have continued to maintain and develop their own programmes of community health services, including those services funded originally under the Community Health Program.

310. More recently the federal Government has once again begun to provide special additional grants direct to the states to encourage further the development of new or expanded community health services.

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311. Community-controlled Aboriginal health and medical services continued to cater for many Aboriginal health needs, including general practitioner, specialist, dentist, nurse, referral, social work and nutritional services. The Department of Aboriginal Affairs provided funds for Aboriginal medical services and health care units during the year 1984/85.

312. A number of schemes operate to ensure the provision of adequate health care in rural areas. These were detailed in Australia's initial report on articles 10 to 12. They include: (a) the Isolated Patient Travel and Accommodation Assistance Scheme, (b) the Aerial Health Services, (c) the Northern Territory Aerial Medical Service and (d) the Royal Flying Doctor Service.

313. There are six independent Royal Flying Doctor Service sections (14 mainland bases), with the federal Council comprising members from each section.

314. Under the Pharmaceutical Benefits Scheme, the federal Government meets the cost of drugs and medicinal preparations, including medical kits issued free of charge by the Royal Flying Doctor Service to people living in remote areas, who have no access to medical or pharmaceutical services but who have radio contact with the Royal Flying Doctor Service.

315. The Government has been providing funds since 1973 for family planning at national and international levels and in 1974 it established the Family Planning Program in the Department of Health. Under the Program, funds are provided to non-governmental state and territory family planning associations and natural family planning organizations for education, information and training programmes at community and professional levels. All medical family planning services attract health insurance benefits. Under Medicare, a system of health programme grants provides that clinic services are, in effect, available free of charge. Oral contraceptives attract pharmaceutical benefits; other types of contraceptives are exempt from sales tax.

316. The objectives of the programme are to promote the health of women and their children and to enable couples to determine the number and spacing of their children. In Australia, the need to restrict population growth is not an issue.

317. Funds are also provided for education programmes for health professionals in the field and for an ongoing research programme.

318. A seminar on Future Directions for Family Planning, held in 1985, emphasized that family planning is increasingly expected to cover all aspects of reproductive health care, for which a multidisciplinary approach is required.

319. The oral contraceptive, currently used by 40 per cent of women aged 25 to 29, is the most popular form of contraception used by young women. Over age 35, male or female sterilization is the method used by some 50 per cent of couples.

320. Since 1971, the age specific birth rate in teenagers has declined by over 50 per cent; two thirds of the decline is owing to better contraceptive use and one third to an increase in abortion rates. The decline is most marked in married women - particularly in those who marry because of pregnancy - with the result that ex-nuptial births have increased.

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321. Estimates show that up to 1980 there was a rise in the abortion rate, particularly among women in age groups under 25 years. Since 1980, the rate appears to have stabilized and is now declining, even among teenagers.

322. Abortion legislation varies between states. Since 1969, law changes and common law rulings in several states have laid down conditions under which abortion is not unlawful. Abortion is recognized as a legitimate medical service for the purposes of health insurance. However, there is an obligation on doctors performing abortions to work within state laws.

6. Provision and financing of medical care

323. The health care system in Australia is a pluralistic one involving three levels of government - federal, state and local, as well as public and private providers and institutions. The states and territories have the major responsibility for the public provision of health services, including public hospital systems, mental health services, public health and professional licensure.

324. To assist co-ordination between the federal and state levels of government, Commonwealth and state Health Ministers meet yearly to discuss mutual problems and health matters of national concern. Advice is given to the Australian Health Ministers' Conference on matters related to hospital and allied services through the Australian Health Services Council and Commonwealth/state health committees established under Medicare agreements.

325. Although there is an increasing public financing of Australian health services, most medical and dental services are provided by private practitioners on a fee-for-service basis. Health care expenditure in Australia for 1981/82 was \$A 4,197 million, being 7.6 per cent of GNP. In 1981/82, 25.7 per cent of total health care expenditure was met by the federal Government, 36.5 per cent by state governments, and 37.8 per cent was met by other private sources.

326. With respect to health institutions, in 1984, there were 1,086 hospitals, 748 of which were public and 338 private. They provided 71,054 and 20,600 beds respectively. There were 1,449 nursing homes with a total number of 74,583 beds. Medical manpower figures for 1981 gave the total number of medical practitioners as 28,650, a ratio of 1 doctor to 521 persons. Ten medical schools graduated 1,300 persons with M.B., B.S., degrees in 1982.

(a) Medicare - Australian health insurance scheme

327. Medicare is designed to provide basic health coverage to all Australians on the basis of the principles of equity, simplicity, universality and efficiency. This coverage is provided in the form of:

- (a) Medicare medical benefits;
- (b) Public hospital coverage;
- (c) Subsidies to private hospitals;

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- (d) Commonwealth nursing home benefits;
- (e) Nursing home deficit financing arrangements;
- (f) Commonwealth domiciliary nursing care benefit.

328. Additional coverage is available from registered private health benefits organizations.

329. The various sectors of the health scheme are authorized by and administered under the following legislation of the Government of Australia:

- (a) National Health Act, 1953 (and Regulations);
- (b) Health Insurance Act, 1973 (and Regulations);
- (c) Nursing Home Assistance Act, 1974 (and Regulations);
- (d) States (Tax Sharing and Health Grants) Act, 1981.

330. Australian residents are entitled to Medicare benefits, which apply equally to all residents, whether pensioners or not.

331. Those eligible for Medicare benefits include:

(a) All permanent Australian residents (including repatriation beneficiaries and Defence Force personnel);

(b) Persons visiting Australia who obtain approval to stay for more than six months - with eligibility to date from arrival in Australia;

(c) Persons visiting Australia who originally obtain approval to stay less than six months, but who are granted an extension which makes the total approved stay more than six months - with eligibility to date from when the extension was granted;

(d) Foreign students who are undertaking courses in Australia for six months or less;

(e) Persons visiting Australia who are residents of countries with whom Australia has a reciprocal health care agreement;

(f) Australian residents receiving medical services while travelling overseas.

332. Short-term visitors to Australia (i.e. for six months or less) are responsible for the full cost of their medical and hospital treatment.

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(b) Medicare medical benefits

333. The Health Insurance Act provides for a Medical Benefits Schedule which lists all medical services and the schedule (standard) fee applicable in each state in respect of each medical service. The schedule covers all services rendered by legally qualified medical practitioners, certain prescribed medical services rendered by approved dentists in the operating theatres of approved hospitals, and optometrical consultations by participating optometrists. Schedule fees are set and updated by an independent fees tribunal which is appointed by the Government. The fees so determined are those to apply for medical benefits purposes only.

334. Where a medical service is provided by a private medical practitioner on a fee-for-service basis, Medicare refunds 85 per cent of the medical benefits schedule fee cost or, the schedule fee less \$A 10, whichever is the greater. It is not possible to insure with private health insurance organizations to cover the 15 per cent "gap". However, should an individual accumulate gap payments of \$A 150 in a year, Medicare will pay benefits at 100 per cent of the schedule fee for each service for the rest of that financial year. The patient must pay any amount charged in excess of the scheduled fee.

335. Medicare medical benefits are administered by the Health Insurance Commission.

336. The Medicare medical benefit is claimed after enrolling with Medicare and then presenting a claim for benefits together with the relevant accounts, receipts etc. The benefits may be claimed either before the doctor has been paid, in which case the benefits are used to help pay the doctor's account, or alternatively the benefits may be claimed after the doctor's account has been settled.

337. Doctors may bulk-bill Medicare direct from Medicare benefits, which must be accepted as full payment by the doctors.

(c) Hospital care

338. Since 1 February 1984, public hospital out-patient treatment, and in-patient accommodation in a shared ward, with treatment by a doctor employed by the hospital, has been available without direct charge. The scheme does not cover hospital charges raised for treatment as a private patient in a public hospital, (i.e. where patients elect to be treated by their own doctor), nor does it cover patient hospital charges.

339. It is possible, however, for persons to take out insurance with private health funds to cover those situations.

(d) Long-term nursing-home-type patients in hospital

340. Patients accommodated in intensive care hospitals (public or private) for more than 35 continuous days (including breaks of not more than seven days) are automatically classified as nursing-home-type patients, unless their doctor certifies in accordance with section 3B of the Health Insurance Act that such patients are in need of intensive care.

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341. Nursing-home-type patients accommodated in public hospitals, who are insured with a health benefits fund, receive reduced basic health insurance benefits commensurate with those for patients accommodated in nursing homes. They are required to pay a statutory minimum (uninsurable) patient contribution, as are patients accommodated in nursing homes. For nursing-home-type patients in private hospitals, the basic level of insurance benefits is reduced to a prescribed amount and an uninsurable patient contribution is charged. Uninsured nursing-home-type patients in public hospitals are ordinarily required to pay the statutory minimum patient contribution.

342. To guard against abuses in relation to the issuing of certificates under section 3B of the Health Insurance Act, a review process in the form of acute care advisory committees have been established. These committees adjudicate in disputes involving the appropriateness of acute care certification and recommend whether certificates issued ought to be varied or revoked.

(e) Private hospital categorization

343. Since 1 February 1984, both the Commonwealth daily bed subsidy and the basic hospital insurance fund benefit for private hospital accommodation have been paid according to a system of classification consisting of three categories:

(a) Category 1 hospitals receive a \$A 120 basic hospital insurance fund benefit and a \$A 40 Commonwealth daily bed subsidy;

(b) Category 2 hospitals receive a \$A 100 basic hospital insurance fund benefit and a \$A 30 Commonwealth daily bed subsidy;

(c) Category 3 hospitals receive a \$A 80 basic hospital insurance fund benefit and a \$A 20 Commonwealth daily bed subsidy.

344. Private hospitals are classified under the three categories according to the services and facilities provided.

345. Those hospitals with more sophisticated services and facilities attract a higher level of basic hospital insurance fund benefit and federal daily bed subsidy.

346. On 1 February 1985, the above basic hospital insurance fund benefits of \$A 120, \$A 100 and \$A 80 were increased to \$A 135, \$A 115 and \$A 95 respectively. The Commonwealth daily bed subsidies of \$A 40, \$A 30 and \$A 20 remain unchanged.

(f) Private insurance

347. Private health funds registered under the National Health Act offer coverage for treatment as a private patient in a public hospital, private hospital accommodation and ancillary health service.

348. Basic hospital insurance fund benefits offered by the registered health funds cover the accommodation charge of between \$A 84 and \$A 95 a day for private treatment in a public hospital and are structured at three distinct levels to cover the above-determined categorizations for private hospitals.

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349. From 1 September 1985, the basic hospital table included benefits covering the difference between Medicare benefits and the schedule fee in respect of professional hospital services and benefits for prostheses.

350. Registered health funds offer supplementary benefits in respect of charges for single room accommodation in public hospitals and for higher cost accommodation in private hospitals to complement the basic private fund benefits.

351. Ancillary benefits offered by the health funds cover services such as theatre fees, labour ward charges, dentistry, physiotherapy, home nursing, chiropractic and chiropody and the costs of some aids and appliances.

352. Registered health funds may also offer medical and hospital benefits to cover short-term visitors to Australia not covered by Medicare.

353. All health funds registered under the National Health Act offer insurance in accordance with the community rating principle, i.e. everyone pays the same contribution rate regardless of age, sex, family size or medical conditions. Single persons pay half the family rate. Registered health funds are non-profit organizations.

354. The organizations may not refuse to accept members to the basic table on the grounds of state of health, nor may they refuse to pay basic table benefits on the basis of pre-existing illness and chronic illness, nor limit benefits to a maximum number of services.

(g) Financing

355. Medicare is financed partly by the levy, with the federal Government providing supplementary finance.

356. The Government provides untied identifiable health grants within general revenue grants to the states and the Northern Territory as a contribution towards the cost of health programmes. These arrangements, which are authorized by the States (Tax Sharing and Health Grants) Act, 1981, are designed to replace previous specific purpose health payments for public hospital operating costs (under expired hospital cost sharing agreements), community health and school dental service programmes. They apply fully to all states.

357. Under the Medicare programme, all states, the Northern Territory and the Australian Capital Territory, have been compensated by Medicare grants outside the identified health grants and tax-sharing arrangements for:

(a) Revenue losses and additional medical costs directly attributable to the provision of free public hospital accommodation and treatment;

(b) A reduction in the fee charged for those persons who seek a "doctor of choice" in a public hospital.

358. Medicare grants to the states and the Northern Territory also include an additional community health component in order to restore the level of community health grants to 1975-1976 levels in real terms.

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(h) Health benefits reinsurance trust fund

359. The Government contributed \$A 20 million per year to the Trust Fund up until 1 July 1985, when the contribution was reduced to \$A 5 million.

360. The Trust Fund, which relates to basic hospital benefits table transactions only, operates in the following manner:

(a) Hospital benefits organizations may debit basic hospital table benefits to a reinsurance account where a member has in excess of 35 days hospitalization, for which benefits are paid or payable, in a 12-month period. Only the excess days are debited to the reinsurance account;

(b) At the end of each quarter the organizations submit returns to the Department of Health, showing:

(i) Total benefits paid from the reinsurance account;

(ii) Total membership of the organization;

(c) After calculating the total national membership, the amount of the federal government assistance is divided between states in proportion to each state's share of the total average number of contributors;

(d) The federal contribution is deducted from the total gross deficit of reinsurance accounts in each state to give a net deficit, which is then divided by the total membership in the state to derive an average amount per member;

(e) Those organizations which have above average claiming experience receive a payment from the Trust Fund, while those organizations which have below average claiming experience are required to make a payment into the Trust Fund.

361. The effect of the Trust Fund is that the financial liability for long-term hospital patients and nursing home patients is shared by the Government and all hospital benefits organizations in a more equitable manner.

(i) Pharmaceutical Benefits Scheme

362. Under the Pharmaceutical Benefits Scheme, assistance is provided towards the cost of a comprehensive range of drugs and medicines to persons receiving treatment from a medical practitioner. From 1 April 1979, the Scheme was expanded to allow dentists who were approved as participating dental practitioners to prescribe a limited range of drugs for dental treatment of their patients. The drugs and medicines are supplied by an approved chemist upon presentation of a prescription from the patient's medical or dental practitioner, or by an approved hospital to patients receiving treatment at the hospital.

363. From 1 July 1985, patient contributions are as follows:

(a) Free of charge - pensioners with Pensioner Health Benefits cards and their dependants continue to receive benefit items free of charge;

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(b) \$A 2 per benefit item - people in special need who hold Health Care Cards and their dependants and those Social Security pensioners and Veterans' Affairs Service pensioners who do not hold a PHB card and their dependants, continue to pay a reduced contribution of \$A 2 per benefit item;

(c) \$A 5 per benefit item - all other people pay an increased contribution of \$A 5 per benefit item.

(j) Government nursing home benefits

364. The criteria for eligibility for the two types of benefits are:

(a) Basic nursing home benefits;

(b) Commonwealth extensive care benefits as outlined in initial report.

365. As of November 1984, the maximum amount of basic nursing home benefit payable per day in each state was: New South Wales, \$A 33.35, Victoria, \$A 48.58, Queensland, \$A 28.10, South Australia, \$A 39.05, Western Australia, \$A 31.55 and Tasmania, \$A 27.80.

366. The benefit is generally reviewed annually to allow for adjustment, taking effect from the first pension day in November, and is still payable at \$A 6 per day, in addition to the Commonwealth basic benefit. As at 13 June 1985, the minimum patient contribution payable by patients accommodated in nursing homes approved under the National Health Act was \$A 13.65 per day.

367. Refer to the initial periodic report, page 69, for details of deficit financing arrangements and the nursing care benefit.

368. Legislation also exists that allows the federal Government to enter into an agreement with the Government of another country for the provision of reciprocal treatment of visitors to Australia and Australians abroad. Agreements are currently being negotiated with a number of countries.

(k) Summary of developments in health insurance arrangements

369. Developments from 1975 to 1981 were described in the first periodic report, pages 69 to 72.

370. Developments dating from 1 September 1981 are described below:

(a) Federal medical benefits were restricted to persons insured for at least basic medical benefits with registered medical benefits organizations, eligible pensioners and dependants and people in "special need". Commonwealth medical benefits were 30 per cent of the schedule fee for each medical service; basic private medical insurance combined with this to equal 85 per cent of the schedule fee, or the schedule fee less \$A 10, whichever was the greater. "Gap" insurance was allowed (i.e. benefits up to 100 per cent of the schedule fee);

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(b) Free public hospital accommodation and treatment was available for pensioners and people in special need. States could determine charges for other patients;

(c) All nursing home benefits were paid by the federal Government;

(d) An additional private hospital-bed day subsidy of \$A 28 was payable for surgical patients.

371. Developments dating from 1 February 1984 are as follows:

(a) Introduction of a universal health scheme called Medicare;

(b) All Australian residents to be entitled to 85 per cent of schedule fee or the schedule fee less \$A 10, whichever is the greater. When "gaps" paid exceed \$A 150 in a year, Medicare refunds 100 per cent of the schedule fee;

(c) Free public hospital accommodation with treatment by hospital doctors;

(d) Private health insurance available for "doctor of choice" in public hospital and private accommodation;

(e) Medicare levy of 1 per cent payable on taxable incomes, low-income earners exempted and ceiling on levy;

(f) Private hospitals categorized and benefits paid accordingly.

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Approved hospitals and beds under the Health Insurance Act:  
 1980 to 1984

(number at 30 June)

	1980	1981	1982 <u>a/</u>	1983 <u>a/</u>	1984
Approved hospital:					
Public/recognized <u>b/</u> .....	791	792	768	771	748
Private <u>b/</u> .....	339	340	341	341	338
Other <u>c/</u> .....	10	10	-	-	-
<b>Total</b> .....	<b>1 140</b>	<b>1 142</b>	<b>1 109</b>	<b>1 112</b>	<b>1 086</b>
Beds in:					
Public/recognized hospitals <u>b/</u> .	71 668	71 652	74 157	74 229	71 054
Private hospitals <u>b/</u> .....	19 535	19 956	19 980	20 132	20 600
Other hospitals <u>c/</u> .....	3 469	3 323	-	-	-
<b>Total</b> .....	<b>94 672</b>	<b>94 931</b>	<b>94 137</b>	<b>94 361</b>	<b>91 654</b>
Beds per 1,000 population .....	6.5	6.4	6.3	6.2	5.9

a/ Some institutions funded under the hospital cost-sharing arrangements (e.g. nursing posts) were not recognized as hospitals between 1 September 1981 and 31 January 1984.

b/ Since Medicare, public/recognized hospitals have not been required to be approved by the Commonwealth under the Health Insurance Act. Also under Medicare, private hospitals have been grouped into three categories depending on services and facilities provided by the hospitals.

c/ Veterans' Affairs hospitals and the Commonwealth hospital, Woomera, S.A., classified as public/recognized hospitals since 1 September 1981.

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Approved nursing homes and beds: 1980 to 1984

(number at 30 June)

	1980	1981	1982	1983	1984
<b>Approved nursing homes:</b>					
Deficit financed <u>a/</u> .....	322	340	368	387	393
Government <u>b/</u> .....	142	148	152	160	167
Other <u>c/</u> .....	835	856	868	876	889
<b>Total</b> .....	<b>1 299</b>	<b>1 344</b>	<b>1 388</b>	<b>1 423</b>	<b>1 449</b>
<b>Beds in:</b>					
Deficit financed nursing homes .....	14 649	15 414	16 721	17 514	18 088
Government nursing homes ..	14 790	14 758	14 988	14 795	15 218
Other nursing homes .....	35 850	37 740	38 865	39 998	41 277
<b>Total</b> .....	<b>65 289</b>	<b>67 912</b>	<b>70 574</b>	<b>72 307</b>	<b>74 583</b>
<b>Beds per 1,000 population ...</b>	<b>4.5</b>	<b>4.6</b>	<b>4.7</b>	<b>4.7</b>	<b>4.8</b>

a/ Deficit financed homes approved under the Nursing Homes Assistance Act for the payment of their approved operating deficits. Under this Act the Commonwealth Government meets the approved operating deficits of certain voluntary non-profit nursing homes which enter into an agreement with the Government for this purpose. Private insurance nursing home benefits have been payable in respect of patients in such homes for accommodation between 1 October 1977 and 31 August 1981 inclusive. Since 1 September 1981, registered health insurance organizations have not been required to pay private insurance nursing home benefits for accommodation on or after that date.

b/ Government homes approved under the National Health Act for the payment of nursing home benefits.

c/ Private profit and voluntary non-profit homes approved under the National Health Act for the payment of nursing home benefits.

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Aboriginal health

372. Under arrangements set up in 1984, all funds for Aboriginal health programmes are channelled through the Department of Aboriginal Affairs. An interdepartmental Working Group on Aboriginal Health brings together representatives of the Departments of Aboriginal Affairs, Health, Finance, and the Prime Minister and Cabinet, with representatives of the National Aboriginal and Islander Health Organisation (NAIHO). NAIHO received funding of \$A 300,000 in 1985-1986 to provide advice to the Government and the Department of Aboriginal Affairs on Aboriginal and Islander health matters, to assist the communities and to participate in the development and conduct of national health programmes for Aboriginals and Islanders.

373. Federal government spending by the Department of Aboriginal Affairs for Aboriginal health programmes for the financial year 1984/85 totalled over \$A 37.3 million, with an estimated \$A 38.1 million budgeted for 1985/86.

374. The federal Government believes that Aboriginal-controlled medical services have been particularly successful in encouraging Aboriginals to take a greater interest in their own health, and to assume practical control over services available in their communities. The Government provides financial support to 45 suburban and rural Aboriginal-controlled medical services for the provision of alternative services to those provided by general practitioners and other agencies.

375. The federal Government funds the Aboriginal Health Organisation in South Australia, which was formed as a separately incorporated body under a predominantly Aboriginal board of management on 16 September 1981 (until this time it had been a health unit of the South Australian Health Commission). Under the Aboriginal Health Organisation, improved health care has been provided by increasing the number of health worker positions throughout the state, by encouraging community involvement and participation in the selection of staff and in the development of programmes. There has been increased recognition of the role of Aboriginal health workers and an extensive training programme for them has been developed. The training of Aboriginal alcohol rehabilitation workers is also incorporated into that programme.

376. A review of Aboriginal health services in South Australia was commissioned in late 1983. The Committee of Review made recommendations which are leading to a significant reorganization of facilities, services and responsibilities for the provision and funding of health services to Aboriginal communities. Arrangements are under way to establish the Aboriginal Health Council, which will succeed the Aboriginal Health Organisation. The process of redirecting Commonwealth funding from grants to the states to Aboriginal community-controlled organizations has commenced, and the government of South Australia will take steps to ensure the increased participation of Aboriginals in the existing health system. The Government hopes that such a reorganization will result not only in an improved level and range of services but will also ensure that these services are fully responsive to the needs of the Aboriginals. It has endorsed in principle the report of the Committee of Review.

377. A similar report was completed in September 1983 for health programmes in New South Wales and implementation is expected to begin during the period 1985/86.

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378. It has long been acknowledged that statistics on Aboriginal health are inadequate. The Australian Institute of Health will be overseeing the development and implementation of a National System of Aboriginal Health Statistics, to be based on data provided as a by-product of the state/territory administrative processes relating to birth, deaths and hospital mortality.

379. Aboriginals and Islanders are eligible for national health insurance (Medicare) in the same way as are other Australians. The Government also administers an Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS), which in the 1984/85 financial year was extended to people living on the Torres Strait Islands, regardless of the distance travelled.

380. State health authorities continue to provide health services to Aboriginals and Islanders, particularly in rural and remote areas, giving priority to liaison and referral, and preventive, maternal and infant health services. These authorities, with the exception of those of the Northern Territory and Victoria, are funded by the federal Government.

381. Aboriginal health-worker education projects operate in Perth, Broome, Melbourne and Sydney.

382. In order to improve the health standards of Aboriginal communities, the Northern Territory government has created a structure by which Aboriginal people are trained to administer directly to the health needs of their communities. Professional support is provided. There is an emphasis on preventive medicine and nutrition. To date, some 280 Aboriginal health workers have been employed throughout the territory and Aboriginal people are employed in all levels of the administration of the system.

383. In 1981, the Commonwealth Government established the Aboriginal Public Health Improvement Program (APHIP). The aim of APHIP is to provide disadvantaged Aboriginal communities with capital works needed to alleviate perceivable ill-health arising from a sub-standard physical environment. The programme began in 1981/82, with an allocation of \$A 8 million. Secure, safe and adequate water supplies and waste disposal systems are the main priorities. Generally, an assured land tenure is required so that the capital works become the property of the Aboriginal community, but this requirement is usually waived if a state government agrees to meet ongoing cost of maintenance on state land.

384. Aboriginal communities with land tenure are expected to meet all operating costs, repairs and maintenance. However, no Aboriginal community has been excluded from APHIP because it has not been able to meet these costs.

385. Since the establishment of APHIP in 1981-1982, the programme has been allocated \$A 25.5 million, which has allowed about 180 projects to be undertaken in 126 communities. The 1983/84 allocation of \$A 7.0 million enabled new projects to begin in 37 communities, and ongoing projects to be continued. Following the November 1982 review, APHIP has put more emphasis on water improvement programmes designed to improve health by encouraging safe water usage and by improving the quality and quantity of water available. For example, a new water desalination plant, completed for the Umoona Community at Coober Pedy in South Australia in the

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1984/85 financial year, is maintaining an adequate supply of drinking water for the Aboriginal community. At Wilcannia, New South Wales, the construction of a new potable water supply works will reduce the risk to public health caused by using untreated river water.

386. APHIP projects supplement the Department's assistance provided for community management and services, and are often integrated with housing, housing connections, in-house fittings and ablution blocks provided through the Government's grants to state agencies and through the Aboriginal Development Commission. APHIP is essentially part of a comprehensive approach to improving Aboriginal health. The 1984/85 allocation for APHIP funding was \$A 6,903,079.

387. Aboriginals benefit from general community programmes of inoculation and vaccination. In addition, special programmes such as the National Trachoma and Eye Health Program have been mounted to treat and control diseases found predominantly among Aboriginals.

388. The problem of chronic otitis media and resultant hearing problems in Aboriginal children is given priority in all health programmes but is still a grave problem, despite intensive preventive and therapeutic measures.

389. Preventive and restorative dentistry is also given high priority, but there is still a big backlog of poor dental health to be tackled.

390. Leprosy is still endemic in the northern part of the continent, but active case-finding, using sophisticated and thorough surveillance techniques, has made early diagnosis and treatment possible, has reduced the spread among the Aboriginal population and has allowed for prevention and early treatment of deformities. This, and the advent of sulphones in the 1930s and other anti-leprotics, has made out-patient treatment of non-infectious patients possible, has reduced the previous long-term stay in leproseria for infectious patients, and has done much among the Aboriginal population to alter previous attitudes of concealment and avoidance of treatment.

391. Notifications of tuberculosis among Aboriginals are declining, presumably as the result of early detection, treatment, contact tracing and use of BCG vaccine.

392. Many Aboriginal people are concerned at the level of alcohol consumption and petrol and glue sniffing in their communities. In urban areas, there is also concern over an increased use of drugs, including cannabis and heroin. The fundamental causes of such problems are thought to be associated with depressed socio-economic conditions and cultural disruption of traditional societies. There is a widespread view that in traditional communities the cause of petrol sniffing may be related to the breakdown of parental and community authorities' structures.

393. Federal and state ministers responsible for Aboriginal affairs, meeting in Perth on 20 June 1985, established a working party of officials to examine and make recommendations on this issue.

394. The Department of Aboriginal Affairs provides support to 51 projects designed to approach substance abuse problems largely through improved support of Aboriginal community initiatives.

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395. The Department in the 1984/85 financial year made available \$A 3.5 million for alcohol rehabilitation programmes. Aboriginal Hostels Limited (AHL) in the past year has accepted the responsibility for capital and operating costs for the accommodation component of 49 Aboriginal-controlled projects.

396. The Government is concerned that most services are focusing on treatment or rehabilitation rather than on preventive measures, and the results of the community-based approach taken by the Alcohol and Drug Foundation (Australia) to drug abuse prevention projects will be closely monitored.

397. A Senate Select Committee on Volatile Substance Fumes has also been established to inquire into problems of abuse, including problems of petrol sniffing.

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Annex

LIST OF REFERENCE MATERIALS a/

1. Sex Discrimination Act, 1984.
2. Public Service Reform Act, 1984.
3. New South Wales Anti-Discrimination Act.
4. Equal Opportunity Act, 1984 (Victoria).
5. Equal Opportunity Act, 1984 (South Australia).
6. Equal Opportunity Act, 1984 (Western Australia).
7. Human Rights Commission Act, 1981.
8. "A report on the complaint of Mr. and Mrs. Au Yeung", Human Rights Commission Report, No. 10.
9. Family and Community Development Bill, 1985 (Queensland).
10. Community Welfare Act, 1983 (South Australia).
11. Children's Protection and Young Offenders Act, 1979 (South Australia).
12. "Report of the review into child welfare practice and legislation, Victoria".
13. Family Law Council, "Creating children: a uniform approach to the law and practice of reproductive technology in Australia".
14. Commonwealth Law Reform Commission, "Aboriginal customary law - marriage, children and distribution of property".
15. Aboriginal Development Commission Act, 1980.
16. Industrial Safety Health and Welfare Act, 1981.
17. Bureau of Statistics, "Australia's youth population, 1984 - a statistical profile".
18. Bureau of Statistics, "The labour force of Australia", June 1985 and July 1985 (preliminary).
19. Research and Statistics Branch, Department of Social Security, "Cash payments to individuals by the Department of Social Security - an outline of rates and conditions", May 1985.

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Notes

a/ The reference material has been provided by the Government of Australia and is available for consultation in the files of the Centre for Human Rights of the United Nations Secretariat.

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