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

Reports submitted in accordance with Council resolution  
1986 (LX) by States Parties to the Covenant, concerning  
rights covered by articles 10-12

AUSTRALIA

[11 November 1980]

INTRODUCTION

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.

In accordance with articles 16 and 17 of the Covenant and with the programme set forth in Economic and Social Council resolution 1988 (LX), the Government of Australia hereby submits its report on the measures it has adopted and the progress made in achieving, progressively, observance of the rights recognized in articles 10-12 of part III of the Covenant. Any factors and difficulties affecting the degree of fulfilment of its obligations under those articles are also identified.

In the preparation of the present report, the format set out in the guidelines for reporting, attached to the Secretary-General's note of 10 May 1979 to the Foreign Minister (G/50 221/912) has, where practicable, been followed.

The material included in the report should be considered in the context of the general constitutional and legislative structures in operation in Australia, a brief outline of which follows.

Under the Australian Constitution, legislative power is shared between the federal (Commonwealth) Parliament and the parliaments of the six constituent states. The Constitution confers on the Commonwealth Parliament specified legislative powers while the legislatures of the states exercise the residual powers and, concurrently with the Commonwealth, may exercise some of the powers specifically given to the Commonwealth. However, in the event of an inconsistency between a valid Commonwealth and an otherwise valid state law, the Commonwealth law prevails.

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.

Much of what is required by articles 2.2 and 3 has already been achieved in Australia. A number of important administrative and legislative measures have been introduced at both the Commonwealth and state levels to ensure the enjoyment on a non-discriminatory basis of the rights enunciated in the Covenant. Attention will be drawn to the details of those measures, where appropriate, in the course of the report on articles 10-12. However, it is convenient at this stage to identify the various laws that have been enacted by the Commonwealth and state parliaments to combat discrimination:

<u>Commonwealth</u>	Racial Discrimination Act 1975 Aboriginals and Torres Strait Islanders (Queensland Discriminatory Laws) Act 1975
<u>New South Wales</u>	Ethnic Affairs Commission Act 1979 Anti Discrimination Act 1977-1980
<u>Victoria</u>	Ministry of Immigration and Ethnic Affairs Act 1976 Equal Opportunity Act 1977
<u>South Australia</u>	Sex Discrimination Act 1975 Racial Discrimination Act 1976
<u>Western Australia</u>	Women's Legal Status Act 1923
<u>Northern Territory</u>	Public Service Act 1976

In addition to the foregoing, the Queensland State Parliament in 1974 passed the Treaties Commission Act. That legislation made provision for a Treaties Commission with functions to examine the implications for Queensland of international treaties and conventions, to report to the Queensland Parliament on legislation to implement such treaties and conventions, and to advise the Queensland Government on related matters.

In 1976 the Parliament of the State of Western Australia enacted the Legislative Review and Advisory Committee Act. The Committee established by that Act is empowered to examine and report on whether any statutory regulations in that state trespass unduly on personal liberties or unduly make rights dependant upon administrative rather than judicial decisions. The Committee is also given similar powers, upon request by the Parliament, to examine the report on state enactments and proposals for future legislation.

Copies of the aforementioned legislation were attached to Australia's report, dated 17 March 1978, concerning articles 6-9 of the International Covenant on Economic, Social and Cultural Rights.

At the federal level it could be said that three important principles have emerged in the development of legislative measures in relation to the maintenance of human rights. These are that:

(a) Legislation may be required in particular areas, after suitable research and enquiry, to supplement common law guarantees of human rights, and selective remedies developed for the enforcement of specific human rights.

(b) Formal administrative machinery needs to be established to investigate infringements of human rights and attempt to achieve a settlement of issues by conciliation; and

(c) Facilities need to be established to foster programmes of education and research and other programmes on a systematic basis to promote human rights.

The first principle recognizes the fact that legislation can deal with specific problems relating to human rights with a particularity and comprehensiveness that could not be achieved solely through judicial interpretation of general guarantees. Moreover, the comprehensive embodiment of rights in legislative form has an important educative value; it can make people more aware of their rights and make infringements of rights more obvious and conspicuous. General legislative guarantees (apart from their use as an educative mechanism) are of little value unless they can be given practical expression. The second principle reflects the view that it is not sufficient to rely merely on legal remedies and judicial review as a means of enforcement. It is considered that administrative machinery should be established to investigate infringements of rights on a systematic basis. Moreover, it is believed that the utilization of processes of mediation and conciliation is often a more satisfactory way of tackling individual infringements of human rights than reliance on legal processes. The third principle recognizes the important role to be played by programmes of education and research and other programmes to promote human rights. Such programmes are designed to change community attitudes that result in the denial of rights and are important in the longer term, to supplement action on individual complaints.

Finally, it is relevant to note that Australia ratified the International Convention on the Elimination of All Forms of Racial Discrimination on 30 September 1975, and acceded to the Convention on the Political Rights of Women on 10 December 1974.

In addition to this, Australia has ratified International Labour Organisation (ILO) Convention 111 regarding the elimination of discrimination in employment by establishing Employment Discrimination Committees in each state (and the Northern Territory) and on a national level. The Committees are comprised of members of employers' organizations, trade unions and government. The Committees have no statutory basis, relying on persuasive and conciliatory processes for their effectiveness.

ARTICLE 10 - PROTECTION OF THE FAMILY, MOTHERS AND CHILDREN

A. Protection of the family

(1) Principal laws and regulations

Section 43 of the Family Law Act 1975 requires courts exercising jurisdiction under the Act to have regard to 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.

The Family Law Act 1975 also created an Institute of Family Studies, which has the 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. Consideration is currently being given to the appointment of a suitably qualified person as Director of the Institute to enable it to begin its work.

(2) Marriage

(a) 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), to enter into marriage only with their full and free consent and to establish a family. The 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.

(b) Many Aboriginals living in remote areas still live a traditional or semi-traditional life and observe traditional customs. The customs of promised and polygamous marriage are still quite prevalent. The Australian Government has not attempted to abolish such customs and believes in the right of its indigenous minority to maintain such customs. It regards matters such as customs relating to marriage, as ones which Aboriginals will themselves weigh up in due course as their contact with Western society increases and face the conflicts of different customs.

However, while many Aboriginals still choose to observe their traditional customs in respect of marriage, young Aboriginals wishing to avoid them can do so, although in some cases this might necessitate their leaving their communities. No official monitoring of such customs is undertaken.

Aboriginal traditional marriages are not recognized under Australian marriage law, although for purposes of social security benefits recognition is extended. If recognition should be extended to customary marriage under the Family Law Act the obligations of the Act upon partners to such marriages could conflict with the obligations of traditional Aboriginal law. These are matters which are currently being considered by a special Parliamentary Committee reviewing the Family Law Act.

(3) Establishing a family

The Australian social security system provides no assistance specifically for the purpose of facilitating the establishment of families but does include extensive programmes designed to assist families - see (4).

(4) Maintaining a family

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

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 family allowance for that child. A person looking after a child who has lost both parents may also be entitled to double orphan's pension.

Australia's Report dated 17 March 1978 concerning Articles 6 to 9 of the Covenant outlined the conditions of eligibility for family allowances, handicapped child's allowance and double orphan's pension (pages 67 to 69). 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") at the same time as personal income tax rebates for dependent children and students were abolished. The purpose of this restructuring was to redistribute assistance in favour of those families (then estimated to be about 300,000 with about 800,000 children) whose incomes were insufficient to enable them to take any or full advantage of the rebates. The changes also had the effect of redistributing assistance within families, as family allowances are generally payable to the mother whereas the benefit of the rebates had normally gone to the father through a reduction in the amount of income tax otherwise payable by him.

Since June 1976, the structure of family allowances and the allied payments of handicapped child's allowance and double orphan's pension has remained basically intact. Some changes, however, have been made.

(b) The Commonwealth 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 Programme 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 re-orientation of the programme towards other services for children.

The basic responsibility for the regulation, licensing and provision of family and child welfare and early education services still lies with State Governments. The Commonwealth, however, provides a significant contribution toward costs and had 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.

Under the Children's Services Program, the Commonwealth Government provides capital and recurrent assistance for services for children and their families. Priority of access is accorded children in certain "needs" categories and funds are allocated in accordance with those priorities. The needs categories involve children:

- From poor families;
- Of lone parents;
- Whose parents both work;
- Who are from ethnic minorities, including Aborigines;
- In isolated circumstances;
- With a physical, intellectual or emotional handicap;
- Who are "at risk" of maltreatment;
- Whose families are likely to break down; and
- Who, in the opinion of the Minister, would especially benefit from services under the Program.

Programme components funded under the Children's Services Program are:

- Pre-schooling, through block grants to state governments;
- Centre-based and family-based day care facilities;
- Occasional and emergency care;
- Outside school hours care;
- The Family Support Services Program;
- Playgroup support services;
- Children's services development officers;
- Work-related child care;
- Multifunctional and neighbourhood centres;
- A Youth Services programme; and
- Child-care services in women's refuges.

The Family Support Services programme component was established in 1978 and is a three-year pilot programme which is being monitored and evaluated. The Commonwealth Government's intention in the funding of the Program is to support and complement existing family welfare programmes. Services eligible for assistance under the Program include:

- Referral to advice on housing facilities;
- Emergency family accommodations;
- Homemaking assistance;

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- Financial counselling,
- Comprehensive family life education,
- Single parent family development;
- Telephone reassurance and
- Resettlement services.

(c) Australia's personal income tax system provides additional assistance for families.

The Australian income tax law (Division 17 Subdivision A of the Income Tax Assessment Act) provides for the allowance to a resident taxpayer of concessional rebates of tax in each of the following cases:

- (i) Where the taxpayer contributes to the maintenance of certain resident dependants;
- (ii) Where the taxpayer has sole care of a resident child under 16 years of age or student child;
- (iii) Where a housekeeper is wholly engaged in keeping house for the taxpayer and in caring for his or her child under 16 or specified dependants; and
- (iv) Where medical and certain other expenditure in respect of the taxpayer or his or her dependants exceeds a specified amount.

The dependant, sole parent and housekeeper rebates are fixed amounts subject to reduction in certain circumstances. For example, where a dependant has his or her own income, where the taxpayer is a sole parent for part only of the year of income and where a housekeeper is not wholly engaged for the full year of income. The following table shows the maximum such rebates for the years ended 30 June 1976 to 1979:

	<u>Income year ended 30 June</u>			
	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>
Spouse	400	500	555	597
Daughter-housekeeper	400	500	555	597
Invalid relative	200	226	251	270
Parent, of taxpayer or of his spouse	400	452	501	539
Sole parent	200	350	388	417
Housekeeper	400	500	555	597

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The concessional rebate in respect of medical and certain other expenditure (such as life insurance premiums and superannuation contributions, education expenses, residential rates - each subject to limitation as to the total amount which can be taken into account - and child adoption expenses) is calculated, for the year ended 30 June 1979, at the rate of 33 1/2 per cent of the excess of total expenditure over \$1,590 and, for the year ended 30 June 1978, at the rate of 32 per cent of the excess over \$1,590. The schedules of rates of tax for those years provide for a zero rate to apply to amounts of taxable income of up to \$3,402 (1978) and \$3,803 (1979). This zero rebate concession replaced the standard concessional rebate allowable in 1976 and 1977 (\$540 in 1976 and \$610 in 1977). Where total qualifying expenditure in those years exceeded the equivalent (\$1,350 in 1976 and \$1,525 in 1977) of the standard rebate, the rebate allowable was calculated at the rate of 40 per cent of itemized total expenditure.

There are concessions designed to encourage taxpayers to provide financial protection for family members in the event of the breadwinner's untimely death or incapacity to work, and for adequate income on retirement. The major provisions are contained in sections 23(ja), 23(jaa), 23F, 79, 159R, Division 3 Subdivision AA and Division 9B of the Income Tax Assessment Act.

B. Maternity protection

(1) Principal laws and regulations

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. Details of the rate of allowance payable and eligibility criteria were included in Australia's previous report (page 59). The Government decided to abolish the allowance on the grounds that the need for it has been superseded by health care and family allowance provisions.

The Australian health insurance system (outlined under Article 12<sup>B</sup>(6)) equally applies to maternity cases irrespective of marital status.

(2) Pre- and post-natal assistance

The Australian Government is particularly concerned for the provision of such assistance to the Aboriginal community. 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, the operation of regular clinics for mothers and infants, educative and promotive programmes and, at the discretion of medical staff, evacuation of pregnant women to hospitals for delivery.

(3) Working mothers

In Australia, maternity leave for working mothers falls outside the ambit of the social security system.



In March 1979 the Australian Conciliation and Arbitration Commission made a determination in respect of unpaid maternity leave that covers all employees under Federal Awards. Women with a minimum of 12 months service are permitted to have leave not exceeding one year, including a compulsory period of six weeks following confinement.

Most State Industrial Tribunals and Wages Boards have since introduced similar unpaid maternity leave to employees under State awards and determinations.

Paid maternity leave is available to many Commonwealth government employees, some state government employees and some women working in the private sector. Paid leave is usually for about 12 weeks.

(b) Mothers' maintenance in absence of husband

(a) 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. Details of eligibility criteria were provided in Australia's previous report, pages 64 to 66.

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. Details of eligibility criteria were provided in Australia's previous report, pages 66 and 67.

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) The Family Law Act of 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 advanced age or physical or mental incapacity for appropriate employment, or for any other adequate reason.

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 present in Australia or the proceedings relate to a child of the marriage and the child is present in Australia.

C. Protection of children and young persons

(1) Principal laws and regulations

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

(2) The following is a list of the main legislation dealing with these matters although it should be noted that there are relevant provisions in more general legislation, e.g., criminal laws and family law legislation:

- A.C.T. Child Welfare Ordinance 1957-1971
- Children's Protection and Young Offenders Act 1979 (S.A.)
- Children's Services Act 1965-1970 (Qld)
- Child Welfare Act 1947-1970 (W.A.)
- Social Welfare Act 1970 (Vic)
- Children's Court Act 1958 (Vic)
- Child Welfare Act 1939-1970 (N.S.W.)
- Child Welfare Act 1960 (Tas.)
- Status of Children Act 1970 (H.T.)

(3) Several effective practices operate in respect of Aborigines. It is clear, however, that improvements are still necessary - for example, the requirement that a parent or guardian be present when a juvenile is being interviewed by police. In some jurisdictions such precautions are left to the discretion of agencies concerned. The matter mentioned is being considered in the context of a Criminal Investigation Bill, in relation to Federal laws.

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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.

A right to apply for separate legal representation is given to a child involved in custody and other proceedings by section 65 of the Act. The court may order separate legal representation for the child and make any orders necessary to secure it.

Custody, guardianship or access proceedings under the Family Law Act may be instituted by persons who are not Australian citizens where the child to whom the proceedings relate is present in Australia.

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, etc. A mood of reform is apparent in Australia at the moment in relation to the law and its dealings with young persons, e.g., following a Royal Commission, South Australia has recently enacted a new statute and in New South Wales a Green Paper dealing with proposed changes to that state's child welfare system was published in 1978. Victoria, Queensland, Tasmania and the Northern Territory are all re-examining different aspects of their procedures for dealing with children in trouble and on 18 February 1979 the Commonwealth

Attorney-General announced that he had referred to the Australian Law Reform Commission the question of the laws and practices relating to the welfare of children in the A.C.T.

(d) A basic principle of all Australian education systems is that all children be provided with an education between the ages of 6 and 15 at least. Education for children between these ages 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. 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.

(e) Consumer legislation in Australia is concerned with 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.

The Trade Practices Act provides, inter alia, that:

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.

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.

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

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

In the field of child-related products mandatory safety and information standards have been declared to cover:

- 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.

- Child Restraining Devices for Use in Motor Vehicles:

This standard was adopted to ensure that children in motor vehicles will be protected by devices which meet minimum safety requirements.

-- Pedal Bicycles and Reflectors for Pedal Bicycles:

These standards have been adopted in order to help reduce accidents to pedal cyclists which have been on the increase in recent years, particularly among children.

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 wide range of children's products. Products which have been considered for the development of appropriate standards include:

- Toys;
- Frams and pushchairs;
- Recreational safety helmets;
- Folding portable cots;
- Carry cots and stands;
- Children's footwear;
- Sunlasses;
- Children's swimming aids;
- Children's playground equipment;
- Baby pacifiers (dummies).

(2) Special measures for deprived children

(a) Special measures for the care and education of deprived and handicapped children are outlined below in several categories.

- Education for the handicapped

Education for children with special needs in Australia is provided in special schools, centres and units; special classes, full-time and part-time, in regular schools; visiting/consultative services; and services to children in hospital. These provisions cater for the needs of children with a wide range of disabilities in such areas as physical and intellectual handicap, hearing and visual impairment, emotional handicap, speech defects, social handicap and learning difficulties.

In Australia historical and environmental differences have produced a diversity of methods and approaches in the pursuit of the common objectives of maximum fulfilment and a useful, fully respected place in the community for all handicapped children. For example, one state seeks to avoid listed categorization of handicaps while other states group children in a variety of ways. There is, however, a continuing effort to reach useful agreement concerning definitions and descriptions of special education in Australia as a whole. All states subscribe to integration or mainstreaming which is seen as "the maximum useful association between handicapped children and others consistent with the interest of both". A concept adopted by a conference of the heads of special education in the states.

Developments in the states in recent years have varied, but include the appointment of additional resource teachers to primary schools; a survey concerned with the integration of children with learning difficulties; the provision of diagnostic-prescriptive services in cities for handicapped children living in remote areas; the building of special schools on the campuses of regular schools and incorporation into those schools of facilities attractive to the population in general, evening classes for handicapped children who have left school and for the parents of those children and others still at school; referral units to assist with the educational placement of handicapped children; early intervention involving parents; and preparation of handicapped students for entry to the community and adult life. Research has been carried out and is continuing in a number of areas, some of them being language, learning and reading difficulties; educating spina bifida, cerebral palsied and Down's syndrome children; hearing and sight impairment; teacher training; parent involvement; work preparation and rehabilitation; and handicapped pre-school children.

In recent years there has been an increasing concern with the training of teachers to meet the special needs of handicapped children in both the segregated situation and the regular classroom. A number of full-time courses are available at tertiary institutions, and under the Schools Commission Services and Development Program opportunities have been made available for teachers and others associated with the teaching of handicapped children of primary and secondary-school age to undertake various long and short courses of training. In addition to these training opportunities, professional and specialist support is available to teachers working with children with special needs.

Since 1974 the Australian Government has made available through the Schools Commission Special Education Program supplementary funding to improve the quality and coverage of services provided by education authorities in the states for handicapped children of primary and secondary school age. The Australian Government has continued to assist also the assumption of responsibility by State Education Departments for special schools in which voluntary bodies wish to relinquish their interest.

A new element of the Schools Commission Special Education Program, the Children in Residential Institutions Program, which began in 1977, is providing funds for projects designed to improve the educational prospects and to broaden the general experience of children living in institutions.

A national Survey of Special Education undertaken for the Schools Commission by the Schonell Educational Research Centre of the University of Queensland has been completed. It is expected that the final report will be available in mid-1980.

#### - Schools in disadvantaged areas

The Schools Commission's Disadvantaged Schools Program, which began in 1974, provides funds additional to those normally available to selected schools with enrolments from areas which are relatively deprived socially and economically.

The Program has three main objectives:

- To provide educational opportunities equal to those provided in other schools and to improve the learning outcomes of students:
- To enable schools to develop educational programmes relevant to the specific needs of their students in pleasant and satisfying surroundings and
- To encourage schools to develop closer relationships with their communities than was previously the case.

Funds provided under the Program are administered in each state system by a committee comprising representatives of education department personnel, teachers and parents, and other persons with relevant knowledge. In 1980, 1,337 schools (1,091 government and 246 non-government) enrolling 407,835 students (355,572 government and 52,263 non-government) were eligible to participate in the Program, drawing funds on the basis of the quality of proposals and the relative disadvantage of the schools.

In most education systems the Program has benefited from the trend towards administrative decentralization and has contributed to it through its heavy emphasis on school-initiated programmes. In the largest states, regional committees have been formed and these are responsible for the allocation of funds to schools in their regions. The Program is intended to increase the effectiveness of particular schools and highlight approaches and activities which may have a wider application. Projects implemented may involve additional staffing, ancillary support, specialist assistance with curriculum development, inservice training, enrichment programmes or school excursions, in whatever combination seems most suited to improving the educational experiences of the particular students involved. In 1980 the Program was extended to include the Northern Territory.

- Schools in disadvantaged country areas

In 1976 the Schools Commission became concerned that the socio-economic indices used to select schools for funding under the Program did not take sufficient account of some other factors of disadvantage peculiar to rural areas. These include, for example, the effects of geographical isolation; lower teacher, parental and community expectations than in urban areas (often reflecting limited vocational opportunities); and lower standards of educational services in some areas owing to factors such as rapid turnover of teachers, relative inexperience of staff, lack of adequate specialist services and limited curriculum opportunities, particularly at the secondary level. For these reasons the Commission decided to introduce in 1977 a new element of the Disadvantaged Schools Program specifically for disadvantaged country areas. Funds have been provided to the states to explore new ways of improving the educational opportunities of children in country areas where educational outcomes are particularly low. Areas were selected to participate in the Program by government and non-government authorities in co-operation, and in collaboration with disadvantaged schools committees. In 1980,

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23 areas were included in the Program. The funds available to the areas were allocated to States and the Northern Territory on the basis of the proportions of the population living in small settlements with some consideration being given to the number of students on Isolated Children's Allowances.

Projects funded under the Disadvantaged Country Area Program are typically area-based, covering both government and non-government schools in selected areas and including local communities in planning and implementing action. The Program is administered by broadly based representative committees. Initial projects have encouraged self-reliance and the positive valuing of talents present and used in country life and have included community enrichment programmes, the facilitation of mobile specialist services, and curriculum development.

- Other measures to assist children in rural areas

All states have a correspondence school which provides primary and secondary education for those who cannot go to school daily because of the distance between home and school, or because of illness or physical disability. Generally, lessons and assignments are transmitted by post, with every effort being made to maintain a personal link between the teacher and the student and his or her supervisor (normally a family member). Instruction is also provided by radio through Schools of the Air.

In mid 1976, a Report on the Education of Isolated School Children was completed by a Committee of the Australian Senate. The report deals extensively with the educational problems of children, including those with various forms of handicap, who do not have reasonable daily access to an appropriate school. It contains recommendations on how to improve existing services for these children, provided through such avenues as schools in isolated areas, boarding facilities, isolated children's allowances, correspondence education, special education and transport facilities and conveyance allowances. The recommendations of the Report have been considered, and existing services are being progressively improved. Two new Schools of the Air were established in 1977, and progressive revision and upgrading of correspondence materials to incorporate new curriculum developments is taking place in the states. Efforts at the state level are being supported at the national level through the Curriculum Development Centre, which is currently engaged in the production of curriculum materials relevant to correspondence students. A working party set up by the Centre examined the needs of isolated and disadvantaged children for audio-visual and media materials as provided by state media and resource centres. The Centre is facilitating the exchange of materials among states through its Curriculum Information Service.

Another important development has been the improvement in radio reception resulting from the progressive introduction of Single Side Band (SSB) radio transmission to replace Double Side Band (DSB) transmission. Further significant improvements in communication in isolated areas may result from investigations carried out by a Task Force on a National Communications Satellite System, which reported to the Government of Australia in September 1978 on the feasibility of launching a geo-stationary communications satellite over Australia. Educational implications of such a development were indicated in a submission made to the Task



Force by the Australian Department of Education. In September 1971 the Conference of Directors General of Education set up a small Working Party to provide a basis of liaison with satellite system planners and to consider a programme of educational trials to assess effectively the potential educational usage of a domestic satellite facility. The Working Party is examining ways of evaluating the effective use for education not only of a satellite, but of telecommunications generally.

For many years state governments have provided various forms of assistance to isolated parents towards costs associated with educating their children. Since 1973 the Government of Australia has been operating a nation-wide Assistance to Isolated Children Scheme to help meet the costs to parents of boarding children educating them by correspondence or establishing a second home near a school. In 1976, a "sibling" concession was introduced into the Scheme to provide additional assistance to low-income families with two or more children. The Government of Australia also introduced in 1977 a scheme of short term emergency assistance to help non-government schools catering for students from country areas who have found themselves in temporary financial difficulties. The conditions of eligibility for this type of assistance were extended in 1978 and again in 1979.

#### Aboriginals and Torres Strait Islanders

People of Aboriginal and Torres Strait Island descent comprise about 1 per cent of the Australian population. The influence of cultural differences and of social and economic disadvantage had resulted in very few continuing in the education system beyond the compulsory period. Recognition of these factors by the Australian and state governments led to the introduction of a variety of special education provisions beginning in the late 1960s. The major provisions which have been introduced since then are:

- Special non-competitive student allowances which provide incentives to continue with secondary and post-school education and training;
- The establishment of residential hostels in selected urban areas to provide access to educational facilities for Aboriginal children from rural or remote areas;
- The provision of special educational programmes, including bilingual programmes in a number of areas where Aboriginal languages are spoken, particularly in the Northern Territory;
- Special provisions for the training and employment of Aboriginal teachers and teacher aides in a number of states and the Northern Territory.

A most significant recent development was the establishment of the National Aboriginal Education Committee in March 1977. This all Aboriginal Islander Committee comprising a full-time Chairman and 10 part-time members was set up by the Government of Australia to provide informed Aboriginal/Islander viewpoints on educational needs and aspirations of their people. The National Aboriginal Education Committee consults with, and advises, directly, the Minister for Education and his Department, and indirectly through the Education Department, the Minister for Aboriginal Affairs and his Department.

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A major function of the Committee (N.A.E.C.) is to develop and maintain close liaison with Aboriginal community groups and individuals throughout the country. As a means of developing liaison with other Aboriginal people, the N.A.E.C. has supported the establishment of Aboriginal Education Consultative Groups in all states and territories to advise their respective education authorities on issues relating to Aboriginal Education. To date, all states and territories except Western Australia and the A.C.T. have established such groups. Western Australia has established regional Aboriginal Education Consultative Committees.

The National Aboriginal Education Committee has recently completed a statement on the rationale, aims and objectives of Aboriginal education. This paper was arrived at through distributing draft copies of the statement to Aboriginal communities, organizations and education authorities throughout Australia for comment.

Co-ordination of activities within the Australian Department of Education is achieved through an Aboriginal Education co-ordinator who chairs an Advisory Group on Aboriginal Education and also acts as a focal point for contact with other authorities within the portfolio which are involved in Aboriginal education, such as the Schools Commission, the Curriculum Development Centre and the Tertiary Education Commission. Greater co-ordination and liaison between education authorities and other authorities such as the Department of Aboriginal Affairs and the Department of Employment and Youth Affairs is being promoted with a view to developing more rational support structures for Aboriginals.

At the state and territorial level, further advances were made in the provision of special activities, including the employment of special staff such as Aboriginal teaching assistants; remedial, resource and specialist teachers; training programmes and teachers' inservice conferences; curriculum innovation and additional equipment. Direct grants from the Government of Australia to educational institutions and organizations in the states have resulted in the addition of Aboriginal studies to a number of teacher education courses, the development of special post-school courses for Aboriginal students and wider pre-school courses for Aboriginal students and wider pre-school opportunities for Aboriginal school children. Considerable efforts have been made to involve parents in the education of their children, and a limited number of Aboriginal initiatives are being supported, including the development of Aboriginal Schools at Mirriviini Garden in Kempsey, New South Wales, and the Black Community School in Townsville, Queensland, which were set up and are operated by Aboriginal parents for the purpose of maintaining a sense of cultural identity in their children.

Other developments included expansion of teacher training opportunities for Aboriginal teachers through the setting up of additional teacher education courses at Townsville College of Advanced Education in Queensland and Torrens College of Advanced Education in South Australia, increasing activity, particularly within TAFE institutions, to meet the needs of Aboriginals through on-the-job training for Aboriginal communities, and through a wider variety of special courses and programmes, including literacy and numeracy courses, designed to meet the expressed needs of small groups of Aboriginals in urban areas, the production of curriculum

materials to promote an appreciation of Aboriginal cultures among non-Aboriginal Australians, and support for a number of research projects. These have included a review of research and development and related policies in Aboriginal education, a case study of Aboriginal bilingual education in schools and a study in Tasmania of the problems and needs of 50 Aboriginal families.

A bilingual education programme in Northern Territory schools was begun in 1973 and has continued to develop. By early 1979 bilingual education had been extended to 22 schools. Similar programmes continued to be developed in Queensland, Western Australia and South Australia. The aim of such programmes is to ease the child's entry to the school situation by establishing literacy in their own language and recognising the place which the child's heritage of language and culture should occupy in his or her education. The problems being faced in these programmes can be gauged from the fact that there are approximately 138 extant Aboriginal languages and dialects, none of which has traditional systems of writing.

Homeland Centre Education (known formerly as Outstation Education) also continued to develop in the Northern Territory. These Centres are small Aboriginal communities, usually from a single tribe or clan, that have moved away from larger communities to re-establish contact with their traditional land. The education programme is usually developed around an Aboriginal teacher and concentrates on the acquisition of literacy and numeracy skills. In 1978 guidelines were developed to improve the response to requests from Aboriginals who wished to have educational services established within this type of environment.

The number of Aboriginals taking advantage of special non-competitive student allowances available to them through the Aboriginal Study Grants Scheme and the Aboriginal Secondary Grants Scheme has continued to increase. By early 1979, the number of Aboriginals receiving benefits under the Study Grants Scheme was approaching 4,000, more than double the number in the Scheme in 1975, and the number of students receiving benefits under the Secondary Grants Scheme had risen to over 15,000.

#### - Migrants and ethnic groups

In 1978 about 17 per cent of the total Australian population comprised post-war immigrants from non-English-speaking countries and their children.

Recognition of the numbers of non-English-speaking children in Australian education systems has led to the provision of many years of special support to migrant children in primary and secondary schools, principally in the form of English-language instruction in withdrawal classes and services to support this arrangement. However, in recent years it has become increasingly apparent that in many cases such arrangements have been inadequate, since they have concentrated on the acquisition of competence in the English language and have often failed to take into account a range of other social and cultural factors affecting the educational performance of migrant children. The effects of high levels of post-war immigration on the composition of the Australian population, and on the nature of Australian society and culture, are now becoming more apparent, and are

leading to a concept of Australia as a pluralist society in which a variety of cultures is active and the social value of cultural diversity is recognized.

Movements towards fundamental changes in patterns of educational provision to accommodate ethnic diversity and meet more fully the particular needs of migrant and ethnic groups have been developing for a number of years. Reports published in 1974 and 1976 concerning schools of high migrant density in New South Wales and Victoria and the Teaching of Migrant Languages in Schools, a number of recommendations in the Schools Commission Report for the Triennium 1976-1978, and recommendations arising from a National Child Migrant Education Conference held in 1976 generally endorsed the concept of multiculturalism in schools and closer consideration of the cultural differences and needs of minority children. This change in emphasis was also reflected in the changed pattern of funding for migrant and multicultural education when the Schools Commission was given administrative responsibility in 1976. Before 1976 these funds were provided exclusively to pay the salaries of teachers giving English language instruction in withdrawal classes to migrant children and for supporting services. Since 1976 the funds may assist in providing extra English language assistance across the whole curriculum in regular classes as well as for any necessary withdrawal arrangements, and to adapt the school programme and operations in this and more general ways to the bicultural experience of migrant students.

A major stimulus to improvements in the general standard of services to migrant and ethnic groups, including educational services, occurred with the Australian Government's acceptance in full of a Report of a Review of Post-Arrival Programs and Services (the Galbally Report) which was published in April 1978 in English and nine other languages. The 57 recommendations contained in this report are currently being implemented as a matter of priority by nine Australian government departments and agencies whose activities are being co-ordinated by a Galbally Implementation Task Force under the chairmanship of a senior official of the Australian Department of Immigration and Ethnic Affairs. Seven of the recommendations relate primarily to education and are being implemented by the Commonwealth Department of Education, the Schools Commission and the Tertiary Education Commission.

State and territorial authorities are co-operating with Australian 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, inservice programmes for teachers and special programmes for parents, and

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surveys and research into the composition and educational and other needs of ethnic communities. In at least one state, 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.

- Refugees

Per capita, Australia has accepted a greater proportion of Indo-Chinese refugees than any other country. It has also accepted significant numbers of Timorese refugees. The Government of Australia is conscious of the burdens that have been placed on state educational systems by the arrival of refugee children in need of special educational help, and 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, and are additional to funds already available through the Schools Commission for migrant and multicultural education.

- Women and girls

There have been considerable efforts in recent years to eliminate overt and covert sexual bias in school programmes and teaching practices and to encourage women and girls to exercise the wider career options becoming available through social change.

Measures undertaken have varied among the different state and territorial systems but in general have included inquiries into sexism in education, the revision of curriculum materials to eliminate sexual bias, the publication of information on career options for girls, the conducting of inservice programmes to promote attitudinal change and the appointment of women's advisers to Education Ministers or Department Heads.

- Delinquent minors

A variety of measures have been implemented by Australian education authorities in recent years directly or indirectly aimed at obviating or minimizing many of the problems underlying delinquent behaviour. The progressive devolution in recent years, of greater administrative responsibility to educational regions and local schools has enabled schools to focus greater attention on local domestic and individual factors affecting the educational and social development of children and has given schools greater responsibility and scope to introduce a variety of school-based programmes and services appropriate to particular needs and problems. This process has also helped strengthen the relationships between schools and parents and has provided a basis for common action to resolve problems which arise in the school, including those associated with delinquency. Organizational arrangements within schools, such as the breaking-up of some larger schools into "mini-schools", growth in the numbers of specialist support staff such as

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psychologists, social workers and career counsellors, more individualized methods of teaching and the increasing use of school facilities for a variety of extra-curricula sporting and hobby activities, illustrate the increasing concern for the individual needs and problems of students. Developments in curriculum have also reflected increasing recognition of the role of the school in instilling appropriate patterns of behaviour and responsible social attitudes in students.

In situations where behavioural difficulties appear to be beyond the competence of school-based programmes to handle, students may be referred to a special school.

The philosophy underlying these schools is supportive rather than punitive, and the purpose of referral is to provide specialized, highly individualized assistance to enable students to overcome problems and difficulties accounting for delinquent behaviour. Short periods of withdrawal for intensive treatment rather than long-term separation from the normal school environment seems to be preferred where possible.

(b) The Australian Government's policy in relation to the care and treatment of Aboriginal juvenile offenders is based upon the principles of:

- Maintaining links with the Aboriginal child's family and preserving the community environment, which are essential to the development of the child;
- Maintaining Aboriginality as a central characteristic in treatment programmes. This is achieved through community preventive and intervention measures, recruitment and training of Aboriginal staff, and special training for non-Aboriginal personnel.

State governments in Australia have been asked to observe these principles in the implementation of programmes.

Substantial additional funds were allocated to Aboriginal projects during 1978/79. The grants acknowledged the priority of Aboriginal needs and gave support to 30 additional projects in Aboriginal communities at a cost of \$132,326 in 1978/79, with a commitment in 1979/80 in excess of that amount. These projects were all initiatives by Aboriginal groups and communities and have a significant self-help element.

A further and most important initiative by Aboriginal groups has been the development of Aboriginal child-care agencies in several states. These agencies provide a support service to Aboriginal children and their families in a crisis situation. There is evidence that Aboriginal children constitute a disproportionate number of cases requiring special Government attention.

In 1979 there were moves to strengthen the role played by these Aboriginal agencies, and it is recognized that there is a need for similar agencies to be established in states which do not have such a resource.

(c) All Australian states have legislated to remove the legal consequences of illegitimacy which formerly disadvantaged children born out of wedlock.

Drafting instructions have been prepared for an Ordinance for the Australian Capital Territory to remove the remaining legal incapacities which penalize children born out of wedlock. At the same time there is to be a review of all Commonwealth statutes to remove from them provisions that have the effect of penalizing children born out of wedlock.

(3) Protection of children from cruelty

Women's refuges have been established to provide short-term accommodation of a domestic nature for women and their children in crisis, often as a result of domestic violence. In August 1979, 94 refuges were being funded under the Community Health Program. At any one time, however, there are likely to be more children than women temporarily housed in refuges. Often these children have suffered physically or emotionally from violence within the family. The Commonwealth Government has taken some steps towards meeting the problem, sometimes through providing a child-care component in funding for refuges, and sometimes through particular funding under the Children's Services Program.

(4) Provisions on work by children

Legislation relating to compulsory education effectively precludes participation by Australian children in full-time employment.

Information on the minimum age for admission to employment and on the full range of measures relating to juvenile working conditions is contained in the Article 19 report on ILO Convention No. 138, submitted to the ILO on 17 November 1978, in connexion with the Year of the Child.

(5) Statistical data on young persons in the work force

Labour force statistics for young persons aged 15-19 years in Australia are contained in two Australian official statistical publications, which are attached.

The first publication, Employment Status of Teenagers, August 1978 shows labour force details for young people for the period from February 1978 to August 1978. More up-to-date statistics are shown in The Labour Force, Australia (6203.0), specifically in tables 5, 8-10, 13-17, 19 and 20. Statistics of persons aged 20-24 years are shown in table 6 and various other tables. As the labour force survey covers only the civilian population aged 15 years and over, there are no statistics for persons aged 0-14 years - see (4) above.

The industries in which persons aged 15-19 years were employed in May 1979 (the latest figures available) are set out in the table below.

<u>Industry division</u>	<u>Number (thousands)</u>			<u>Percentage Distribution of total</u>
	<u>Males</u>	<u>Females</u>	<u>Persons</u>	
Agriculture and services to agriculture	30.0	5.8	35.8	5.3
Manufacturing	106.4	36.6	143.0	21.2
Construction	37.7	*	39.1	5.8
Wholesale and retail trade	109.5	132.6	242.1	35.9
Transport and storage	12.9	5.0	18.0	2.7
Finance, insurance, real estate and business services	20.2	42.9	63.1	9.4
Community services	12.5	36.7	49.2	7.3
Entertainment, recreation, restaurants, hotels and personal services	18.2	27.0	45.2	6.7
Other industries <u>b/</u>	20.8	18.1	38.9	5.8
<u>Total employed</u>	<u>368.2</u>	<u>306.1</u>	<u>674.2</u>	<u>100.0</u>

\* Subject to sampling variability too high for most practical uses.

a/ Includes full-time and part-time workers. The estimates shown in this table have been derived from the monthly labour force survey. For scope, definitions, etc., see the latest issue of The Labour Force, Australia (6203.0).

b/ Includes forestry, fishing and hunting; mining; electricity, gas and water; public administration and defence; and communication.



ARTICLE 11 - RIGHT TO AN ADEQUATE STANDARD OF LIVING

A. General and specific measures

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 Commonwealth social security system is the principal means of ensuring that an adequate standard of living is achieved and maintained.

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 the major contingencies of life which are considered to hinder or prevent them from working, such as age, invalidity, sickness, unemployment, 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.

A full description of the cash payments available to persons and their dependants was included in Australia's previous report, pages 55 to 82. The basic rates of all pensions, supporting parent's benefit, sickness benefit for persons 18 years and over and unemployment benefit paid to those who are married, or who have dependants and are 18 years of age and over, have since been increased in accordance with movements in the Consumer Price Index.

Certain income-tested fringe benefits are also available to pensioners and supporting parent beneficiaries from the Commonwealth. These include medical benefits, free pharmaceuticals, telephone rental concessions, mail redirection concessions and reductions in fares on Commonwealth Government rail and shipping services.

Persons in urgent need of assistance but not eligible for social security pensions or benefits, or whose entitlements have not been established, may seek assistance from voluntary welfare agencies, which provide emergency relief in the form of either cash or kind. A large number of such organizations receive Commonwealth Government financial assistance through the Department of Social Security.

Currently, a programme of grants to community welfare agencies providing emergency relief, to be administered by the Department of Social Security, is being developed. Under the programme, any non-government welfare agency which provides clients with emergency cash relief (in the form of cash or food vouchers) may be eligible for assistance. The Family Support Services Programme mentioned earlier should also assist in providing some emergency assistance to families in need.

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.

In attempting to remedy these problems, the Government of Australia has sought to secure for Aborigines access to Government services equal to that accorded other Australian citizens together with additional services appropriate to their state of extreme disadvantage. In addition, the Government has sought to discharge the community obligation deriving from the past dispossession and dispersal of the Aboriginal people by providing certain benefits not available to other citizens.

As a result many Aborigines now enjoy a higher standard of living, but a gap still remains to be bridged before Aborigines reach the standard of living of the general population.

In addition to the activities of the Department of Aboriginal Affairs, the Department of Social Security established an Aboriginal Unit in late 1976 to examine the activities and responsibilities of the Department in relation to Aboriginal people. The Unit works actively to ensure that staff are aware of any problems that Aborigines may have in gaining access to the Department's programmes, and that Aborigines gain maximum advantage from those programmes. Special Aboriginal Liaison Officers are employed by the Department to help achieve this aim.

The Government recognizes that the provision of work opportunities is an important determinant of the standard of living. The Department of Employment and Youth Affairs administers several manpower programmes and is responsible for the operation of the Commonwealth Employment Service (CES), which assists people by attempting to place them in suitable employment. The manpower programmes attempt to alleviate unemployment through appropriate training, retraining and relocation of individuals, especially the disadvantaged.

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Particular attention is paid to two groups within the community who are in need of special assistance -- Aborigines and migrants. Special assistance has been available to migrants for many years. Within the last year, a Migrant Services Section has been established in the Department of Social Security. The Section sets out to promote better access for migrants and refugees to the Department's programmes and services and to sensitize the Department to the special needs of these two groups. A Migrant Services Unit is currently being established in each state headquarters of the Department.

The national average life expectancy for Aboriginal men is 50, for women 49. The death rate for Aboriginal women in certain age groups is still 10 times greater than the national average; for men, it is five times higher than average.

Aboriginal children commonly reach school age severely handicapped -- their hearing and eyesight affected, often permanently, from untreated or chronic infections. Infancy is marked by gastro-enteritis, pneumonia, constantly recurring nose and throat infections. Sickness and malnutrition for many Aboriginal communities is too often a continuing fact of life.

Aborigines have difficulty when they try to find work: for example over 50 per cent of the Aboriginal workforce is unemployed -- nine times the national figure.

Special provisions exist for Aborigines in the National Employment and Training (NEAT) System. Such provisions attempt to facilitate entry into and stability in the work force for Aborigines through the acquisition of appropriate skills, and to obtain a wider representation of Aborigines in skilled and professional areas, as part of the Government's policy of self management.

B. Right to adequate food

(1) Principal laws and regulations

In Australia, assistance provided by the Commonwealth Government under the social security system is generally in the form of cash payments designed to ensure that a person has an income sufficient to provide for the necessities of life such as food, clothing and housing. The person is free to use his income as he wishes. There are no specific measures designed to promote the right to adequate food.

Voluntary community welfare services, many of which are subsidized by the Commonwealth Government, provide food to persons in urgent need. An example of such a subsidized service is the Delivered Meals Programme under which volunteers deliver meals to persons in need.

Most foodstuffs for human consumption are exempt from sales tax.

The Government of Australia attaches a high priority to eliminating malnutrition among Aborigines. The Government aims to stimulate, support and co-ordinate health programmes which will improve the standard of Aboriginal health and raise it to that of the Australian community.

(2) Agrarian reform

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. Where market forces are perceived to have failed, the Government intervenes to encourage adjustment and restructuring of agricultural enterprises and systems.

With regard to Australia's Aboriginal population, long distances have been a problem in transporting perishable foods to remote areas in the past. The local growing of produce helps provide a wider range of fresh food. Government assistance by way of grants or loans is provided to help Aborigines to establish agricultural and pastoral enterprises. Assistance has also been provided to Aborigines still living in semi-traditional life to improve food production activities on a non-commercial basis. In this regard support has been given over the past decade to groups in larger centres wishing to return to their traditional "homeland", and a style of living closer to that of their ancestors. This movement, which has been termed the "outstation movement", has gathered momentum in recent years and has frequently been associated with a general improvement in nutrition, as Aborigines return to their traditional, more familiar, patterns of food consumption.

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The Government of Australia also financially supports a research programme on natural resources capable of development on behalf of Aboriginal communities throughout Australia. A major project being undertaken is an oyster production farm which is progressing towards commercial development. New techniques in oyster production have been explored and have proved successful.

(3) Research for the improvement of food production

Research connected with Australian rural industries is characterized by a multiplicity and diversity of bodies involved in the planning, financing and conduct of research and development activities. Rural research is financed by a complex structure of Commonwealth and state government subvention and private sources and is undertaken by government departments and instrumentalities, tertiary centres and private enterprise. Research policies and priorities are largely decided at the institutional level.

Principal among the organizations involved in rural (agricultural) research are the Commonwealth Scientific and Industrial Research Organisation (CSIRO), the Department of Primary Industry, the state departments of agriculture and the universities.

CSIRO is the major single agency engaged in rural research in Australia. It is organized on the basis of five institutes, each with a director in charge of several divisions and units. The divisions with principal interests in agricultural production research are Animal Health, Animal Production, Plant Industry, Entomology, Horticultural Research, Irrigation Research, Tropical Crops and Pastures and the Molecular and Cellular Biology Unit. Not all professional staff are involved in agricultural production research. A number of staff in other divisions (notably Soils, Land Use Research, Wildlife Research and Environmental Mechanics) are also involved in research relevant to agricultural production. The total CSIRO effort is summarized in the table below, together with the budgetary provisions for each major category of production.

CSIRO agricultural research: expenditure and manpower

<u>Category</u>	<u>Funds, 1976/77</u> <u>millions of \$</u>	<u>Professional staff</u> <u>1976</u>
Animal production	17.4	280
Plant production	12.1	200
Horticulture	1.7	35
Plant protection	4.6	75
Resources	4.7	80
Total	40.5	670

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The Department of Primary Industry (DPI) is the main Commonwealth administrative and policy organization concerned with rural industry. Although the Department's function is primarily administrative, it undertakes some research through the Bureau of Agricultural Economics, the major centre for economic research into agriculture in Australia, and, to a much lesser extent, through its other divisions. The Department also provides the major source of policy formulation for the Commonwealth Government in the area of rural research, although some overlap with other departments exists in this area; it also administers most of the Commonwealth legislation for the various rural industry research funds (RIRFs). Through its control of the RIRFs, Commonwealth Extension Services Grant (CESG) and Commonwealth Special Research Grant (CSRG), DPI has a significant role in the funding of rural research. The Minister for Primary Industry is also the Commonwealth's representative on, and chairman of, the Australian Agricultural Council, the main forum for intergovernmental policy co-ordination on agricultural matters in Australia: the Department is represented on the Standing Committee of the Australian Agricultural Council.

Each of the six states and the Northern Territory has a department which is responsible for the welfare of its agricultural industries. They are, therefore, closely involved with farmers' problems and the problems of day-to-day agricultural production. The objectives of these departments include:

- Protection of agriculture from pests and diseases and the environmental effects of agricultural chemicals, and the promotion of an abundant supply of safe foods and fibres;
- Support for marketing of agricultural produce, both local and export, by the maintenance of quality standards, provision of market research and intelligence and the promotion of efficient marketing techniques;
- Promotion of productive agriculture through research and extension and through support for rural adjustment;
- Maintenance of the quality of rural life.

In their efforts to protect agriculture from pests and disease and to promote efficient production methods, the departments are directly concerned with research activities of an applied nature. They have also undertaken development at the farm level involving close co-operation between research and extension.

In research activities the states have assumed major responsibility for certain research sectors - e.g., plant pathology and plant breeding, and for research in support of certain industries - e.g., pigs, poultry, cropping and horticulture.

In addition, there is a considerable number of significant but peripheral responsibilities. These may include soil conservation services, educational and other activities. The educational function has been moderated in recent years with, for example, three agricultural colleges in New South Wales, formerly under Department of Agriculture control, becoming autonomous colleges of advanced education.

Each department of agriculture is responsible for the administration of a large number of Acts on behalf of the government, and research may be generated by these regulatory functions as well as by extension activities.

Conservation of water and soil resources is also a state responsibility. Some states' soil conservation research and advice falls within the departments of agriculture while in others it is the function of a separate "department".

A significant amount of research into agricultural problems and the introduction of new agricultural technology and other improvements is carried out in Australian universities and colleges of advanced education and agricultural colleges. The universities and colleges of advanced education are state education institutions, except those in the Australian Capital Territory, and are fully funded by the Commonwealth Government on the advice of the Tertiary Education Commission. There are university faculties of agricultural science in New South Wales (NSW) (2), Victoria (Vic) (2), Queensland (Qld), South Australia (SA), Tasmania (TAS) and Western Australia (WA) and university faculties of veterinary science in NSW, Qld, Vic and WA. There are colleges of advanced education which specialize in agriculture in NSW, Qld and SA and a agriculture (formerly an agricultural college) in NSW. There are agricultural colleges in Vic (3) and WA.

Most rural research conducted by private enterprise occurs in the fields of agricultural and veterinary chemicals (including fertilizers), food and fibre handling and processing, and agricultural engineering. A limited amount of private research is concerned with plant breeding and seed production.

Companies undertake specific applied research and development and make an important and continuing contribution to the rural industries in regard to pest, disease and weed control and animal nutrition. They provide marketing, servicing and advisory extension services and, in some fields, particularly agricultural machinery and chemicals, introduce overseas technology to Australia and develop adaptations for local conditions.

The research and development, servicing and advisory functions provided by private enterprise are, to some extent, complementary to the contributions made by government instrumentalities and universities. Some companies have a close working relationship, but not necessarily formal co-operation, with CSIRO and state departments of agriculture.

Expenditure in Australia on agricultural research and development (R and D) is a difficult figure to estimate, depending on how "agricultural" or "rural" is defined. One estimate for 1977 has been placed at \$130 million (see table below). This is about 2 per cent of the gross value of production, and includes approximately \$31 million provided through the Rural Industry Research Funds (of which about \$12 million was contributed by primary producers), and \$5 million spent by industry. Because of internal adjustments to wool-funding arrangements, the funds provided through the RIRFs for 1978/79 amount to about \$20 million.

Agricultural research and development -  
expenditure and manpower, 1976/77

<u>Organization</u>	<u>Budget</u> <u>(percentage of</u> <u>total of</u> <u>\$131 million)</u>	<u>Professional manpower</u> <u>(percentage of</u> <u>total of</u> <u>2,515 people)</u>
State departments (1976/77)	56	52
CSIRO (1976/77)	31	27
Universities (1977)	10	11
Private enterprise (1973/74)	4	not available

The investment allowance provisions of the income tax law (Division 3, Subdivision B, of the Income Tax Assessment Act), particularly as they extend to taxpayers carrying on a business of primary production, give taxpayers an incentive to improve methods and rate of food production etc. Under the provisions, a percentage of the capital cost (which must exceed \$500) of certain new units of property may be deductible in the income year the units are first used or installed ready for use. The investment allowance is in addition to the usual depreciation allowance.

The deductible percentage of capital cost varies according to the date the unit of property was ordered (or its construction commenced) and the date it was first used or installed ready for use. Units of property to which the allowance applies include certain structural improvements on land used in a business of primary production, such as subdivisional fencing and fencing around safe affected areas and soil erosion areas, dams, water tanks, bores, wells, water riping and grain, hay or fodder storage buildings.

While not confined to specific areas of research, there are two long-standing provisions in the income tax law which provide specific deductions for expenditure in connexion with "scientific research", which is defined to mean any activities in the fields of natural or applied science for the extension of knowledge".

One such provision (sect. 73A of the Income Tax Assessment Act) authorizes deductions, where they are not allowable under any other provisions of the law, to a taxpayer for payments made to "an approved research institute" for scientific research related to the business carried on by the taxpayer or for payments made to "an approved research institute" where the scientific research being undertaken is related to the class of business to which the taxpayer's business belongs. Certain direct expenditure of a capital nature on scientific research related to a taxpayer's business may also be allowed as an outright deduction, while other direct capital expenditure may attract a sinking fund allowance or a special rate of depreciation.



The other provision authorizes deductions for gifts of the value of \$2 or more made to "an approved research institute" where the gifts are for the purposes of scientific research.

A further provision which would assist those involved in research and development is section 68V of the Income Tax Assessment Act, which authorizes a deduction for certain expenditure incurred in obtaining the grant of patents, or the registration of designs and copyrights.

(4) Dissemination of knowledge - rural advisory services

Agricultural advisory services in Australia are a state responsibility. Within each state there is a minister and a department responsible for agriculture; each of these departments administers the various agricultural Acts, conducts agricultural research and provides agricultural advisory services. Departments also provide a range of other minor services. The departments in the states have evolved along broadly similar lines.

While agricultural advice has generally remained a function within individual departmental divisions and branches based on specific industries, much effort has been devoted to the development of advisory services which operate on a whole-farm basis. Co-ordination of local advisory activities is central to this development and is being assisted by regionalization of advisory services.

Each department has a strong technical research back-up, with an increasing influence from special sections devoted to farm management, economics and marketing.

It is significant that much of the research conducted by departments of agriculture is of an "applied" type - in other words, it is related directly to the type of practical farm problems encountered by advisory officers. Many regional research projects are designed as part of the regional advisory programme with increasing attention to economic factors.

The Department of Primary Industry plays a role in advisory service liaison with the states, and administers Australian government funds which have made a significant contribution to the development of state advisory and regional research services. The future of Australian Government support in funding agricultural advisory services, however, is the subject of review.

The general objectives of advisory work are concerned with:

- Efficiency in agricultural production;
- Improvement of farm incomes;
- Conservation of agrarian resources;
- Protection of consumer interest in food quality and continuity of supply.

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The emphasis and resources devoted to any one objective may vary from time to time. Recently the advisory services focused attention on improving farm incomes because of a low-income crisis in agriculture.

The four objectives are achieved by the performance of the following functions:

- Improving the skills, competence and knowledge of people involved or interested in aspects of agriculture by the provision of educational opportunities, research, development of new technology, the provision of related technical and diagnostic services; and the communication of agricultural knowledge.
- To administer legislation designed to assist the primary industries to maintain pest and disease control, suitable marketing arrangements for their produce and appropriate standards of farm produce; and to protect consumers from unwholesome produce and unfair practices.
- To advise the Government on the formulation of policies for the management of the rural resources of the State and to contribute to the development of national rural policies and participate in national programmes.

A broad range of advisory services is provided to many different clients.

The core of the advisory service remains advisory work to commercial farmers and their families, and tends to be utilized more by those who are the better and more progressive managers. These people also tend to be younger, better educated and in a developing business. This work includes technical and managerial information and training, and the improvement of marketing data.

Although most departments are not administratively responsible for the Young Farmer movement, they co-operate closely with that movement and contribute to the agricultural aspects of its programmes.

Services, where possible, given limited resources, are also provided to hobby farmers and part-time farmers, who are particularly to be found in the areas surrounding major towns and cities. In addition, certain services are provided to urban dwellers with home garden inquiries and to schools for projects.

Liaison is maintained with farmer organizations and local government. Departments also service, where appropriate, the information needs of policy makers in other government departments, state and federal, in other organizations such as banks, stock and station agencies, chemical companies and unions.

The advice provided to these bodies covers a wide field, but principal areas include:

Advice in natural disaster, such as fire, flood, drought and insect infestation. Here, departments might assess damage, liaise with local and official committees on needs, and advise the Government on measures necessary to alleviate the effects of the disaster.

- Advice in developing policy on land use, both on particular areas of land and on general policies.
- Advice in developing policy on environmental issues.

Whilst the advisory services are not the only services which participate in these activities, they make a highly significant contribution, particularly in the collection and analysis of data.

The advisory services are not responsible for administration of regulatory matters, but they do contribute to advisory activities aimed at increasing community understanding and acceptance of these measures. Advisory services through their presence in country areas, and their technical and management expertise also contribute appreciably to community development work.

Methods used in advisory work vary between states and even between regions within a state.

In general, service on demand is provided to those who request it, although increasingly this type of intensive service, especially where it is associated with a farm visit, is at the discretion of the adviser who must allocate his time according to agreed priorities.

In one form or another most states have adopted:

- Programme planning (and evaluation) of advisory work at the district and regional level as an integral part of the advisory service.
- Interdisciplinary advice by staff (within the limits of their competence).
- Teamwork in the definition of district advisory problems and/or opportunities for exploitation.
- Liaison with farmers, research and agribusiness organizations.

Thus, the system aims to have groups of people, including highly qualified experts and their clientele, participating in programme development and implementation. Whilst this ideal is not always achieved, it is being increasingly applied.

Most Australian state advisory services were, until recently, built on a specialist basis, where advice was given by officers highly trained in particular aspects of the technology required. This method of intervention has been the subject of considerable debate over recent years and two states, Western Australia and South Australia, have adopted a so-called "generalist" approach where advisory work is based on providing advice in the context of whole farm management via local advisory officers; and where necessary, subject matter specialists who are called in to provide technical back-up.

A feature of many agricultural regions in Australia is the limited selection of viable economic enterprises. Thus, it is common to find quite large farming districts where a knowledge of wheat, oats, pasture and sheep would be all an adviser would need. Under these circumstances the transition from a specialist to a generalist advisory service would present few problems. However, in areas where a greater variety of enterprises are practised, often at a large scale and a high level of sophistication, it is felt that advisers need to be specialists. In the large eastern states there is a growing interest in moving more towards a generalist approach but the pressures of discipline specialization borne of years of training and specialist departmental structure are significant constraints on change especially where the benefits are not all clear cut.

The size of the total state advisory effort in agriculture is hard to gauge. but as a guide it has been estimated in 1977/78 to comprise about 1,500 full time advisory officer equivalents operating on a budget of around \$35 million.

To a lesser extent the states are involved in fishery and forestry advisory services.

#### Food distribution

(5) Generally, food distribution throughout Australia is the responsibility of food producers and/or their agents. Australia has developed a comprehensive and effective distribution network for all primary products, both domestically and overseas.

Specifically, there are several statutory marketing authorities whose functions include the promotion of export from, and trade and commerce within Australia of apples, pears, canned fruits, dairy products, dried vine fruits, eggs, honey, meat and livestock, wheat, wine and wool.

With respect to wheat the Australian Wheat Board is the instrumentality which implements the wheat stabilization scheme. Its main task under the scheme is the administration of the home consumption price, the stabilization price and the cost of shipping wheat to Tasmania.

#### Improvement of food consumption levels and nutrition

(6) Australia has a problem of excessive food intake rather than dietary deficiency. Australians, on an average, consume excessive amounts of sugar and other refined carbohydrate, fat, alcohol and salt. Poor food habits are associated with a majority of the so-called 'diseases of affluence' which are prevalent in Australia - heart disease, stroke, hypertension, diabetes, cirrhosis of the liver and cancer. The Commonwealth Department of Health has adopted a Food and Nutrition Policy aimed at ensuring that all Australians consume a nutritionally adequate diet. Suggested dietary goals based on this policy include a decrease in total fat consumption, refined sugar consumption, alcohol consumption and salt consumption.

A number of minority groups in the community are at risk of nutritional deficiency diseases. These include aboriginals, the elderly, the poor and some

migrant families and single parent families. The Commonwealth Department of Health prepares nutrition education material for distribution to individuals in these groups and to health workers involved in the welfare of these groups. (See B (8)).

In an attempt to improve the over-all health status of the aboriginal population Federal funds are made available to all states and to Aboriginal Medical Services for the provision of health care. In these programmes attention is paid to maternal and child nutrition, the encouragement of breast-feeding, the provision of supplementary foods in cases of need and to nutrition education.

Provision of lunches to school children in both remote and urban areas and supplementary food programmes have had some success. General policy, however, has been in favour of "self-help" activities rather than hand-out type assistance. In some cases the problem is more one of home management and proper diet than of malnutrition related to a low level of food consumption. Since 1976 education programmes have been run by Government and Aboriginal Health Services established in both urban and remote communities.

Pregnant and lactating women, infants and children are amongst the most vulnerable groups of the population. State and Territory Health Departments and other organizations in Australia, have developed maternal health programmes of which nutrition counselling forms a major part. In recent years there has been an increased appreciation of the relationship between energy intake in pregnancy and the birth weight of the child. It is considered that limiting food intake during pregnancy could be partially responsible for the number of low birth weight babies who contribute a disproportionate share to infant mortality.

Infant welfare programmes are conducted in all states and territories generally in conjunction with maternal welfare programmes. Again nutrition forms a major part of these programmes. Breast-feeding is recommended and encouraged. There has been a significant increase in mothers breast-feeding in this country in recent years. Mothers are advised not to add solid food to an infant's diet until the age of four to six months. There is evidence that the early introduction of solids is related to the development of obesity and allergy conditions.

#### Improvement of food quality

(7) The states and territories are responsible for the administration and enforcement of food legislation in Australia. However the Food Committees of the National Health and Medical Research Council (NH and MRC) are responsible for the formulation of food standards and the evaluation of food additives, which are subsequently recommended to the states and territories for adoption into legislation.

Food standards of NH and MRC include such aspects as

- Essential composition and quality factors;
- Provision for the use of specified food additives at specified levels of use;

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- Maximum permitted levels of contaminants, such as metals, pesticides, and substances which migrate from packaging materials;
- Microbiological standards;
- Labelling requirements;
- Methods of analysis.

Through the role of the NH and MRC in the area of food standards, a substantial degree of uniformity in food legislation has been achieved between the states and territories. In addition the development of a Model Food Act and associated regulations is virtually complete. This legislation is intended for uniform application throughout Australia.

#### Dissemination of knowledge of the principles of nutrition

(8) Nutrition education programmes based on the Food and Nutrition Policy of the Commonwealth Department of Health are being developed by the Department. A wide range of nutrition and food publications are currently available, or being updated and developed in order to provide a base of sound nutrition information for distribution to state, community and other health promoting organizations as well as to individuals. The major objective is to standardize the nutrition messages being disseminated to the community and counteract the misinformation disseminated through the media, food advertisements, fringe professional groups and food faddists.

Commonwealth Health Department nutritionists are involved in nutrition education through the media. They participate in talk-back radio programmes and television and radio interviews. They write nutrition articles for publication in newspapers, women's magazines and consumer journals and have prepared nutrition project material for publication in school magazines.

The main difficulty affecting the provision of sound nutrition information is the vast amount of misinformation disseminated to the Australian community. Of growing concern is the effect of food and alcohol advertising on the food habits of Australians. More money is spent on food advertising than on the advertising of any other single consumer commodity and the greater part of this money is spent on the promotion of confectionery, alcoholic beverages, soft drinks and highly processed and refined foods. The nature of food advertising during children's television viewing time (considered to be primarily 4.00 p.m.-6.00 p.m.) is of particular concern. The overwhelming accumulative message of this advertising is counter-productive to sound nutrition education and supports the worst aspects of Australian eating habits - that is, a high consumption of sugar and fat.

A number of universities and colleges of advanced education offer courses on nutrition and dietetics and the work of graduates from these courses often involves the dissemination of information and the provision of advice on nutritional matters.

International co-operation

(.) (a) Australia supports an extensive range of international co-operation programmes designed to increase the level of food production in countries suffering from food shortages. As a member of the United Nations, Australia has supported the following efforts aimed at alleviating hunger throughout the world:

- Universal Declaration on the Eradication of Hunger and Malnutrition (1974);
- Manila Communiqué of the World Food Council: Programme of Action to Eradicate Hunger and Malnutrition (1977);
- Mexico Declaration of the World Food Council (General Assembly resolution 33/90, of 15 December 1978).

(b) 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.

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. Under this arrangement Australia agreed to provide 225,000 tonnes of wheat/wheat equivalent per annum.

In June 1977 the Government decided to increase Australia's food aid programme. Under the terms of this expansion Australia will:

- (i) Increase its food grain aid to 400,000 tonnes per annum;
- (ii) Direct up to 20 per cent of this food grain aid through the World Food Programme (WFP);
- (iii) Contribute 30,000 tonnes of grain per annum, plus freight and transshipment charges, to the International Emergency Food Reserve (IEFR) operated by the WFP to help overcome severe and unexpected food deficits. This grain will be directed both bilaterally and multilaterally in conjunction with the WFP;
- (iv) Give non-grain food commodities such as milk powder, egg powder, edible oils and meat regularly to support nutritional impact projects in developing countries.

(c) Bilateral food aid

Most of Australia's food grain aid is given bilaterally - that is, from Government to Government.

It is allocated among developing countries on the basis of relative need. This is determined annually by statistical analysis utilizing such variables as GNP per capita, national food production, food consumption requirements, international reserves and import capacity. The model also includes a "physical quality of life

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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, geographical and aid programming and policy reasons.

Consequently, recipients of Australian food aid are those developing countries which are experiencing food deficits or which cannot commercially import needed food because of a balance-of-payments problem. Before receiving food aid from Australia, recipients must advise the Australian Government whether the gift will be distributed free, direct to needy recipients, or sold (either on the open market or through government ration systems at subsidized prices) with the net proceeds used for developmental purposes. The latter is usually the case. In this way food aid, besides alleviating food shortages, is also a means of balance-of-payment support, conserving foreign exchange and directing local currency funds into development.

Australia also operates a non-grain food aid programme whereby foodstuffs (such as milk powder, dried egg, 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 young infants, nursing mothers and poverty stricken groups. Such projects recognize the close relationship between nutrition and socio-economic development, and it is anticipated that this programme will expand in future years.

(d) Multilateral food aid

Australia also channels resources through the World Food Programme (WFP), a multilateral organization which was established jointly by the United Nations and FAO in 1963. The WFP is the second largest distributor of food aid in the world (after the United States of America). It has proven effective in directing food aid to vulnerable and underprivileged groups, and uses food as an aid to further social and economic development. In this way food is used as an incentive for people to co-operate in self-help projects and given as part-payment to people employed in development projects.

Australia has contributed to the WFP since its inception by making forward pledges and by channelling food-grain through the Programme. For the 1979 and 1980 calendar year biennium, Australia pledged \$9.4 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. In the past WFP has chosen from Australia's lists such commodities as rice, vegetable oil, canned meat, dairy products, canned and dried fruit and sugar. In 1978/79 Australia gave about 50,000 tonnes of grain to WFP, and also provided assistance with freight costs. In distributing food aid WFP endeavours to ensure that requests are well co-ordinated and that the arrival of food aid will not dampen local production or strain handling facilities in the recipient country. Australia also monitors, through the FAO global information and early warning system and other sources, regions and countries where an emergency food aid response may be justified. Allocations for these purposes are made under Australia's IEFR contribution and through disaster relief funds.

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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## Africa:

Egypt	20 000	22 250
Ethiopia*	-	10 000
Ghana	6 000	5 000
Kenya	5 000	6 000
Mozambique*	-	1 500
Natal Zone	9 000	-
Senegal	-	2 000
Sudan*	5 000	8 000
United Republic of Tanzania	6 000	6 000
Zambia*	-	2 000

## Indian Ocean:

Maldives	500	1 000
Mauritius	4 000	4 000
Seychelles	2 100	2 000

## South Pacific:

Fiji	8 000	8 000
Gilbert Islands	1 000	1 000
Tonga	1 000	1 000
Western Samoa	1 000	1 000

## World Food Programme

23 000	49 600
<u>260 950</u>	<u>327 550</u>

\* Denotes emergency or part-emergency food aid

(c) Australian grain food aid 1977/78 and 1978/79 (est.)

<u>Recipient</u>	<u>1977/78</u>	<u>1978/79 (est.)</u>
	<u>Tonnes (wheat equivalent)</u> (Includes flour and rice.)	
<u>South Asia:</u>		
Afghanistan	5 000	5 000
Bangladesh	50 000	73 000
India	-	-
Pakistan	21 000	33 000
Sri Lanka	10 000	11 600
<u>Southeast Asia:</u>		
Burma	5 000	10 000
Indonesia	57 500	52 000
Laos People's Democratic Republic	6 000	2 400
Philippines	6 850	9 000
Viet Nam	8 000	1 200

Australian non-rain food aid

	<u>1977/78</u>	<u>1978/79</u>
	(Tonnes)	
Lebanon (meat)	150	150
Mauritius (milk powder)	-	400
Philippines (nutrinaks)	100 000 packs	100 000 packs
Sri Lanka (milk powder)	390	400
United Republic of Tanzania (milk powder)	560	900

Data on food consumption

(10) (a) Quantity - There would be little argument against the proposition that there is "adequate" food available in Australia. Detailed statistics relating to a wide range of foodstuffs produced, imported and sold are published by the Australian Bureau of Statistics (ABS) in its bulletins covering agriculture, manufacturing, overseas trade and retail sales activities. Statistics of food consumption are available from the ABS Household Expenditure Surveys conducted in 1974-75 and 1975-76 and in the bulletin "Apparent Consumption of Foodstuffs and Nutrients" (copy attached).

(b) Quality - The last mentioned bulletin also contains particulars of the nutrients available for consumption in various commodity groups. The change in levels of nutrient intake can therefore be monitored over time. The Environmental Health Branch of the Department of Health undertakes regular surveys of the level of noxious substances, including heavy metals and pesticide residues, present in a range of common foods. Results of these surveys are provided to the NH and MRC and published in their regular reports.

C. Right to adequate clothing

(1) Principal laws and regulations

As in the case of food, the Commonwealth social security system provides for regular cash payments designed to ensure that a person has an income sufficient to provide for the necessities of life, including clothing. The recipient is free to use such income as he wishes.

The right to adequate clothing is aided by the exemption from sales tax of most clothing and footwear for human wear.

(2) Supply of clothing

Manufacturing practices and production levels along with a large volume of imported clothing ensure that the clothing requirements of Australians are more than adequately met.

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(3) International co-operation

On an international level, Australia has provided support in times of emergencies. Australia, for example, provided blankets to Lebanon recently.

D. Right to housing

(1) (a) As noted earlier, the Commonwealth social security system provides for regular cash payments which the recipient may use as he or she wishes. There is, however, a payment known as supplementary assistance whereby up to \$5 per week (\$2.50 for each partner in the case of a married couple) is available to pensioners and supporting parent beneficiaries who have little or no income apart from pension or benefit and pay rent or lodgings charges. Long-term sickness beneficiaries are entitled to a similar payment, called "supplementary allowance".

(b) Section 12 of the 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. It reads as follows:

- "(1) It is unlawful for a person, whether as a principal or agent -
- "(a) to refuse or fail to dispose of any estate or interest in land, or any residential or business accommodation, to a second person;
  - "(b) to dispose of such an estate or interest or such accommodation to a second person on less favourable terms and conditions than those which are or would otherwise be offered;
  - "(c) to treat a second person who is seeking to acquire or has acquired such an estate or interest or such accommodation less favourably than other persons in the same circumstances;
  - "(d) to refuse to permit a second person to occupy any land or any residential or business accommodation; or
  - "(e) to terminate any estate or interest in land of a second person or the right of a second person to occupy any land or any residential or business accommodation, by reason of the race, colour or national or ethnic origin of that second person or of any relative or associate of that second person.
- "(2) It is unlawful for a person, whether as a principal or agent, to impose or seek to impose on another person any term or condition that limits, by reference to race, colour or national or ethnic origin, the persons or class of persons who may be the licensees or invitees of the occupier of any land or residential or business accommodation."

Thus, the Commonwealth Government has ensured that the rights to housing which exist in Australia must be applied without any discrimination on grounds of race, colour, descent or national or ethnic origin.

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(c) There is no sales tax on houses and other realty, as such. Additionally, most building materials of a kind for use in the construction or repair of, and to be wrought into, or attached to, so as to form part of buildings and other fixtures are exempt from sales tax.

(2) Expanding housing construction

New housing in Australia, for home ownership and for rental, is provided mainly in response to demand expressed through the private sector. New housing provided through government programmes is a relatively small proportion of the total.

With the strong preferences in Australia for home ownership, the major demand for housing will be for this form of tenure.

The demand for dwellings by individual home buyers has been influenced for many years by government regulation of finance markets, the regulation being aimed at providing favourable financial conditions through:

- Ensuring that there is an adequate supply of funds for housing;
- Maintaining interest rates charged by specialized housing finance institutions as low as possible.

In recognition of the primary role of the private dwelling construction industry, the Commonwealth Government has also acted in a number of ways to ensure the efficiency and stability of the industry.

A wide-ranging inquiry into housing costs was undertaken during 1977 and 1978. The special Committee formed for this purpose was requested to report, inter alia, on "the identification of causes of inefficiency and unnecessarily high costs in the provision of housing in metropolitan and rural areas, including the development of land and the provision of basic services".

Matters reported on by the Committee have since been subject to extensive debate by Commonwealth, state and local governments and by the housing industry. Follow-up action is being taken through a joint Commonwealth/State Ministerial Council on Housing Costs.

Consultative arrangements with housing industry organizations have recently been improved with the formation of a Housing Advisory Council. This Council is to advise the Minister for Housing and Construction on matters related to access to housing, Commonwealth housing programs, the efficiency of housing markets and the efficiency and health of the housing industry".

In addition to this consultation over a wide range of housing issues, an Indicative Planning Council provides forecasts of demographically based dwelling demand and feasible levels of construction.

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This Council's most recent assessment of the over-all housing situation is that the need for additions to the stock of dwellings is stabilizing. A continuing reduction in the rate of increase of household formation is expected.

With these underlying conditions, attention is increasingly being focused on the location, type and condition of housing and on access to it by different groups of housing consumers.

There are a number of government programmes which provide assistance to persons who are disadvantaged in some way in their efforts to obtain access to housing of a reasonable standard.

The main features of these programmes are described below -

#### The Housing Assistance Act

This is the major housing programme. It provides capital grants and repayable advances, at low rates of interest, to the states for purposes of housing assistance to individuals. The general terms on which the assistance is to be given are described in formal Commonwealth-State Housing Agreements. The Agreements have operated in various forms since 1945.

Two main types of housing assistance to individuals are provided, home purchase finance and the provision of low-cost rental accommodation. Home purchase assistance is provided by making available to low-income borrowers mortgage finance at concessional rates of interest.

Rental accommodation is provided from a stock of publicly owned dwellings which are administered by state housing authorities. The main direction of this programme has been to construct houses and flats for occupation by low income families generally but there is now a trend towards using more varied forms of housing assistance and special attention is being given to the needs of certain groups, for example, pensioners and Aborigines.

The Housing Agreements with the states lay down general principles for the two forms of housing assistance and leaves it to each state to decide on the particular conditions to be applied. The general principles described below have been introduced in the most recent agreement, in 1978.

The principle of home purchase assistance is that it is designed to facilitate home ownership for those able to afford it but not able to gain it through the private market. The low initial interest rate charged on loans in most cases is increased annually for a period of years to provide for higher rates of interest where the borrower's income is increasing and where, therefore, there is a lesser need for a subsidy to be paid on repayments calculated at market rates of interest.

The principle of rental housing assistance is that it is to provide adequate housing for those in the community who are deemed to be in need of government

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housing assistance, at a price which is within their capacity to pay. The general policy on rents is to charge a market related rent and grant an amount of rebate, according to income, to tenants who cannot afford to pay at those rates.

#### Home Savings Grant Scheme

This programme provides assistance to persons for the purchase or construction of their first home by the provision of a grant of up to \$2,000. Grants are calculated on the basis of \$1 grant for each \$3 of savings accumulated by the home buyer over a period as equity in the dwelling being purchased. A value limit applies, the full grant of \$2,000 being payable for homes (including land) valued at \$35,000 or less, reducing to zero grant for homes valued at \$40,000 or more.

#### Emergency housing for women and for youth

Assistance is provided to the states for the operation of refuges for women, specially women with children and for the operation of refuges for youth. The accommodation provided is essentially of a domestic short-term, emergency nature. (Many lone mothers subsequently apply to state housing authorities for rental dwellings at low cost. The ability of the housing authorities to provide dwellings quickly is a crucial factor in the access of lone mothers to adequate permanent housing.) In 1978/79 the Commonwealth Government allocated \$3 million to meet up to 75 per cent of recurrent costs and 50 per cent of capital costs for approved refuges for women. By August 1979, 94 refuges were being funded.

#### Housing for veterans and servicemen

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 them.

#### Housing for Aborigines

The Australian Government is very concerned about housing for Aborigines, and has provided over 7,000 houses since 1968. Funds are increasingly being provided directly to Aboriginal Housing Associations, which plan and administer schemes for the provision of dwellings in aboriginal communities on a "self-help" basis.

In addition loans are available from several sources for Aborigines to purchase homes. These loan funds are additional to funds available to the general Australian community and are usually available at concessional interest rates.

For low-income families in 1979/80 over a third of the funds allocated to the Department of Aboriginal Affairs will be applied towards meeting aboriginal housing needs. This effort at clearing the backlog in aboriginal housing (estimated to be

in excess of 11,000 dwellings, and increasing) is expected to be sustained in the foreseeable future.

#### migrant housing

Federal government funds are provided for the construction and operating costs of hostels and flats for newly arrived immigrants to Australia. This housing provides low-rent, temporary accommodation for migrants until they have obtained suitable housing, either in the private market or through the Government housing assistance programme.

#### Housing for aged and disabled persons

The Department of Social Security administers several subsidy programmes which help provide accommodation for aged and disabled people. These programmes complement pensions paid by the Department and Housing - related programmes provided by other Commonwealth Departments and by state and local governments. These programmes cover the provision of:

- Grants under the Aged or Disabled Persons Homes Act and under the Aged Persons Hostels Act towards the capital costs of aged persons' homes and hostels,
- Personal care subsidies of \$15 per week for each qualified resident, payable under the above Act to organizations conducting hostels for aged and disabled people - the subsidy is designed to help meet the cost of employing staff to provide additional services for frail aged residents;
- Subsidies under the States Grants (Home Care) Act to assist state and local governments and voluntary agencies in the provision of home care services for aged and handicapped people - these subsidies enable assistance to be provided to people who choose to stay at home or who have no alternative, and who are in need of some supportive and preventative services;
- Subsidies under the above-named Act to assist state and local governments establish senior citizen centres which provide a focal point for community activities for aged people;
- Subsidies under the Handicapped Persons Assistance Act to voluntary agencies towards, inter alia, the capital and maintenance costs of residential accommodation or towards rental costs, where the organization rents suitable premises; and
- Subsidies under the Homeless Persons Assistance Act to voluntary organizations caring for homeless people to enable them to upgrade or replace existing accommodation facilities or to expand bed capacity in rental premises.



(3) Use of scientific and technical knowledge

The Commonwealth Scientific and Industrial Research Organisation (CSIRO) and the Experimental Building Station, which is a unit within the Department of Housing and Construction, are government organizations undertaking scientific and technical research into housing construction methods and the testing of building materials. A number of universities also perform work of this kind.

The CSIRO carries out investigations into innovative construction techniques and materials. For example recently a clay/sawdust brick invented by CSIRO, having useful weight and thermal characteristics, has been put into production in a major non-metropolitan urban centre.

The Experimental Building Station specializes in investigations into the thermal performance of building materials and building systems and is particularly expert on all aspects of fire protection, noise transmission and water penetration.

Research into new materials and building systems for housing is also carried out by firms in the industry. Recent examples of industry innovation has been the industrialization of domestic roof trusses through the use of gang-nail techniques and the replacement of plank floor by panel board. Numerous lightweight and medium-weight industrialized domestic building systems, available for use in hot climates and remote locations, have been developed by private organizations.

The Building Research and Development Advisory Council, a private industry group advising the Minister for Housing and Construction, is organized to co-ordinate research in the building and construction industry.

The James Cook University of Northern Queensland is recognized throughout Australia as the centre of research excellence on high wind hazards. Research being undertaken on behalf of the Australian Housing Research Council into the effects of high winds on houses has received international recognition.

Research into the thermal characteristics of dwellings and the computer simulation of the thermal performance of dwellings has been carried out by the University of Melbourne, CSIRO, Western Australian University, University of New South Wales and the University of Queensland on behalf of the Australian Housing Research Council. Other studies are being directed at understanding the user response to dwellings designed for thermal efficiency.

(4) Housing in rural areas

Most of the population in Australia which is outside the metropolitan areas of the capital cities is located in urban centres in the rural areas. Only a small proportion (7 per cent) of the population lives on rural holdings.

The standard of dwellings in the urban centres in rural areas is comparable to that in the cities, and electricity, water and sewerage services are almost universally provided.

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There is also for the most part little difference between the type and quality of these dwellings and those occupied by persons on rural holdings. Many of these rural dwellings are served from the towns with electricity and some are connected to a reticulated water supply.

The level of private investment in housing in the rural areas is of course related to farm incomes and, like these, is subject to a greater degree of fluctuation over time than is the case with city dwellers. It is also affected by longer-term growth or decline in production in different regions.

Housing programmes are not directed specifically at persons in rural areas, but the policies and programmes which have already been described apply equally to persons in the major cities and to persons living in urban centres in rural areas. A considerable proportion of the total stock of public rental dwellings is located in non-metropolitan areas. Home ownership assistance also is generally available on the same terms as in the cities.

The improvement in quality and availability of water supply to Aborigines in remote areas, together with improved waste disposal systems is recognized as a major objective. There have been important gains since 1976, but efforts have had to be sustained to support small groups setting up new homeland centres. Many Aborigines in desert areas still have inadequate water supply to allow installation of water-borne sewerage disposal systems.

(5) Measures taken for the protection of tenants

(a) There is separate legislation in each state regulating landlord and tenant relations. Action has been taken recently in several states to bring reform to this area of legislation. Some of the objectives are

- To provide generally for a fairer treatment for both parties;
- To establish machinery for hearing complaints;
- To establish rules for payment of rents and bonds (security deposits).

(b) Relevant legislation of the states (and territories) is listed below:

New South Wales:	Landlord and Tenant Act 1899-1978
:	Landlord and Tenant (Amendment) Act 1948-1974
:	Landlord and Tenant (Rental Bond) Act 1977
Queensland:	Residential Tenancies Act 1975
South Australia:	Residential Tenancies Act 1978
Tasmania:	Landlord and Tenant Act 1935
Victoria:	Landlord and Tenant Act 1958-1965

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Australian Capital Territory:	Landlord and Tenant Ordinance
Northern Territory:	Tenancy Act 1979

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(c) Controls are placed on the rental that can be charged or on rental increases under some of these Statutes; for example, in New South Wales, South Australia, and Victoria there are restrictions placed on rental increases. Some of these controls, such as those in Victoria, apply only to what are called "prescribed premises" which, for example, could be premises erected before a certain date. A new law, known as the Residential Tenancies Bill, has recently been proposed in Victoria and, if passed, will extend the protection given to tenants.

Also, controls are applied in some of the legislation listed in paragraph (b) to the holding and disposal of any "bond" money that tenants may be required to pay to landlords before entering into possession. Such controls generally provide for this money to be held by some Government body which ensures that it is justly distributed at the termination of the tenancy.

All the legislation sets out procedures whereby disputes over termination of tenancies or ejections can be settled by the Courts.

(d) Discrimination on the ground of sex and marital status in the provision of accommodation is covered at the present time by legislation of some Australian state governments.

Three Australian states have legislation which proscribes discrimination on the grounds of sex and marital status. These are:

South Australia: Sex Discrimination Act 1975  
New South Wales: Anti-Discrimination Act 1977-1980  
Victoria: Equal Opportunity Act 1977.

The currently existing legislation generally makes it unlawful to discriminate on the ground of sex or marital status in the terms upon which accommodation is offered, in refusing an application for accommodation or by deferring or giving the application a lower order of precedence.

The legislation further provides that it is unlawful to discriminate against a person provided with accommodation by denying or limiting that person's access to any benefit normally furnished to persons in regard to that accommodation or by eviction or any other detriment.

All Acts exempt from these provisions, accommodation in households where the provider of the accommodation, or a near relative, continues to live there and the accommodation is for no more than six persons (usually not including the provider (or relative) and his or her family). Other exceptions which appear in some of the legislation permit the continued existence of such institutions as single-sex homes for the aged or institutions run by religious bodies, and accommodation provided in private clubs. In addition, all the legislation allows for short-term renewable exemptions to be granted to certain persons or classes of persons or for specified activities.

Where a complaint is made that unlawful discrimination has occurred, the

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matter is usually dealt with initially by a conciliator who attempts to effect a settlement by conciliation and negotiation. If this is unsuccessful, the complaint is referred to a tribunal - most of which have powers, inter alia, to award damages or order the cessation of the acts or practices the subject of the complaint. Those tribunals also undertake research, hold investigations and inquiries and make reports as well as exercising considerable public education functions.

Discrimination in respect of housing on the grounds of race is proscribed by Commonwealth and state legislation, including the Commonwealth Racial Discrimination Act 1975 (sect. 12) (see art. 11, sect. D(1)(b) above); the New South Wales Anti-Discrimination Act 1977-1980 (sect. 20); and the South Australian Racial Discrimination Act 1976 (sect. 9).

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

#### (6) Statistical information

By world standards, Australians enjoy a high standard of housing conditions. To illustrate this, reference is made below to a range of statistical data on housing conditions in Australia.

##### (a) Type of dwelling

As at the 1976 census, approximately 98 per cent of the population occupied self-contained dwellings, with only 5,400 people (0.4 per cent of the population) occupying improvised dwellings such as huts, sheds, tents etc. Over 90 per cent of the dwellings were either separate houses or flats of less than three storeys. Nearly all dwellings were constructed of a solid material (e.g., brick, brick veneer, timber, concrete).

##### (b) Size of dwellings

More than 80 per cent of separate houses contained three or more bedrooms. Flats are generally smaller, but about two thirds of all flats had two or more bedrooms.

##### (c) Housing tenure

The table below presents data on the housing tenure of Australian households in 1976 and 1978, and shows that over 70 per cent of households either own or are purchasing a dwelling. Approximately 4-5 per cent of households are tenants of public housing authorities, and many of these households pay below-market rent levels for their accommodation.

Table 1. Housing tenure in Australia

<u>Nature of tenure</u>	<u>1976</u>	<u>1978</u>
	(Percentage)	
Owner/purchaser	60.4	73.4
Public tenant	5.1	4.4
Private tenant	20.8	19.7
Other	<u>5.7</u>	<u>2.5</u>
Total	100.0	100.0

(d) Housing amenities

Nearly all Australians reside in dwellings that contain a high level of amenities. Over 90 per cent of dwellings have the sole use of a kitchen and bathroom. Only 0.4 per cent of dwellings have no piped water supply, whilst over 90 per cent of dwellings have efficient sewerage disposal systems (in form of sewerage or septic tank systems). Power and fuel is generally by reticulated electricity or gas, with only a very small proportion of dwellings not connected.

(e) Housing costs

The Australian Bureau of Statistics measured housing and other household expenditures in their 1975/76 Household Expenditure Survey. The data showed that, at the time, current housing costs on average represented 13.7 per cent of total household expenditure. Within this over-all figure, proportions for different tenure groups were, renters - 17.5 per cent; persons in the process of buying - 15.9 per cent; and persons owning their home outright - 6.9 per cent.

(f) Housing in non-metropolitan aboriginal communities, second half of 1978

Type of community	<u>Dwellings which meet standard a/</u>		<u>Dwellings below standard a/</u>		<u>Total dwellings</u>	<u>Total families</u>
	<u>Self-constructed</u>	<u>Other</u>	<u>Self-constructed</u>	<u>Other</u>		
Urban	242	8,155	820	1,587	10,804	12,744
Urban camp	27	208	174	214	623	726
Pastoral property	149	224	424	312	1,109	985
Major aboriginal centre	429	2,621	1,316	1,471	5,837	6,723
Decentralized	390	211	378	85	1,064	738
Other	14	6	39	-	59	33
Total	1,451	11,425	3,151	3,669	19,496	21,949

a/ Standard as defined for each community.

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ARTICLE 12: RIGHT TO PHYSICAL AND MENTAL HEALTH

A. Introduction - principal laws and regulations

As a member of the World Health Organization (WHO), Australia endorses the resolutions made by that body. WHO policies are based on the principle expressed in the preamble to its 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".

Australia is also a member of the International Labour Organisation. At the International Labour Conference held annually, international instruments are adopted. These are conventions, which are legally binding in all respects on those members who satisfy the conventions, and recommendations, which provide guidelines to member countries. The ILO has a very long history of collaboration in occupational safety and health, through standard-setting, research and technical assistance and many ratified conventions include matters of occupational safety and health. The National Health and Medical Research Council's Occupational Health Committee has recently implemented for Australia the International Labour Organisation's International Occupational Safety and Health Hazard Alert System.

It should be noted that the Commonwealth of Australia observes these tenets, but the principal responsibility for implementation rests with the states.

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;  
Nursing Homes Assistance Act 1974.  
Nursing Homes Assistance Regulations.

A number of states are in process of reviewing their mental health acts to ensure that there is no unnecessary deprivation of liberty and that, when liberty is removed, there is an assurance of quality of care and assurance 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.

In regard to the right of minority groups - e.g., Aborigines - to health, special measures have been adopted.

Functional and constitutional responsibility for the health of the aboriginal population rests with state health authorities, but funds are provided by the federal Government for special Aboriginal Health Programs in each state. Ten urban and rural Aboriginal controlled medical services also receive federal funding for the provision of alternative curative services to those provided by general practitioners and other agencies. Three Aboriginal-controlled medical services have also been operating in remote traditional areas in Central Australia

Certain drugs and medicines used in the prevention, cure and treatment of sickness or disease in human beings are exempt under item 38 in the First Schedule. Also various surgical and dental instruments and appliances are exempt under items in Division VII of that Schedule. Item 46 exempts machinery and equipment for use by life-saving clubs and the like in connection with the preservation of human life or the transport of persons for the purpose of medical or surgical treatment and ambulances for use by hospitals.

Item 74k exempts goods for use by bodies established and maintained principally for the purpose of engaging in research into the causes, prevention or cure of diseases in human beings.

A new exemption has been introduced for goods manufactured and designed expressly for use by blind or by deaf persons.

Item 135 enables persons who are in receipt of certain special repatriation pensions to obtain motor vehicles free of sales tax. Item 135A authorizes exemption from tax for motor vehicles for the transportation to and from gainful employment of medically eligible persons who have lost the use of one or both legs to such an extent that they are permanently unable to use public transport.

b. (1) Stillbirths and infant mortality

The infant mortality rate for Aborigines has shown a general downward trend in the 1970s, reflecting a steady increase in measures taken by the Government to improve aboriginal health. However, the rate for the aboriginal population of Australia is still about four times the rate for the total Australian population. The Australian Government attaches a high priority to the problem and considers

since 1977/78, with federal financial support. The Royal Flying Doctor Service also provides primary health care and emergency evacuations to persons in outback areas, including Aborigines - a subsidy being provided by the Federal Government. These services are initially meeting immediate health care and curative needs, but it is envisaged that they will increasingly move into preventive and promotive activities.

The remote area services have attempted to involve the community in the planning, management and delivery of health services by, for example, employing traditional healers, to work alongside salaried doctors, nurses and aboriginal health workers.

The Government believes that Aboriginal Medical Services have been particularly successful in encouraging Aborigines to take a greater interest in their own health and to make greater use of available services.

The above services are additional to services available to the general Australian community which are also available to and used by Aborigines.

Certain exemptions under the Sales Tax (Exemptions and Classifications) Act 1935 are designed to promote the right to physical and mental health.



that a further reduction in infant mortality requires an emphasis on a strong community base for health service delivery; increasing aboriginal responsibility for their own health and the integrated planning of health services with other relevant factors such as the physical environment, housing, family income, water supplies and sanitation.

Failure to attend clinics for check-ups has been a significant factor in high infant deaths in the past, which the presence of community-based health workers is helping to arrest. Training for aboriginal health workers has been stepped up in one important area. These workers, when trained, are able to provide more immediate care during the important ante- and post-natal periods of infant life.

Under the Government's self-management policy an attempt has been made to optimize the conditions for self-help. It is expected that the health of Aborigines will improve with general improvements in their standard of living.

## (2) Healthy development of children

The states and territories are responsible for administration and enforcement of legislation related to the healthy development of children. However, the National Health and Medical Research Council (NH + MRC) has a number of committees which recommend guidelines or standards for application by the appropriate authorities. The NH + MRC has recommended guidelines on:

- (a) Immunization procedures;
- (b) Recommended periods of exclusion from schools of infectious disease cases and contacts;
- (c) Other specific health prevention measures - e.g. rubella immunization, herpes simplex, etc.

It should be noted that considerable financial support is given by the Commonwealth towards the majority of vaccines provided for immunization - e.g. polio (sabin), rubella and measles vaccines are provided free of charge to states and territories.

All schools in Australia are subject to stringent government regulations and procedures designed to minimize dangers to children through accident or illness. In addition, increasing emphasis has been given in recent years to incorporating aspects of health education into school curricula, particularly at the primary level. Curriculum developments in this area being undertaken by the states are being supported at the national level by the Curriculum Department Centre whose Study Group on Health Education has identified action which is recommended to promote effective, long-term health education programmes in Australian schools.

Measures taken for the health development of aboriginal children include encouragement of breast-feeding, screening of vulnerable groups, and health, hygiene and nutritional education as part of preventive child health programmes; eradication of infections, parasitic and otherwise, and treatment of anaemia.

In recent years, health worker training programmes and on-the-job training for aboriginal personnel has been initiated to encourage and enable them to undertake primary health care in their own communities.

The School Dental Services Scheme was established in 1973 with the aim of providing a free dental service to all children under 15 years of age. The field work is performed by dental therapists working from school dental clinics under the supervision of dentists. It is a joint Commonwealth/state programme.

### (3) Environmental hygiene

The Australian Government 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 providing grants to the state and local Governments or passing legislation to ensure environmental protection where the Commonwealth is directly involved.

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

- Water Resources Assessment Act 1976: This act provides grants to the states for projects designed to measure aspects of Australia's water resources, including water quality.
- States Grants (Soil Conservation) Act 1974: This act provides grants to the states for soil conservation works in the over-all context of land management.
- Captains Flat (Abatement of Pollution) Agreement Act 1975: Grants have been provided to the government of New South Wales to prevent pollution of the Molonglo River from the Captains Flat mine workings.
- Environment Financial Assistance Act 1971 and States Grants (Air Quality Monitoring Act 1976): Grants have been provided to the states for air quality monitoring equipment.

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

- Sewerage programmes: Grants have been made to the states to improve the supply of sewerage services.
- Water supply programmes: Grants have been provided to several states to assist with the renewal of inner suburbs in large cities.
- National Estate programme: Grants are provided to the states for projects designed to protect Australia's heritage.

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

- 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 the Commonwealth.
- Environment Protection (Alligator Rivers Region) Act 1978 and 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 Northern Territory government for environmental regulatory services associated with the uranium mining.
- Environment Protection (Impact of Proposals) Act 1974: Under this Act, the environmental impact of Commonwealth 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 the Commonwealth and state are involved.

As well as providing grants, the Commonwealth 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.

The NH + MRC has many committees which recommend guidelines or standards in this field for application by the appropriate authorities. These have been recommended to the states and territories in an attempt to achieve uniformity throughout Australia.

In regard to the Australian aboriginal population, poor environmental conditions and environmental hazards in rural and fringe dwelling communities are well known as contributing factors to recurrent infections, burns, injury etc. Although some progress has been made in the provision of appropriate housing, clean water supplies and hygienic sanitary facilities, there is still an enormous back-log of work to be done and a concerted effort is being made by both Government and responsible authorities to achieve this. The provision of health services oriented towards self-education is a key element of the Government's approach. In remote areas, the provision of adequate water is required before a community may settle an area. See Article 11 (D).

Environmental education was established as a priority area within the Curriculum Development Centre in late 1976. The Centre set up a Study Group on Environmental Education and used the recommendations of this Group as a basis for the development of school curriculum materials and programmes in this area. State Departments of Education have also been giving increasing attention to environmental education.

#### (4) Prevention of diseases

(a) Immunization programmes directed towards the control of the major communicable diseases such as diphtheria, pertussis, tetanus, poliomyelitis and measles have

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been a notable success with 85-100 per cent coverage in some communities. BCG vaccination is also offered to all children of 0-5 years in all areas where Hansen's disease is endemic and to all tuberculosis contacts.

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

Aboriginals benefit from general community programmes of inoculation and vaccination. In addition some special programmes have been mounted to treat and control diseases predominantly found among Aboriginals. A recent example is the National Trachoma and Eye Health Program, undertaken during 1978 and 1979 to eradicate trachoma, one of the main causes of blindness among aboriginal people living in the hot/dry environment of the interior and northern regions. An army field hospital accompanied the survey team, administering treatments and carrying out operations in the locations where sufferers lived.

More than 102,000 people were examined as part of the survey, of which about 60 per cent were of aboriginal descent. Some rescreening surveys have been conducted to assess the effectiveness of the programme. A further survey has also been carried out to evaluate and report to the Government on the needs of blind and severely visually impaired Aboriginals in Central Australia.

Venereal disease control programmes are being undertaken in some communities where recently a sudden and dramatic increase in the incidence of sexually transmitted diseases was observed.

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

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.

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

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 and has reduced spread among the aboriginal population and allowed for prevention and early treatment of deformities. This, with the advent of the sulphones and other anti-leprotics, has made outpatient treatment of non-infectious patients possible, reduced the previous long-term stay in leprosaria for infectious patients, and has done much among the aboriginal population to alter previous attitudes of concealment and avoidance of treatment.

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

Both Commonwealth and state governments promote and support anti-smoking campaigns and measures in the interests of better health. Specifically, the Commonwealth Broadcasting and Television Act was amended on 1 September 1976 to prohibit cigarette advertising on television and radio.

The Commonwealth and a number of state governments have acted to prohibit or restrict smoking on certain government public transport.

The Commonwealth Government has introduced periodical publications of the tar and nicotine yields of Australian and imported cigarettes as a public health education measure.

Both Commonwealth and state health authorities also promote and support health promotion and education programmes which highlight health problems caused by excessive drinking of alcoholic beverages. Specifically, negotiations between Commonwealth health authorities, the liquor industry and the Media Council have resulted in a voluntary code to govern standards of advertising of alcoholic beverages.

In the formulation of the new code, particular attention was paid to measures to protect the more impressionable in the community, e.g. adolescents.

The Commonwealth and state governments have co-operated in a successful approach to a number of Australian brewers, resulting in the production of low-alcohol beer.

(b) Occupational health

Under the provisions of the Code of General Principles on Occupational Safety and Health in Australian Government Employment, the Department of Productivity has responsibility for the oversight and implementation of the Code. The Director-General of Health (as the Occupational Health Authority in respect of Commonwealth Employees) is responsible for all health aspects of the Code.

Two major committees and their associated working parties have responsibility for making recommendations on occupational health guidelines. Codes of practice and hygienic standards. The committees are:

- Committee on Occupational Safety and Health in Australian Government Employment. Responsible for preparing draft provisions for authorization by the Minister for Productivity. The provisions are published as codes of practice (e.g., Ventilation and Thermal Control, Spray Painting, Welding and Cutting) for application in relevant areas of Commonwealth employment. Thirty-seven Codes have been issued to date. The Department of Health is responsible for the occupational health input to the codes.
- Occupational Health Committee. Advises the National Health and Medical Research Council on matters relating to industrial hygiene and occupational health. The Committee makes recommendations on occupational

health guides which, when endorsed by the National Health and Medical Research Council, are determined by the Director-General of Health for the purposes of the Code of General Principles. Occupational health guides so approved include subjects such as electroplating, asbestos, and hygienic standards for atmospheric contaminants. There are currently 11 approved guides.

A further National Health and Medical Research Council Committee, the Ad Hoc Sub-Committee on the Health Hazards of Asbestos, is currently conducting an enquiry into the risks to health caused by exposure to asbestos or products containing asbestos.

The National Health and Medical Research Council has also published 26 documents on occupational health topics such as Model Asbestos Regulations, Uniform Paint Standard and Uniform Pesticide Regulations.

The standards or guidelines produced by the National Health and Medical Research Council have the status of recommendations only. Implementation of its recommendations is a matter for the states, local government authorities and industries.

(c) The planned closure of human quarantine stations throughout Australia has necessitated a change in policy and arrangements for handling possible yellow fever carriers arriving in Australia. Previously, travellers arriving within six days of leaving a yellow fever endemic zone and who were unvaccinated or not in possession of a valid vaccination certificate, were confined in a quarantine station in mosquito-proofed quarters for the remaining portion of the six-day incubation period.

Based on the known existence of mosquito vectors (usually Aedes aegypti), Australia can be divided into potentially receptive areas and non-receptive areas. Hence Victoria, South Australia and Tasmania may be regarded as non-receptive areas and Western Australia, New South Wales, Queensland and the Northern Territory as potentially receptive areas.

International airports in state capital cities are inspected regularly, and have been found free from Aedes aegypti mosquitoes. These airports therefore present no risk of dissemination of yellow fever from an infected passenger who stays within the airport terminal during a transit stop.

However, suspects disembarking at international airports in non-receptive areas are still placed under quarantine surveillance but may move freely within the city confines. Those persons who arrive at an international airport in potentially receptive areas are detained in quarantine (if they are not in possession of a valid yellow fever vaccination certificate) in state, Commonwealth or other suitable mosquito-proofed accommodation for the remainder of the incubation period.

For the containment and sophisticated treatment requirements of the viral haemorrhagic fevers, a central infectious disease control centre is being built in Victoria. When the centre is completed in July 1980 it will be possible to transfer suspected cases by air transmit isolator from anywhere in Australia.

General surveillance of the coastline and the territorial sea is an integral part of Australia's total quarantine protective system. Since 1975, coastal surveillance has been undertaken by means of a co-ordinated programme designed to meet the initial requirements of a number of user departments.

In July 1978, the Government announced a major new programme to upgrade coastal surveillance and enforcement capabilities, reflecting its concern over increased evidence of smuggling, unauthorized landings, quarantine breaches and other illegal activities along the northern coastline.

The quarantine aspects of the programme were fully implemented in January 1979, and involve daily air searches of the coast between Geraldton (Western Australia) and Cairns (Queensland) by civil aircraft on charter to the Commonwealth, together with an extension of surveillance activities by armed services, aircraft and patrol boats.

Reports from the daily air searches are channelled into the Coastal Surveillance Centre in Canberra and disseminated immediately to relevant agencies. When a report requires quarantine activity, action is taken to have a Quarantine Service field team at the scene within 12 hours.

Quarantine officers acted as observers in surveillance aircraft during the developmental stage of the new programme.

Recent months have seen a significant increase in the number of refugees arriving in Australia from the Indo-Chinese peninsula. Those who have arrived in Northern Australia in small boats have posed human, animal and plant quarantine problems.

Special procedures have been formulated to counter these problems. The majority of such vessels have been intercepted by coastal surveillance aircraft and boats and escorted into Darwin, where the refugees are subject to complete medical examinations, including chest X-rays, at the quarantine station. Full quarantine precautions are taken in regard to each vessel. Food is removed and incinerated, and quarantinable items of plant and animal material are destroyed. The vessel is examined for borer and rodent infestations and suitable treatments undertaken where necessary.

A few cases have been reported of landings of refugees at isolated places along the coastline. In these cases a quarantine team is taken to the landing place where the same examinations and precautions are undertaken, together with a thorough search of the area for discarded items of a quarantinable nature. Where located, these items are destroyed by an appropriate method.

#### (5) Health services

Whilst the primary responsibility for the provision of rural health services in Australia lies with state and local authorities, the Commonwealth Government has acted towards improving health services and facilities in rural areas through its support for existing schemes through special purpose grants. The Community

Health Program is the most extensive and comprehensive scheme in operation in the provision of non institutional care.

The Community Health Program was set up in 1973 with two major objectives:

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

The Community Health Program encompasses a variety of services. Community health centres are only a small part of the range of services. 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 programs;
- Women's health services;
- Youth and adolescent services.

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

There are 822 individual projects currently approved under the Community Health Program. While by no means all community health services are identified under this one Program, it is increasingly seen as the major initiative for the support of community health services in Australia.

The following schemes are designed specifically to ensure the provision of adequate health care in rural areas.



### Aerial health services

The New South Wales Aerial Medical Service provides specialist visits to some rural communities and is supported by the Commonwealth Government and New South Wales state government through the Community Health Program. It has been found that the service is highly cost-effective when compared with transporting patients to specialist services. Similar schemes are supported through the Community Health Program in Tasmania and Western Australia.

### Northern Territory Aerial Medical Service (NTAMS)

The Northern Territory Aerial Medical Service provides general practitioner/ outpatient services to isolated communities in the Northern Territory. Routine visits to many scattered centres are made by a medical practitioner accompanied by a nursing sister. Radio contact is maintained with the centres for emergency cases. A major feature of the NTAMS is its close working relationship with the Aboriginal Health Workers resident in small aboriginal communities, which are increasing in number, as the aboriginal homelands centres movement gathers momentum.

### Royal Flying Doctor Service

The Commonwealth Government provides an ongoing subsidy for a non-profit privately run Royal Flying Doctor Service which provides aerial medical and nursing facilities to some sparsely settled and inaccessible areas. It has autonomously operating services in all Australian states, co-ordinated by a federal Council.

### The Isolated Patient Travel and Accommodation Assistance Scheme (IPTAAS)

The Isolated Patient Travel and Accommodation Assistance Scheme, implemented in 1978, was designed to assist people in remote and isolated areas to meet the costs of specialist health care not available in their own locality. The Scheme provides assistance with the costs of travel and accommodation when patients have to travel long distances for treatment.

Special health services for Aboriginals operate in both urban and rural areas, including general practitioner, field nursing and referral services, and social work and nutrition programmes. The services are basically curative services but increasing emphasis is being given to the provision of preventive and promotive services.

An Australian Government Standing Committee on Aboriginal Affairs completed an inquiry on aboriginal health and reported to Parliament in March 1979. The two main thrusts of the report were the need to upgrade the physical environment of aboriginal communities, and for greater aboriginal involvement in the identification of health needs and the design and implementation of services. The Government is currently examining the recommendations of the report in detail.

Government finance for the financial year 1978/79 totalled over \$A 17.5, compared with \$A 16.3m expended in 1977/78. Grants to aboriginal organizations of nearly \$A 5m represented an increase of 22 per cent over expenditure the previous year. A total allocation of \$A 18.7m has been made for special health services for Aborigines in 1978/80.

(6) Provision of and financing of medical care

(a) Australia is a federation of six states and two territories. The health care system is a pluralistic system involving the three levels of government - Commonwealth (federal), state and municipal - and public and private providers and institutions. There are constitutional limitations placed on the powers of the Commonwealth Government, the residue of power being vested in the state government. Although an increasing role in the financing of health services is taken by governments, an important feature of Australian health services is that most medical and dental services are provided by private practitioners on a fee-for-service basis.

Since 1946 the federal Government has had powers to make national laws, binding to the states, in respect of pharmaceutical, hospital and sickness benefits, and medical and dental services. The Commonwealth Government has also used its powers under Section 96 of the Constitution to make grants to the states for health purposes. The Commonwealth has direct constitutional responsibility for cash benefit programmes and through special purpose grants to the states, for cost sharing of public hospitals (50 per cent of "approved" budgets) and other state-operated programmes. Health care expenditures in Australia for 1977/78 was \$7,151 million, being 7.9 per cent of gross domestic product. In 1977/78, 37 per cent of total health care expenditure was met by the Commonwealth Government, 25 per cent by state governments, and 38 per cent was met by other private sources.

The six state governments and two Commonwealth territories have the major responsibility for the public provision of health services, including public hospital systems, mental health services, public health and professional licensure. Since 1973 four state governments have established health commissions with the aim of integrating state health activities which have generally developed in a segregated manner as public health, hospital and mental health services. 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 Hospitals and Allied Services Advisory Council (HASAC), an independent advisory body established in 1970, and through national standing committees which meet half-yearly.

The statutory obligations of local health authorities vary from state to state although their major health responsibilities are environmental control and a limited range of personal health services.

With respect to health institutions, in 1978, there were 1,133 hospitals, 792 of these were public and 341 private. They provide 71,138 and 21,600 beds,

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respectively. There were 1,187 nursing homes with a total number of 58,482 beds. Medical manpower figures for 1978 give the total number of medical practitioners as 24,205, a ratio of 1 doctor to 590 persons. Ten medical schools graduated 1,621 persons with M.B., B.S., degrees in that year.

(b) The Australian Health Insurance Scheme

The Australian Health Insurance Scheme is designed to provide all Australian residents with guaranteed protection against higher-cost items of medical service and a basic level of coverage against the costs of hospital and nursing home treatment. This coverage, which is financed by the Australian Government from consolidated revenue, is provided in the form of:

- Commonwealth Medical Benefits;
- Government Hospital Cover;
- Commonwealth Nursing Home Benefits;
- Nursing Home Deficit Financing Arrangements;
- Commonwealth Domiciliary Nursing Care Benefit.

Additional coverage is available from registered medical benefits organizations and registered hospital benefits organizations. These are private non-profit organizations.

The various sectors of the health scheme are authorized by, and administered under, the following Australian Government legislation:

- (a) National Health Act 1953 (and Regulations);
- (b) Health Insurance Act 1973 (and Regulations);
- (c) Nursing Homes Assistance Act 1974 (and Regulations).

Commonwealth medical benefits

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.

Australian residents are entitled to Commonwealth medical benefits (for which they are not required to contribute) equal to the full amount by which the

schedule fee for each service exceeds \$20. This means that even for the most expensive medical service, the patient only has to pay a maximum amount of \$20 where the schedule fee is charged. The patient would also have to pay any amount charged in excess of the schedule fee.

The Commonwealth medical benefit is claimed by registering with a registered medical benefits organization 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. The medical benefit organizations are agents for the Australian Government in relation to the payment of the Commonwealth medical benefits.

A special higher rate of Commonwealth medical benefit applies in respect of pensioners who are entitled to pensioner health benefits (determined by the Department of Social Security). Pensioners who qualify are eligible for Commonwealth medical benefits equal to 85 per cent of the schedule fee for each service or the schedule fee less \$5, whichever is the greater amount. Doctors may bulk-bill the Department of Health direct for these benefits.

Alternatively, the pensioners may pay the doctors' accounts and then claim the benefits from the medical benefits organizations with which they have registered.

A special higher rate of Commonwealth medical benefit also applies in the situation where a doctor deems an uninsured patient to be disadvantaged because of low income or some other reason and the doctor bulk-bills the Department of Health for the appropriate benefit in full settlement of his account. The appropriate benefit in this case is calculated at 75 per cent of the schedule fee for the service.

#### Insurance medical benefits

All registered medical benefits organizations are required to operate a basic medical benefits table and may, in addition, operate other tables of benefits.

The basic table provides benefit equal to 75 per cent of the schedule fee or the schedule fee less than \$10, whichever is the greater amount. These benefits include the Commonwealth benefit equal to the full amount over \$20 for each medical service up to the limit of the schedule fee.

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.

The organizations may also operate other tables of benefits with the proviso that total medical benefits are not to exceed the schedule fee or the amount

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charged by the doctor, whichever is the lesser amount. These tables may also provide benefits for a wide range of paramedical services and aids, dental services etc.

#### Government hospital cover

Those Australian residents without basic hospital insurance are entitled to free shared-ward accommodation in recognized (Government-financed) hospitals and to free treatment in recognized hospitals by doctors (including specialists) engaged by those hospitals. (Note that in Queensland only, every resident, with or without private hospital insurance, is entitled to free hospital care.)

The above-noted free hospital cover is provided under a cost-sharing agreement which the Australian Government has with each of the state governments. Under these agreements the Australian Government pays the state governments amounts equal to 50 per cent of the approved net operating costs of the state hospital system. For their part, the state governments provide the hospital services free of charge to these uninsured patients who do not seek a private room or request to be treated in hospital by a private doctor. Under the latter two situations, the free arrangements do not apply and the patients are classified as private patients and charged the normal hospital fees.

In addition, the Australian Government also provides a Commonwealth hospital benefit of \$16 per day for each day of hospitalization in a private hospital (i.e., an approved hospital other than a recognized hospital). This benefit is claimed by the private hospital on the patient's behalf and is subsequently deducted from the patient's account. A similar rate of benefit is also paid in respect of each day of hospitalization by an Australian resident during a period of temporary absence from Australia. In the latter case, the benefit is paid to the patient after submitting a claim to the Department of Health, usually on returning to Australia.

#### Insurance hospital benefits

Hospital fees, currently \$50 per day shared-ward accommodation in recognized hospitals and \$75 per day private room accommodation in recognized hospitals are determined and reviewed under the cost-sharing agreements referred to above. Private hospitals charge varying fees, which are set by the administrators of the individual private hospitals.

All registered hospital benefits organizations are required to operate a basic hospital benefits table and may, in addition, operate other tables of benefits.

The basic table currently provides the following benefits:

- (a) Hospital fund benefit of \$50 per day, equal to the private patient fee for shared-ward accommodation in a recognized hospital. This benefit

may also be utilized to partly cover the fee (\$75) for a private room in a recognized hospital or for accommodation in a private hospital;

- (b) Benefits of \$25 per day to cover "professional services" rendered to private patients in recognized hospitals by doctors employed by the hospitals. This situation arises where a private patient chooses to be treated by doctors engaged by the hospital rather than by a private doctor;
- (c) Outpatient benefits in respect of outpatient services provided in those states where recognized hospitals charge for these services;
- (d) Nursing home fund benefits, which will be referred to below.

As in the medical basic table, the organizations may not refuse to accept members to the basic hospital table on the grounds of state of health. Although the organizations may not refuse fund benefits because of pre-existing illness, chronic illness etc., they do receive financial assistance from the Government to maintain benefits payments to persons who require extensive hospitalization. This assistance is provided under the Hospital Benefits Reinsurance Trust Fund, which will be referred to later.

In addition to the basic hospital benefits table, the hospital benefits organization may also operate other tables of benefits with the proviso that the total benefits will not exceed the amount of the charge. Most organizations operate a \$25-per-day table which, when combined with the basic table (\$50 benefit), provides cover equal to the charge (\$75) for a private room in a recognized hospital. The \$25 benefit may, in combination with the basic table benefit, also be used to at least partly cover the net cost of accommodation in a private hospital. Some organizations also have additional tables of benefits to cover private hospital charges and to cover some paramedical services and aids.

#### Long-term nursing-home-type patients in hospitals

Long-term patients accommodated in hospitals who no longer require hospital treatment are to be reclassified as nursing-home-type patients and required to contribute towards their care and accommodation in the same way as patients in nursing homes (see "Government Nursing Home Benefits"). A "nursing-home-type patient" is an inpatient whose hospitalization exceeds 60 days, unless a certificate has been issued by a medical practitioner to certify that a patient is in need of acute care.

Where patients in recognized hospitals are so reclassified and are insured for hospital benefits, the health insurance organizations pay a reduced benefit equivalent to the appropriate nursing home benefit.

#### Insurance contribution rates

It is Government policy that the contribution rates for the basic medical benefits tables and basic hospital benefits tables are to be based on the community rating principle - i.e., all contributors to a table pay the same

contribution regardless of such factors as age, sex, state of health etc. The only permitted exception to this rule is that persons without dependents need only pay half the normal rate of contribution.

Although most organizations also apply the above-named principle to their benefits tables other than the basic table, they are not required to do so.

#### Hospital Benefits Reinsurance Trust Fund

The Government currently contributes \$50 million per year to the Trust Fund.

The Trust Fund, which only relates to basic hospital benefits table transactions, 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 in a 12-month period. Only the excess days may be debited to the Reinsurance Account. Contributions paid by those members for the relevant period are also credited to the Account. All nursing home benefits payable under the basic hospital benefits table may be 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) Management expense allowance;
  - (iii) Contributions credited to the Account;
  - (iv) Net balance of the Account;
  - (v) Total membership of the organization.
- (c) After calculating the total net balances and total membership, the amount of the Government assistance (\$12.5 million per quarter) is deducted from the total net balances. The remainder is then divided by total membership, to derive an average amount per member.
- (d) Those organizations which have above-average claiming experience receive a payment from the Trust Fund whilst those organizations which have below-average claiming experience are required to make a payment into the Trust Fund.

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.

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Government Nursing Home Benefits

There are two forms of Commonwealth benefit payable in respect of patients accommodated in premises approved as nursing homes under the National Health Act. These benefits are described below.

Basic Nursing Home Benefits is payable in respect of all qualified nursing home patients other than those patients who are eligible to receive benefits from a registered hospital benefits organization or from some other source such as compensation, third party insurance etc. The amount of basic benefit payable varies between states on the basis of an amount which, when combined with the minimum patient contribution (as explained below) will fully cover the costs of 70 per cent of patients in non-government nursing homes in each state. The benefit is reviewed and adjustment taking effect on 9 November 1978.

As at 9 November 1980, the maximum amount of basic nursing home benefit payable per day in each state was: New South Wales, \$13.65; Victoria, \$20.40; Queensland, \$11.80; South Australia, \$18.90; Western Australia, \$11.75; and Tasmania, \$15.85.

Commonwealth Extensive Care Benefit is payable at the rate of \$6 a day, in addition to the Commonwealth basic benefit, in respect of patients who need and receive "extensive care", as defined in the National Health Act. As in the case of the Commonwealth basic benefit, the Extensive Care Benefit is payable in respect only of qualified patients who are not entitled to receive such benefits from a registered hospital benefits organization, workers' compensation or third party insurance.

Patients who are insured with a registered hospital benefits organization receive the same level of benefit entitlement, whether at the basic benefit or extensive care benefit levels, from that organization and not from the Government.

Generally speaking, all nursing home patients are required to make a minimum contribution towards the approved nursing home fee charged (while an exception to this rule is provided for, that exception relates basically to certain circumstances involving handicapped children in nursing homes).

As at 9 November 1978, the minimum patient contribution payable by patients accommodated in nursing homes approved under the National Health Act was \$7.25 a day.

Where the fees charged by a nursing home are in excess of the combined total of nursing home benefits plus the patient contribution, the difference must be met by the patient. Conversely, where the nursing home fee is less than this combined total, the basic benefit (whether private health insurance benefit or Government benefit) is reduced by that amount.



#### Deficit financing arrangements

As an alternative to the provision of patient benefits under the National Health Act (as outlined above), the Nursing Homes Assistance Act 1974 provides for an arrangement whereby the Commonwealth Government may meet the net operating deficits of religious and charitable nursing homes.

All nursing homes wishing to participate in the deficit financing arrangements must enter into a formal agreement with the Government for that purpose.

Commonwealth Nursing Home Benefits, as provided under the National Health Act are not payable to a nursing home during any period in respect of which that nursing home participates under the deficit financing arrangements and uninsured patients are charged only a prescribed fee equivalent to the minimum patient contribution. However, the usual arrangements, as for nursing homes approved under the National Health Act, apply to insured patients, and registered hospital benefits organizations pay the full normal benefit rate.

#### Domiciliary Nursing Care Benefit

In addition, the Australian Government provides a benefit to persons who are willing and able to care, in their own homes, for chronically ill or infirm relatives who would otherwise qualify for nursing home benefits.

The benefit, the domiciliary nursing care benefit, is payable at the rate of \$14 a week (\$2 daily). The basic criteria for the payment of the benefit are that the patient must be aged 16 years or over and be in need of continuing nursing care and receiving regular visits by a registered nurse. (The age criterion is being reduced from 65 to 16 years from 1 November 1979.)

#### Non-residents

Legislative provisions exist for a person who is in Australia but is not an Australian resident to apply to the Government for the application of the health insurance legislation to him during his stay in Australia. Such an application may be approved subject to such conditions as are determined, including the payment of a premium by the applicant.

Legislation also exists that allows the Commonwealth Government to enter into an agreement with the Government of another country for the provision of reciprocal treatment of visitors to Australia and other countries. To date, no such agreements have been entered into.

#### (c) Summary of developments in the health insurance arrangements since 1975

- (i) From 1 July 1975, a universal health insurance programme, known as Medibank, was introduced in Australia, replacing previous voluntary health insurance arrangements. Medibank was originally non-contributory and financed from consolidated revenue.

- (ii) From 1 October 1976, all residents who did not elect private medical and hospital insurance were automatically covered under Standard Medibank for basic medical benefits and free standard ward treatment and accommodation in recognized (public) hospitals.
- A levy of 2.5 per cent of taxable income up to a maximum of \$300 a year (family) or \$150 a year (single) was imposed on persons who did not take out basic private insurance. Low-income earners, most pensioners, certain Defence Force personnel and Repatriation beneficiaries were exempt from paying the levy.
  - A Commonwealth Government subsidy became available to the registered private hospital organizations through the Re-insurance Trust Fund arrangements, for persons whose total period of hospitalization in any one year exceeded 35 days.
  - Persons covered by Standard Medibank were able to take out additional hospital-only insurance to cover themselves against the fees charged for shared room accommodation in recognized (public) hospitals where treatment was given by the doctor of their choice. Contribution rates for this additional private insurance were subsidized by the Commonwealth Government to benefit low-income and medium-income earners.
  - Diagnostic services in recognized (public) hospitals were provided to privately insured patients on a fee-for-service basis.
  - Doctors who bulk-billed could charge the patient the remaining 15 per cent between the schedule fee and basic medical benefits.
  - Contributions for any medical or hospital insurance cover no longer rebateable expenditure for taxation purposes.
- (iii) From 1 October 1977, revised nursing home benefits arrangements combined the previously existing "ordinary Nursing Home Care Benefit" and "Additional benefit" to form a single benefit. This benefit - the "basic benefit" - is payable by the Commonwealth Government in respect of all qualified nursing home patients other than those patients who are members of a registered hospital benefits organization and who receive this benefit from their organizations. The supplementary benefit for patients receiving intensive care was doubled and renamed "extensive care benefit".
- (iv) From 1 July 1978 the rate of basic medical benefits was changed to 75 per cent of the schedule fee or the schedule fee less \$10, whichever is the greater, except for pensioners and their dependants with Pensioner Health Benefit Cards which remained at 85 per cent/\$5.
- (v) From 1 November 1978 the health insurance levy was abolished.

- All Australian residents became eligible to receive a Commonwealth medical benefit funded from consolidated revenue to cover 40 per cent of the schedule fee with a maximum patient contribution of \$20 for any one service where the schedule fee was charged.
  - A new concept of bulk-billing for disadvantaged persons was introduced, whereby the doctors received from the Commonwealth Government 75 per cent of the schedule fee as payment in full for the service rendered. Bulk-billing arrangements for all other persons (except pensioners with Pensioner Health Benefit cards and their dependants) ceased.
  - Registered medical benefits organizations were required, as a condition of their registration, to offer a basic medical benefits table which when added to the Commonwealth medical benefit, provided coverage for 75 per cent of the schedule fee, with a maximum patient contribution of \$10 for any one service where the schedule fee was charged.
  - Those who elected not to insure for fund medical benefits needed to register with a registered medical benefits organization that agreed to pay the Commonwealth medical benefit to uninsured persons on behalf of the Commonwealth.
  - Registered medical benefits organizations were also able to offer a variety of medical benefits packages up to a maximum of the schedule fee, ancillary benefits tables and to introduce deductibles if they so chose.
  - Registered hospital benefits organizations were able to continue offering both basic and supplementary hospital benefits coverage and in addition were free to devise attractive and competitive hospital benefits packages, including ancillary benefits and introduce deductibles if they so chose.
- (vi) From 1 July 1979 provision was made for long-term patients accommodated in hospitals who no longer required hospital treatment to be reclassified as nursing-home-type patients and to contribute towards their care and accommodation in the same way as patients in nursing homes. A "nursing-home-type patient" is an inpatient whose hospitalization exceeds 60 days, unless a certificate has been issued by a medical practitioner to certify that a patient is in need of acute care.

The actual introduction of this arrangement will depend on formal acceptance by state governments.

- (vii) From 1 September 1979 the Commonwealth no longer meets 40 per cent of doctors' schedule fees for lower-cost medical items. The Commonwealth Government meets all costs over \$20 for each medical service up to the limit of the schedule fee.
- Each person is responsible for the first \$20 of any schedule medical service, unless privately insured.

- In-patient hospital fees in recognised (public) hospitals increased to \$50 a day shared-ward accommodation and \$75 a day private-ward accommodation. The professional service fee in respect of hospital insured persons who elect to be treated by hospital employed medical staff increased to \$25 a day.

C. (1) In 1978 the doctor-to-head-of-population ratio in Australia was 1:594.

Table 2. Approved hospitals and beds: 1975-1979

(number at 30 June)

	1975	1976	1977	1978	1979
<b>Approved hospitals:</b>					
Public	780	777	787	792	791
Private	336	339	344	341	344
<b>Total</b>	<b>1,116</b>	<b>1,116</b>	<b>1,131</b>	<b>1,133</b>	<b>1,135</b>
<b>Beds:</b>					
Public	68,727	69,544	70,390	71,249	72,213
Private	16,570	17,428	21,254	21,600	22,243
<b>Total</b>	<b>85,297</b>	<b>86,972</b>	<b>91,644</b>	<b>92,849</b>	<b>94,456</b>
<b>Beds per 1,000 population</b>	<b>6.2</b>	<b>6.3</b>	<b>6.5</b>	<b>6.5</b>	<b>6.6</b>

Table 3. Approved nursing homes and beds: 1975-1979  
 (number at 30 June)

	1975	1976	1977	1978	1979
Approved nursing homes:					
Deficit-financed	189	224	260	282	293
Government	97	96	101	107	126
Other	883	843	799	798	811
<b>Total</b>	<b>1,169</b>	<b>1,163</b>	<b>1,160</b>	<b>1,187</b>	<b>1,235</b>
Beds:					
Deficit-financed	8,271	9,739	11,439	12,435	13,495
Government	12,593	12,908	13,080	13,615	14,247
Other	33,892	32,931	31,993	31,432	33,696
<b>Total</b>	<b>54,756</b>	<b>55,578</b>	<b>56,512</b>	<b>58,482</b>	<b>61,430</b>
Beds per 1,000 population	4.0	4.0	4.0	4.1	4.3

(2) Aboriginal health statistics

Relevant statistics are shown below, showing a situation of steady improvement and narrowing of the gap between the health of Aborigines and that of the general population. Statistics are provided covering the areas of greatest concern. The statistics for venereal disease among Aborigines are a matter for some concern, but mirror a similar pattern for the general community at a much lower level. The increase has been noted by the health authorities and Aboriginal Medical Services, and appropriate steps have been taken to arrest the increase.

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(c) Health services in non-metropolitan aboriginal communities, second half of 1978

(i) Access to medical practitioners:

	<u>At community</u>	<u>Nearby; easily accessible; visits regularly</u>	<u>Not easily accessible</u>	<u>Not available</u>
Total, Australia:				
Communities	204	404	113	78
Population	63,000	60,200	7,800	4,600

(ii) Access to nursing staff:

	<u>At community</u>	<u>Nearby; easily accessible; visits regularly</u>	<u>Not easily accessible</u>	<u>Not available</u>
Total, Australia:				
Communities	309	361	84	45
Population	92,100	37,600	3,700	2,200

(iii) Access to hospitals:

	<u>At community</u>	<u>Nearby; easily accessible; visits regularly</u>	<u>Not easily accessible</u>	<u>Not available</u>
Total, Australia:				
Communities	252	302	178	67
Population	81,000	37,500	11,600	5,400

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(b) Not all states separate Aborigines from non-Aborigines in their statistics collections, and comprehensive statistics are only available for the Northern Territory. Some diseases are subject to notification, and statistics on them follow.

(i) Leprosy

The Northern Territory and Western Australia have the greatest incidence of leprosy. The relevant figures are:

Northern Territory

<u>Registration:</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>
Aboriginal	753	764	710	697	...
Non-Aboriginal	43	42	40	40	...
Unreviewed	45	14	67	79	...
<u>Active cases</u>					
Aboriginal	20	10	14	19	...
Non-Aboriginal	3	2	4	6	...

Western Australia

Notification (All people)	17 (13 Aborigines)	13 (10 Aborigines)	21	17	...
Inmates being treated (All people)	-	-	36	36	...

An insignificant number of cases occur in other States.

(ii) Syphilis notifications (available data)

	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>
<u>Aboriginal:</u>					
Number	208	346	508	703	510
Rate/1,000	8.5	13.6	23.9	27.1	19.3
<u>Non-Aboriginal:</u>					
Number	64	92	71	166	97
Rate/1,000	0.8	1.4	0.9	2.1	1.1

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(iii) Infant mortality

These figures relate to the three areas where separate statistics are kept.

<u>Infant mortality rates a/</u>	<u>1965</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>
Northern Territory	143	56	50	53	75	48
Queensland	...	70	54	66	54	49
Western Australia	...	...	...	...	...	36
Total, Australia		16	14	14	12	...

a/ Number of infant deaths per 1,000 live births.

(iv) Cyc disease - 1978 Survey

	<u>Aboriginal</u>	<u>Non-Aboriginal</u>
Follicular and cicatricial trachoma	38.3 per cent	1.7 per cent



Reference material\*

ARTICLE 10

1. Important changes in Pensions, Benefits and allowances: 1978 and 1979.
- 2-3. Publications by the Australian Bureau of Statistics:
  - The Labour Force, Australia (June 1979)
  - Employment Status of Teenagers (August 1978).
4. Excerpts from Income Tax Assessment Act.
5. Family Law Act 1975 and amendments, 1976, 1977, 1979, 1975.
6. Marriage Act 1961 and amendment 1976.
7. New South Wales:
  - Child Welfare Act 1939 and amendment 1979.
8. Queensland:
  - Children's Services Act 1965 and amendments: 1973, 1970, 1971.
9. South Australia:
  - Children's Protection and Young Offenders Act 1979.
10. Tasmania:
  - Child Welfare Act and amendment 1960.
11. Victoria:
  - Social Welfare Act 1970 and amendments 1977, 1978.
12. Victoria:
  - Children's Court Act, 1973.
13. Western Australia:
  - Child Welfare Act 1947-1977.
14. Australian Capital Territory:
  - Child Welfare Ordinance 1957.
- 15 and 16. Northern Territory:
  - Child Welfare Ordinance 1958-1967 and amendments 1967, 1969, 1971, 1973 and its amended form
  - Status of Children Act, 1979.

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\* These documents are available for consultation in the files of the Secretariat in their original language, as received from the Government of Australia.

ARTICLE 11

1. Aged Persons Hostels Act 1972, and amendments, 1974, 1976.
2. Aged Persons Homes Act 1954-1972, and amendments 1973, 1974.
3. Handicapped Persons Assistance Act 1974, and amendment 1976.
4. Homeless Persons Assistance Act 1974, and amendments 1977.
5. States Grants (Home Care) Act, 1969-1973, and amendment 1978.
6. Delivered Meals Subsidy Act 1970, and amendments 1972, 1973, 1974.
7. Australian Bureau of Statistics Publication:
  - Apparent Consumption of Foodstuffs and Nutrients, Australia 1975-1976 and 1976-1977.
8. Sales Tax (Exemptions and Classifications) Act 1935-1973 and amendments 1975, 1976, 1978, 1979.
9. New South Wales:
  - Landlord and Tenant Act 1899 and amendments 1940, 1977, 1978.
10. Queensland:
  - Residential Tenancies Act 1975.
11. South Australia:
  - Residential Tenancies Act 1973.
12. Tasmania:
  - Landlord and Tenant Act, 1935.
13. Victoria:
  - Landlord and Tenant Act, 1958.
14. Australian Capital Territory:
  - Landlord and Tenant Ordinance 1940.
15. Northern Territory:
  - Tenancy Act and amendment 1979.

ARTICLE 12

1. States Grants (Water Resources Assessment) Act 1976.\*
2. Environment (Financial Assistance) Act, 1977.\*
3. Administrative Changes (Consequential Provisions) Act 1978. \*This Act amends 1 and 2 above.

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4. States Grants (Soil Conservation) Act 1974.
5. Captain's Flat (Abatement of Pollution) Agreement Act 1975.
6. States Grants (Air Quality Monitoring) Act 1976.
7. Australian Heritage Commission Act 1975.
8. Environment Protection (Alligator Rivers Region) Act 1978.
9. Environment Protection (Nuclear Codes) Act 1978.
10. Environment Protection (Impact of Proposals) Act 1974 and amendment 1975.

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