Australian Government
Australian Institute of Health and Welfare

access

issue no. 31 2011

www.aihw.gov.au

Inside

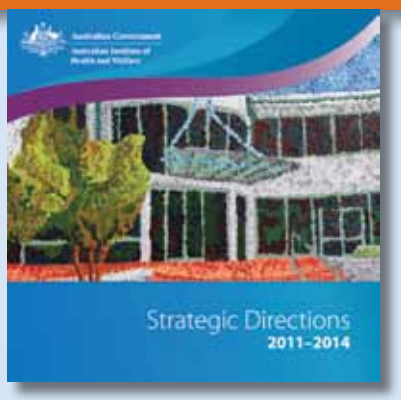
ISSN: 1442-4908
ISBN: 978-1-74249-235-3
CAT no: HWI 115

Australian Institute of Health and Welfare
Board Chair Dr Andrew Refshauge
Director David Kalisch

Published by the Australian Institute of Health and Welfare
Print post approved pp255003/04169

Reduce your impact on the environment and your paper trail by switching to our online version of *AIHW access*. Register online at **www.aihw.gov.au/access/subscribe.cfm**.

From the Director



The year just seems to be flying by, and with Christmas just around the corner, the AIHW is wrapping up a busy year of achievements.

I would like to first mention the new *AIHW Strategic Directions 2011–2014* document, which is a roadmap for our priority actions over coming years, and is very much an evolution rather than a revolution of previous strategies.

The document describes the AIHW as 'a major national agency established under the AIHW Act as an independent statutory body to provide reliable, regular and relevant information and statistics on Australia's health and welfare'.

Our new mission, 'Authoritative information and statistics to promote better health and wellbeing' builds on the previous mission, and reflects the fact that we aspire to be, and are seen as, authoritative by governments, the media, academics, and other stakeholders, including the public.

The strategic directions endorsed by the Board for the AIHW are:

- further strengthen our policy relevance
- improve the availability of information for the community and our stakeholders
- improve information quality, protecting privacy
- capitalise on the contemporary information environment
- cultivate and value a skilled, engaged and versatile workforce.

These strategic directions will shape the way we work and provide clarity to our many stakeholders around what they should expect from the Institute.

To help the AIHW deliver on its mission, innovation is increasingly becoming part of the way we do things. The developments I will outline below all reflect innovative use of the opportunities provided by web-based reporting to boost the speed of data development, and to improve the quality and timeliness of the information we provide to governments and the community.

1 July marked the launch of the new *AIHW Specialist Homelessness Services (SHS)* data collection. The new collection is the result of two years of significant work by many people across the Institute, and particularly those within the Housing and Homelessness Group and the IT units supporting the project, working with governments and the homelessness service sector.

For more information on the new collection see page 4.

In early October we were pleased to have Mark Butler, Minister for Mental Health and Ageing, launch the *Mental health services in Australia* website and summary booklet, *Mental health services: In brief 2011*. The new interactive website and booklet provide a comprehensive picture of the national response to the mental health care needs of Australians. For more information see page 6.

In mid-October our *METeOR Metadata Online Registry* won a prestigious FutureGov 2011 international award for innovation and modernisation. The award was announced in Kuala Lumpur, Malaysia, recognising AIHW's 'excellence in the efficient capture, storage and distribution of citizen information'.

METeOR is a web-based system for managing, developing and storing data definitions and standards (metadata). We were very proud to win the award—METeOR has brought real efficiencies to our business and significant enhancements to the quality of health and welfare data in Australia. It has revolutionised the way users develop, collaboratively review, submit, process and disseminate new data standards. METeOR plays an essential role in describing and encouraging use of national data standards, aiding the comparability of information across locations and time.

The *Asthma in Australia 2011* report was released in October at the Woolcock Institute of Medical Research in Sydney. Professor Guy Marks, Director of the Australian Centre for Asthma Monitoring (ACAM), a collaborating unit of the AIHW, did the honours. A complementary '*Asthma snapshot*' on the AIHW website (http://www.aihw.gov.au/asthma-and-chronic-respiratory-diseases/) provides additional contextual information to asthma and chronic obstructive pulmonary disease (COPD) statistics.

On 27 October the Minister for Health and Ageing, Nicola Roxon, launched the release of new hospital-acquired *Staphylococcus aureus bacteraemia* or 'golden staph' bloodstream infection rates on the *MyHospitals* website, which is produced and managed by the AIHW for the Department of Health and Ageing.

The launch was at Bankstown Hospital in Sydney, with NSW Health Minister Jillian Skinner and the local Federal Member for Blaxland and Minister for Defence Materiel, Jason Clare, in attendance.

Not only was this the first national release of infection rates for individual hospitals, it represented a milestone for the AIHW in that the release was for 2010–11 data, within four months of the end of the reference year.

The website is available at www.myhospitals.gov.au. For more information see page 10.

At the time of writing, preparations are well advanced for our major event this year, the *Australia's welfare 2011* report launch and conference on 24 November—but even after that event is over we will be busy publishing new reports right up until Christmas Eve.

May I take this opportunity to wish you all the best for the festive season and the new year.

David Kalisch
Director (CEO), AIHW

Specialist **Homelessness** Services collection

Painting a clearer picture of homelessness in Australia

On 1 July 2011, a new data collection for homelessness—the Specialist Homelessness Services (SHS) collection—was launched.

This data collection allows a better, clearer understanding of homelessness in Australia. Rather than just numbers, this system is also based on the experiences of clients—the people who are most affected by the services.

Because we will receive data on all clients of homelessness services, we will be able to understand the relationships that exist between these clients, and will be in a much better position to 'join up' data for those who receive services again in the future (from the same agency or from a different agency).

The SHS collection replaces the Supported Accommodation Assistance Program (SAAP) collection.

A greater need for better information

Homelessness is a problem that all Australian governments are concerned about. In order to make well-informed decisions on homelessness matters, and to continue to make improvements, it is essential to have clear, high-quality information.

The Australian Government's homelessness strategy seeks to halve the rate of homelessness by 2020 and provide supported accommodation to all who seek it.

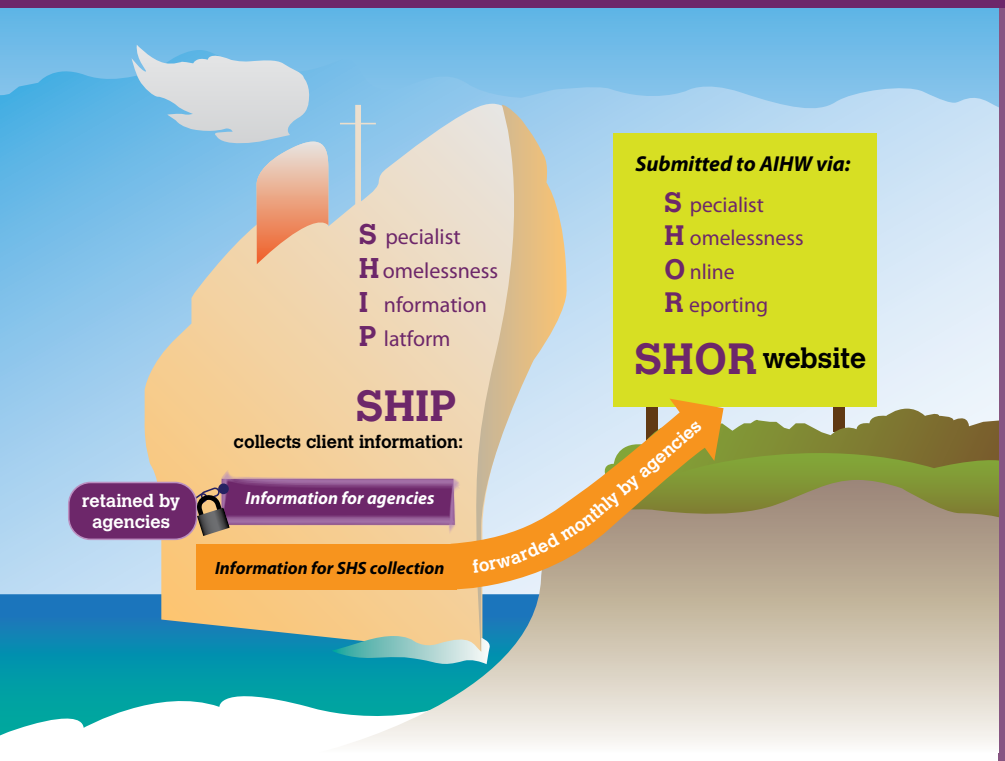
With this in mind, the AIHW was asked by Australian governments to develop the new SHS collection on homelessness, providing more complete, timely, and relevant data on homelessness in Australia.

The SHS collection will give governments a better understanding of the resources needed to overcome homelessness now and into the future.

How does it work?

AIHW have developed a new secure website called SHOR, a portal through which most homelessness agencies can submit their data each month directly to the AIHW. Via the internet, agencies can log in to upload extracts and receive validation reports from AIHW.

In addition to the new collection comes a new client management system called SHIP, replacing the SAAP Management and Reporting Tool (SMART).



'The new system, SHIP, is free to any government-funded agencies that wish to use it, and will improve case management functionality and allow agencies to better provide services to their clients on a day-to-day basis,' said Vicki Bennett, acting head of the AIHW's Housing and Homelessness Group.

'Agencies will be able to better monitor repeat clients, without the need for time-consuming re-entering of data.'

The new system as a whole will enable more detailed national reporting, capturing a clearer picture of homelessness for policymakers and others working in the field.

We're interested in people, not just numbers

'The SHS collection improves upon SAAP in a number of ways, which will, together, help create a more accurate and comprehensive understanding of homelessness in Australia,' Ms Bennett said.

The SHS collection is client-focused and differs from SAAP because it uses a 'presenting unit'.

'This is the person or group of people who have requested services, such as an individual, a parent with children, or a group of unrelated people.'

For the first time, children will be counted as clients in their own right, ensuring the needs of entire family units can be better understood.

The new collection is also different from SAAP in its interest in the circumstances of clients, with new data categories included, such as any previous episodes of homelessness and the type of homelessness experienced, as well as greater detail on employment and education status. There is also more information on mental health issues.

In addition to information about the services used and clients assisted, the SHS collection also considers those who receive referrals, as well as those clients who are not able to be helped.

SHS data will be received by the AIHW every month.

Where to from here?

Data from the first quarter (July, August, September) of the collection's operation have just been received by AIHW.

'This is an exciting time for us,' Ms Bennett said.

'Already we have seen a great improvement in the quality of some key data items, particularly those items that enable us to statistically link client records over different support periods. This will mean that we will be in a much better position to understand the experiences of clients over time and the range of services that they might use.'

Reports on the first quarter of data are expected to be available in early 2012. The first report will be a bulletin highlighting early results from the collection. Future reports will include more data as quality and completeness are assessed. At around the same time, participating homelessness agencies will also receive a summary of their own data, with regular quarterly reports also provided.

'We are currently in consultation with a range of agencies, government representatives and other sector stakeholders about how they would like to access the information and the best ways it can be presented,' Ms Bennett said.

'We hope that we can, in the future, offer a range of other ways for users to access and extract the data that they need, easily, for themselves.'

Further information

Communications, Media and Marketing Unit
Phone: 02 6244 1032
Email: info@aihw.gov.au

New wave of information on mental health services

The impact of mental illness among the population has become increasingly apparent, with an estimated 1 in 5 Australians experiencing the symptoms of a mental disorder each year.

Quality information on the services provided to people with a mental illness is essential to ensure public policy is evidence-based and accurately reflects the needs of all Australians.

For over 10 years, the AIHW has collected data to report on national mental health care, detailing the activity and characteristics of mental health care services in Australia.

This information has now been made available in a new interactive web format that makes data more user-friendly and easy to understand.

Head of the AIHW's Mental Health and Palliative Care Unit, Gary Hanson, describes the AIHW's new mental health services website as providing 'a comprehensive picture of the national response to the mental health care needs of Australians.'

'The development of an online version of *Mental health services in Australia* was a direct response to the information needs of mental health stakeholders, including consumers, service providers, policy makers and other interested parties', Mr Hanson said.

'From the outset, the "vision" was for a one-stop shop where the general public and a diverse range of mental health stakeholders could readily find information relating to the provision of mental health services in Australia.'

'The mechanism for achieving this vision was to create a range of products to meet the differing needs of users.'

'When we first embarked on this this project, we began by thinking about alternative products to the data dense 300-page document we had traditionally produced, while still providing the same level of detail and maintaining the integrity and quality of the data.'

'Our solution is a mix of "traditional" and "new" media to meet a range of information demands from the straightforward to the complex.'

The final product consists of four components: firstly, an interactive website, which provides an overview of each mental health service subject area, with detailed information and analysis; secondly, a data portal, contained within each subject area of the

online report which allows users to select more detailed data in interactive graphs; and thirdly, Excel spread sheets, which cater for users with more sophisticated information needs by enabling access to a greater level of detail. Finally, this material is complemented by a summary report *Mental health services: in brief 2011* which provides an overview of the mental health services information that became available in the preceding 12 months.

Mr Hanson also pointed out that timeliness was a key advantage of the new suite of products.

'Previously, this information was "locked" in a 300-page static, hard copy document which took us 12 months each year to assemble,' Mr Hanson said.

'With this new format we can add new data to the site progressively, as it becomes available, rather than wait for up to a year until we've brought it all together.'

Information featured on the website includes information on services provided by specialised Medicare-subsidised mental health services, and mental health-related data on pharmaceutical and emergency department services. Information is also presented on the mental health workforce and expenditure on mental health services.

'One of the main findings was that over $5.8 billion was spent on mental health services in 2008–09,' Mr Hanson said.

'That's the equivalent of $272 per Australian.'

The website shows increasing use of all mental health-related services, including hospitalisation and other residential care, hospital-based outpatient services and community mental health care services, and consultations with both specialists and GPs.

'The first port of call for people seeking help for a mental illness is often a GP, and there were an estimated 13.3 million mental health-related GP encounters in 2009–10,' Mr Hanson said.

Depression, anxiety and sleep disturbance were the three mental health-related problems most frequently managed by GPs in 2009–10.

Over the same period, there were 5.1 million MBS-subsidised mental health-related services provided by psychiatrists, psychologists and other allied mental health professionals to over 836,000 patients.

The AIHW's new online *Mental health services in Australia* website is available at http://mhsa.aihw.gov.au

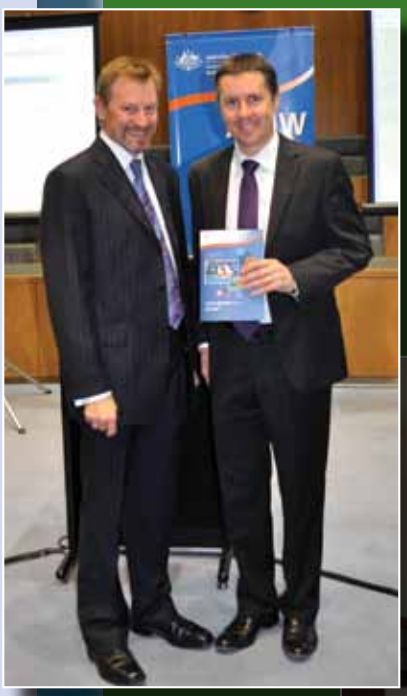
Launch of *Mental health services in Australia*

The AIHW's *Mental health services in Australia* website was launched in October 2011 at Parliament House, Canberra by the Minister for Mental Health and Ageing, Mark Butler, as part of Mental Health Week.

Minister Butler said the new website complemented the work of the new National Mental Health Commission in driving a more accountable and transparent mental health system.

'Such information is critical to making decisions, informing policy, shaping services and guiding reform.'

'The new website will take a lead role in providing this information and will help us to know what's working and what's not—and where the gaps are', Minister Butler said.



AIHW Director David Kalisch and the Hon. Mark Butler, Minister for Mental Health and Ageing

David Kalisch addresses attendees at the *Mental health services in Australia* website launch

Trends in **asthma**

The latest AIHW asthma report, *Asthma in Australia 2011*, shows that asthma affects about 1 in 10 children and adults in Australia, or about 2 million people.

In recent years the prevalence of asthma has fallen in children and young adults, while remaining stable in adults aged 35 years and over.

This overall stabilisation of asthma rates is, so far, unique in the world. But the prevalence of asthma in Australia still remains high by international standards.

What is asthma?

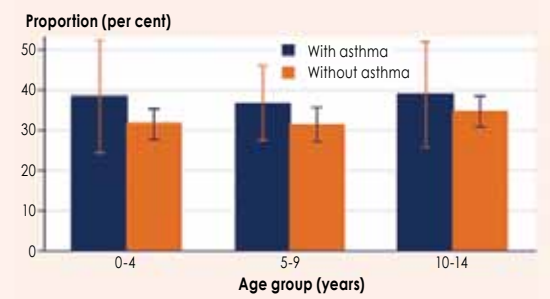
Asthma is a chronic inflammatory condition of the airways associated with episodes of wheezing, breathlessness and chest tightness. There is no universally accepted definition of asthma—in fact over 60 different authoritative definitions are available worldwide.

What causes asthma?

According to report author Professor Guy Marks from the Australian Centre for Asthma Monitoring (a collaborating unit of the AIHW), 'We simply don't know what causes asthma, and there is currently no cure. However, good management through appropriate drug therapy and written asthma action plans can control the disease and prevent symptoms from occurring or worsening'.

'Smoking, including exposure to passive smoking in children, and low socioeconomic status are associated with a higher risk of developing asthma symptoms, and also for the worsening of pre-existing asthma.'

Proportion of children with one or more daily smokers in the household, 2007–08



'Nearly 10% of adult-onset asthma is caused by occupational exposures and, hence, could be avoided if exposure to triggering agents in the workplace were removed. Occupational asthma is the one truly preventable form of the disease', Professor Marks says.

What about chronic obstructive pulmonary disease (COPD)?

For the first time, the report includes a focus chapter on chronic obstructive pulmonary disease (COPD).

What is COPD?

COPD is a serious long-term lung disease that mainly affects older people. It is characterised by airflow limitation that is not fully reversible.

People with the disease experience shortness of breath, initially on strenuous exertion and later with minimal or no exertion, as well as cough and wheeze.

The terms COPD, emphysema and chronic bronchitis tend to be used interchangeably.

Some people with COPD have frequent cough with sputum due to excessive mucus production in the airways. This condition is often referred to as 'chronic bronchitis'.

People with COPD may also have evidence of destruction of lung tissue with consequent enlargement of the air sacs and further impairment of lung function. This condition is known as 'emphysema'.

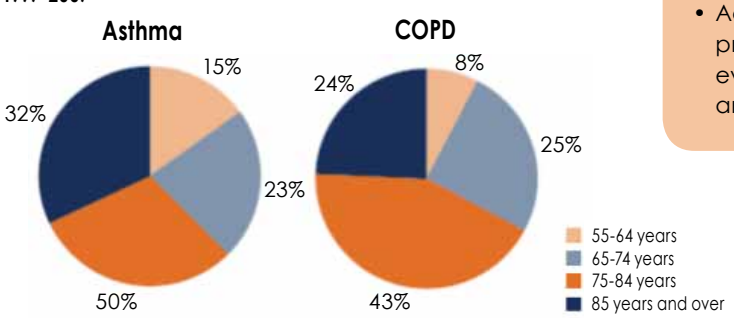
In Australia, smoking is the main cause of COPD. However, COPD also occurs in non-smokers, indicating that genetic and/or other environmental factors are likely to be involved.

Exposure to biomass fuels, outdoor air pollution, and occupational fumes and dusts, as well as a history of pulmonary tuberculosis, childhood respiratory infections, or chronic asthma are all associated with an increased risk of having a diagnosis of COPD.

Among people aged 55 years and over, deaths and hospitalisations are much more commonly caused by COPD than by asthma.

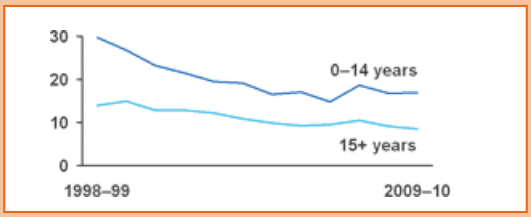
In the decade from 1997 to 2007, the good news for COPD is the death rate among people aged 55 years and over fell by 65%. However, many more deaths were attributed to COPD than to asthma (100 per 100,000 population compared to 6 per 100,000 population).

Age distribution of deaths attributed to asthma, COPD and all causes, 1997–2007



The good news...

- 45% fall in asthma deaths between 1997 and 2009
- 65% fall in COPD deaths between 1997 and 2007
- Between 1997 and 2009 the prevalence of asthma fell in people aged 5 to 34 years by over one quarter
- Good management can control the disease
- Good management can prevent symptoms from occurring or worsening
- 43% reduction in visits to a GP by children aged 0-14 years and a 39% reduction for people aged 15+ years



The not so good news...

- 411 people died from asthma in 2009
- 5,293 people died from COPD in 2009
- Asthma prevalence and death rates remain high on the international scale
- People with asthma smoke at least as much as people without asthma
- People with asthma report worse health and a poorer quality of life than other people
- 1 in 12 children with asthma are exposed to tobacco smoke in their home
- There were 39,328 hospitalisations for asthma in 2009–10
- There were 54,244 hospitalisations for COPD in 2009–10
- Rates of hospitalisation for both asthma and COPD among adults are:
  - higher in Indigenous people compared with other Australians
  - higher for people living in areas of lower socioeconomic status than those living in areas of higher socioeconomic status
- There is currently no cure for asthma
- Access to pulmonary rehabilitation programs is very limited, despite evidence that these programs are effective

Asthma in Australia 2011 is available on our website, for more information visit **www.aihw.gov.au**

MyHospitals

A website showing Australians how their local hospitals perform against national averages and benchmarks

How safe are our hospitals?

For the first time Australians can find out more about the safety and quality of their local hospitals. The latest feature of the *MyHospitals* website is the addition of the most up-to-date data on *Staphylococcus aureus* bacteraemia (SAB) infection rates. SAB is a bloodstream infection (sometimes called 'staph' or 'golden staph') that may be associated with hospital care, and is often resistant to antibiotics.

The website presents SAB rates using dials, which compare an individual hospital's performance against the national benchmark of no more than 2 cases per 10,000 days of patient care. Importantly, the data are more timely than any other national hospital data ever released—they are for the year ending June 2011.

The aim is to have as few cases of SAB as possible. One of the most effective ways to minimise the risk of SAB and other healthcare associated infections is good hand hygiene.

What the Minister for Health, Nicola Roxon, had to say about the new data:

'The publication of infection rates caused by these potentially deadly bacteria will drive improved hospital performance.'

'The numbers and rates of infections are available to all Australians for over 450 public hospitals, representing over 87% of patient bed days.'

What else you will find on the MyHospitals site:

- information on patient admissions
- types of specialised services each hospital offers
- waiting times for elective surgery
- waiting times for emergency department treatment.

Information is also available for about 220 private hospitals that have elected to be part of the site.

The AIHW is working with the Australian Government and, state and territory governments on enhancements, which will include more safety and quality information, and information about cancer services.

www.myhospitals.gov.au

People behind the stats

National Injury Surveillance Unit

Back row (L to R): Clare Bradley, Geoff Henley, Stacey Avefua, Denzil O'Brien
Front row (L to R): Renate Kreisfeld, Candice Harris, Sophie Pointer (Assistant Director), James Harrison (Director)

Who we are

The National Injury Surveillance Unit (NISU) is a collaborating unit of the AIHW—based at Flinders University in Adelaide, it forms part of the University's Research Centre for Injury Studies.

The team is led by Professor James Harrison (Director of NISU since its inception in 1990), and come from a range of professional backgrounds.

What we do

In a nutshell, NISU works to fulfil the AIHW's mission—specifically, by delivering information and expertise in the area of injury.

NISU works to build on the knowledge of the nature, causes, effects and control of injury, by:

- producing statistical reports and peer-reviewed journal articles on injury surveillance, and contributing to major AIHW publications
- developing data sources, methods and tools that underlie injury surveillance
- injecting expertise and advice into Australian and international discussions on injury and injury prevention.

The team collaborates regularly with various Units across the Institute, particularly in the production of statistical reports.

Why we do it

Injury has a major, and often preventable, impact on Australia's health, and injury prevention and control is one of Australia's National Health Priority Areas.

'Injury affects Australians of all ages—it's the greatest cause of death in the first half of life, and leaves many people with serious disability or long-term conditions', says Professor Harrison.

In 2004–05, injury accounted for 7.5% of all deaths across the country, the most common causes of injury deaths being unintentional falls (29%), suicide (24%) and transport (18%).

And, during this time, injury was estimated to account for 7% of total direct healthcare costs in Australia.

'Our work has the potential to create greater awareness and understanding of injury and its relationship to policy, and its impact on health and health services. We have big potential to make a difference—and that's why we do it'.

'We enjoy the challenges of making sense of routine data, such as the National Hospital Morbidity Database, and keeping Australia informed of trends and patterns in injury morbidity and mortality', Professor Harrison said.

Did you know...?

During the two years to 30 June 2010, 13 people were hospitalised in Australia as a result of contact with a magpie.

What we're working on

According to NISU Deputy Director Dr Sophie Pointer, the Unit has been busy recently with research in three key areas:

- the link between obesity and injury
- the relationship between alcohol, drugs and injury
- the injury experience of Aboriginal and Torres Strait Islander people.

'Our team has just released the report, *Obesity and injury in Australia: a review of the literature*, which summarises existing literature on obesity–injury relationships—namely, whether the risk of injury increases with obesity', Dr Pointer said.

'It was a very interesting study, with most evidence suggesting that obesity increases the risk of injury—but the report also makes the point that increased risk of falls in the obese may be somewhat offset by the possible protective effects of body fat as cushioning and of increased bone density in weight-bearing joints.'

'We also made the point that sleep apnoea is strongly associated with obesity, and this condition greatly increases the risk of road injury due to the fatigue experienced by sufferers.'

'Then there's the conclusion that hospital workers and similar are at increased risk of injury through having to lift, carry or manoeuvre weighty patients.

'And obese injured patients stay in hospital longer than non-obese injured patients.'

'As you can see, lots of interesting and significant findings.'

What lies ahead

The team is gearing up to start work on exciting projects such as the redevelopment of the Australian Spinal Cord Injury Register, and working with colleagues in Australia and several other countries to analyse data from large follow-up studies of health and wellbeing after injury. This work will help us to understand the findings on injury from the latest Global Burden of Diseases project.

According to Professor Harrison these projects will provide an opportunity to explore injury outcomes in a new light.

'To date, our work has mostly considered injury outcomes in terms of threat to life.'

'While this is useful, it is at least as important to assess injury outcomes in terms of future wellbeing and functioning—and these projects will offer practical opportunities to do so', says Professor Harrison.

The team has also considered what they might do if they were to have unlimited resources and a cleared schedule—namely, to tackle injury surveillance across the Asia Pacific region.

Stacey Avefua, NISU team member since 2000, jokes that this would entail many, many field trips for data gathering and 'close monitoring of unrecorded beach incidents!'

Further information

National Injury Surveillance Unit
Phone: 08 8201 7602
Email: nisu@flinders.edu.au

Australian Government
Australian Institute of Health and Welfare

Australia's welfare 2011

Welfare in a growing economy

R.R.P. **$60**

Australia's welfare 2011 is the most comprehensive and authoritative source of national information on welfare services in Australia.

Purchase online at www.aihw.gov.au or order over the phone by contacting CanPrint on 1300 889 873.

Order your copy today!

Available 24 November 2011!

www.aihw.gov.au

Aged care packages in the community 2009–10: A statistical overview

Summary

This report presents statistics about three types of community aged care packages—Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH), and Extended Aged Care at Home Dementia (EACHD)—over the period 1 July 2009 to 30 June 2010. These packages provide an alternative form of care to residential aged care and are provided to recipients in their own homes.

Increased supply across all three packages

- At 30 June 2010, there were about 40,100 CACP clients, 5,250 EACH clients and 2,300 EACHD clients. Compared with the number of clients at 30 June 2009 this represents a 5% increase in CACP clients, a 26% increase in EACH clients and a 23% increase in EACHD clients.
- The number of packages available also increased over the 12 months to 30 June 2010: CACP numbers increased by 2,400 to a total of 43,300 packages, EACH numbers rose by 1,100 to almost 5,600, and EACHD increased by 660 packages to give a total of nearly 2,600. The provision ratio for CACP, EACH, and EACHD (24.4 places per 1,000 people aged 70 years and over) is close to the Australian Government target for community care places to be achieved by 30 June 2011 (25 places per 1,000). This target also requires that four of these places must be for high care. The combined EACH and EACHD provision ratio (high-care places) at 30 June 2010 was 3.9 places per 1,000 people aged 70 years and over.

Aboriginal and Torres Strait Islander people access services at younger ages

- Aboriginal and Torres Strait Islander people had higher usage at younger ages compared with those that did not identify as Indigenous. For CACP, Indigenous people aged 60–64 years used packages at the rate of 16.7 per 1,000 people compared with 0.6 per 1,000 for non-Indigenous people.
- A much higher proportion of Aboriginal and Torres Strait Islander CACP clients were under the age of 65 years, compared with those that did not identify as Indigenous (37% compared with 3%).

Packages and residential aged care

- For all separations from packages in 2009–10, 46% of CACP clients, 46% of EACH clients and 66% of EACHD clients moved to residential aged care. More than half of the CACP clients, two-fifths of the EACH clients and one-third of the EACHD clients had received their package for at least 1 year before moving.

The vital role of carers

- Most high-care (EACH and EACHD) clients had carers to assist with their daily needs. Among EACHD clients, 94% had carers, four-fifths of whom were living with the client. Among EACH clients, 88% had carers, and three-quarters were living with the client.

Further information
Communications, Media and Marketing Unit
Phone: (02) 6244 1032
Email: info@aihw.gov.au

Juvenile justice in Australia 2009–10

Summary

In Australia, the state and territory governments are responsible for dealing with young people who are involved in crime. One major aspect of the juvenile justice system is the supervision of children and young people who have committed or are alleged to have committed an offence. This report presents information on the young people under juvenile justice supervision, both in detention and under community-based supervision, and the characteristics of their supervision.

Most young people are under community-based supervision

There were around 7,250 young people under juvenile justice supervision on an average day during 2009–10, and most (86%) were under community-based supervision. Western Australia and the Northern Territory did not provide standard data for 2009–10 and where possible, national totals were calculated using available data (see Chapter 3 for details). Young people aged 10–17 years were almost 6 times as likely to be under community-based supervision as in detention on an average day, although Indigenous young people were only 4 times as likely to be under community-based supervision.

However, the propensity to be under community-based supervision rather than in detention varied among the states and territories (excluding Western Australia and the Northern Territory), and ranged from 4 times as likely in New South Wales to 11 times in Victoria. This variation reflects differences in legislation, policy and practice, including the range of supervised orders and options for diversion that are available in each of the states and territories.

Overall, however, few young people are under juvenile justice supervision. Just 0.3% of young Australians were under supervision on any given day in 2009–10.

Young people spend around half a year under juvenile justice supervision

The average length of time spent under supervision during 2009–10 was 6 months, and young people spent 3 times as long under community-based supervision as in detention (almost 6 months under community-based supervision compared with 2 months in detention). Among the states and territories (excluding Western Australia and the Northern Territory), the average length of time spent under supervision ranged from 5 months in the Australian Capital Territory to 7 months in Tasmania.

Indigenous young people spent more time under supervision than non-Indigenous young people, especially in detention. Indigenous young people spent 2.5 more weeks in detention during the year than non-Indigenous young people, but just 4 more days, on average, under community-based supervision.

Further information
Communications, Media and Marketing Unit
Phone: (02) 6244 1032
Email: info@aihw.gov.au

In the pipeline...

Projects

- ***Australia's welfare 2011*** report launch and conference, 24 November 2011
- ***Australia's health 2012*** report launch and conference

Events

- **NOVEMBER 2011**
  AIHW Ethics Committee meeting
  Community and Disability Services Ministerial Advisory Council meeting
  Australian Health Ministers' Council meeting
- **DECEMBER 2011**
  AIHW Board meeting
  National Health Information Standards and Statistics Committee meeting
  Disability Policy and Research Working Group meeting
  National Disability Information Management Group meeting

Publications

- ***Cancer in adolescents and young adults in Australia***
- ***Drugs in Australia 2010: Tobacco, alcohol and other drugs***
- ***Effective practices for service delivery coordination in Indigenous communities***
- ***The Child Dental Health Survey Australia, 2005 and 2006***
- ***Allergic rhinitis ('hay fever') in Australia***

Australia's health 2012 conference and report launch

National Convention Centre Canberra

The Australian Institute of Health and Welfare will launch its flagship report at the Australia's health national conference in Canberra on 21 June 2012.

Don't miss this fantastic opportunity to network with health colleagues, and hear from Australia's leading decision makers on critical health topics and issues.

For more information go to
www.aihw.gov.au/eventsdiary/index.cfm

new releases

Australia's welfare 2011

Australia's welfare 2011 is the tenth biennial welfare report of the Australian Institute of Health and Welfare. It is the most comprehensive and authoritative source of national information on welfare services in Australia.

Published 24 November 2011.

Allergic rhinitis ('hay fever') in Australia

Hay fever is a term commonly used to refer to allergic rhinitis caused by seasonal exposure to pollen. amount of money paid by community pharmacies to wholesalers for medications commonly used to treat allergic rhinitis doubled between 2001 ($107.8 million) and 2010 ($226.8 million).

Published 17 November 2011.

Alcohol and other drug treatment services in Australia 2009-10: report on the National Minimum Data Set

Around 170,000 treatment episodes for alcohol and other drug use were provided in Australia in 2009–10. Almost half were for treatment related to alcohol use—the highest proportion observed since the collection began in 2001.

Published 11 November 2011.

Ear and hearing health of Indigenous children in the Northern Territory

This report presents findings from the audiology and Ear, Nose and Throat (ENT) follow-up services provided to children in prescribed areas of the Northern Territory as part of the Closing the Gap projects under the Northern Territory National Partnership Agreement.

Published 10 November 2011.

Assisted reproductive technology in Australia and New Zealand 2009

In 2009, there were 70,541 assisted reproductive technology (ART) treatment cycles undertaken in Australian and New Zealand. Of these cycles, 17.2% resulted in a live delivery (the birth of at least one liveborn baby).

Published 9 November 2011.

Lung cancer in Australia in 2011: an overview

Data in this report provide a comprehensive picture of lung cancer in Australia including how lung cancer rates differ by geographical area, socioeconomic status, Indigenous status and country of birth.

Published 4 November 2011.

Obesity and injury in Australia: a review of the literature

This report presents summary information from an overview of the existing literature to investigate obesity–injury relationships. It also surveys opportunities to fill relevant gaps in knowledge in Australia...

Published 3 November 2011.

Expenditure on health for Aboriginal and Torres Strait Islander people 2008-09: an analysis by remoteness and disease

In 2008-09, health expenditure for Aboriginal and Torres Strait Islander people varied across remoteness areas, service types and disease groupings. Additional analysis has been undertaken in the 2008-09 report to include expenditure on potentially preventable hospitalisations.

Published 2 November 2011.

Cervical screening in Australia 2008–2009

The National Cervical Screening Program aims to reduce incidence, morbidity and mortality from cervical cancer. Cervical screening in Australia 2008–2009 presents national statistics monitoring the NCSP using new performance indicators.

Published 31 October 2011.

Health expenditure Australia 2009–10

Health expenditure in Australia in 2009–10 increased to $121.4 billion. This equated to 9.4% of the GDP, 0.4% higher than in 2008–09.

Published 28 October 2011.

Aboriginal and Torres Strait Islander health services report 2009-10: OATSIH Services Reporting — key results

In 2009–10, Aboriginal and Torres Strait Islander primary health care services provided 2.4 million episodes of health care to about 456,000 clients, a 14% increase in episodes of care, and a 22% increase in the number of clients reported compared with 2008–09.

Published 25 October 2011.

The Hospital Dementia Services Project: a study description

The Hospital Dementia Services Project is an innovative mixed-methods study funded by the National Health and Medical Research Council to investigate how health and aged care system factors influence care outcomes for hospital patients with dementia.

Published 24 October 2011.

Any enquiries about or comments on this publication should be directed to:

Communications, Media and Marketing Unit
Australian Institute of Health and Welfare
GPO Box 570 Canberra ACT 2601

Phone (02) 6244 1028
Email info@aihw.gov.au
www.aihw.gov.au
Follow us on Twitter at: twitter.com/aihw