

CHAPTER 2

REPORTS FROM COMMONWEALTH AGENCIES

DEPARTMENT OF HEALTH AND FAMILY SERVICES

REPORT ON DATA COLLECTIONS

By Kim Wisener

About the Department

The Department's mission is to provide policy advice and to implement government policies on public health, health care, health care funding and family services for all Australians.

At 30 June 1997, the Department employed 5,689 staff in Central, State and Territory, and regional offices. Approximately 2,000 of these staff are in units which are being corporatised; the Commonwealth Rehabilitation Service, the Australian Government Health Service and Australian Hearing Services.

The Department has the following program structure:

- Public health (including public health programs, health regulation, health research and information);
- Health care and access (including Medicare and pharmaceutical benefits, mental health, acute care);
- Aboriginal and Torres Strait Islander Health;
- Family and children's services;
- Aged and community care (including assessment, residential access and quality, community care);
- Disability programs (including employment assistance, Commonwealth/State disability agreements, access and participation, hearing services); and
- Corporate leadership and management (including executive, information technology).

AREAS MOST INTERESTED IN INDIGENOUS DISABILITY STATISTICS

Mental Health Branch

Under the National Mental Health Strategy, the Department funded the Australian Bureau of Statistics' 1997 National Survey of Mental Health and Wellbeing of Adults, which collected information on the prevalence of mental illness and associated disability in Australia (adult, household population only). An Indigenous identifier was used, and the Indigenous component of this sample was a representative one. However information on Indigenous people will not be published, because the Indigenous sample was too small to produce reliable results.

It has also been recognised that survey instruments used to assess mental health and classify illness may not be culturally appropriate for Indigenous people.

A national Indigenous Mental Health Data Workshop was organised by Mental Health Branch in November 1996 to examine the issues of data collection in the area of mental health, as Indigenous people saw them. A report was produced and published early in 1998.

The Office of Aboriginal and Torres Strait Islander Health Services (OATSIHS)

OATSIHS is developing a culturally appropriate instrument for monitoring the social and emotional well-being of Aboriginal and Torres Strait Islander peoples. This instrument will be tested by the regional centres that are currently being established.

Other data collections being used by OATSIHS include:

- The new service activity reporting requirements for Aboriginal health and substance misuse services, funded by OATSIHS. These reporting requirements focus on measuring the quality of services delivered by Aboriginal Medical Services. Data on the provision of services for people with a disability is not currently addressed. However, questions to capture information about services for people with a mental disability and substance misuse are being developed.
- There are also national performance indicators for Aboriginal and Torres Strait Islander peoples' health status that the Commonwealth, States and Territories have agreed to report against annually. These indicators have the support of Health Ministers and are an important mechanism for measuring Aboriginal health. There are no specific disability indicators for Indigenous people but there may be an opportunity to examine disability in further refinement of the existing indicators.

FAMILY AND CHILDREN'S SERVICES

The Census of Child Care Services collects information about children in child care services funded under the Family and Children's Services Program, including long day care and other services (including outside school hours care, vacation care, occasional care, Aboriginal children's services). The census has been conducted on a regular basis since 1986. From 1995 it was conducted on a rolling basis, with each service type collected every second year, however, it is presently being conducted on an annual basis again.

Indigenous and disability identifier

Service providers are asked to identify children from a number of groups who may require additional care.

For each child, services are asked to indicate, where appropriate:

- a child with a diagnosed disability including intellectual, sensory, physical or developmental delay; or
- a child from an Aboriginal or Torres Strait Islander background.

AGED AND COMMUNITY CARE

Residential Care

Residential care covers people in nursing homes who require nursing-level care, and people in hostels who have personal care needs. Some people with hostel-level needs receive aged care packages in their homes, rather than entering an institution.

Disability identifier

Since October 1997 all new residents have been assessed using the Resident Classification Scale, and existing residents are being reclassified when their previous classification expires. This scale is used as a proxy for severity of disability. The results of the Resident Classification Scale determines the level of funding a resident receives for their care. Resident Classification Scale client ratings are updated on an annual basis.

The scale is made up of 22 questions covering areas like daily living activities, communication, mobility, personal hygiene, emotional disorders, medication and therapy.

Indigenous identifier

Residents are also asked about their Indigenous status, essentially, does the person identify as an Aboriginal or Torres Strait Islander?

The data from this question indicates that about 20 per cent of responses are missing.

COMMUNITY CARE - HOME AND COMMUNITY CARE (HACC)

A HACC Service Users Characteristics Survey is collected on an ad hoc basis. The survey is being conducted during March/May 1998 and was last conducted in 1993/94.

Disability identifier

Severity of disability is estimated through a question about need for assistance.

Does the person need or receive assistance with any of the following, regardless of whether assistance is being provided by a carer or your organisation?

- Mobility
- Personal care
- Housekeeping
- Communication
- Behaviour
- Continence
- Other

Indigenous identifier

Does the person identify as an Aboriginal or Torres Strait Islander?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, Aboriginal and Torres Strait Islander
- Not known

A number of HACC projects are targeted primarily at Aboriginal and Torres Strait Islander people, especially some Community Options Projects in Queensland. These projects employ a case manager to arrange service delivery.

In 1999/2000 the HACC Minimum Data Set collection begins and will collect data on each client of a HACC project.

DISABILITY PROGRAMS**Commonwealth Disability Services Census**

The census is conducted on an annual basis, collecting information about service providers funded under the Commonwealth/State Disability Agreement (CSDA), and about service recipients. The census collects information on Commonwealth-funded CSDA services:

- Disability employment services (open and sheltered);
- Advocacy;
- Information; and
- Print disability.

National Information Management System (NIMS) for Open Employment services for people with a disability

NIMS is an electronic data capture system. Open employment agencies send in their data which is collated at the Australian Institute of Health and Welfare on a quarterly basis. Information is collected about the Open Employment agency, the people receiving employment assistance, and their employment outcomes.

Definitions used

Both the Commonwealth Disability Services Census and NIMS collections use definitions based on those from the Commonwealth/State Disability Agreement Minimum Data Set.

Indigenous identifier

- Yes, Aboriginal origin
- Yes, Torres Strait Islander origin
- Yes, Australian South Sea Islander origin
- No
- Not known

Note that the Indigenous identifier also includes South Sea Islanders.

Disability identifier

What is the consumer's primary disability group?

- Intellectual
- Specific learning/attention deficit disorder
- Autism
- Physical
- Acquired brain injury
- Deaf blind (dual sensory)
- Vision
- Hearing
- Speech
- Psychiatric
- Neurological

Additional questions are asked about disability, other significant disability types, and level of support needed for activities of daily living (including self care, mobility, communication, home living, social skills, self direction, managing emotions, learning, work support and other day activities).

PURPOSE OF COLLECTIONS

Information from the Department's data collections on disability and Indigenous status (ie. Children and Family Services, Aged and Community Care, and Disability Programs) is used in planning, policy and evaluation of need, and access to services, of special needs groups. This data helps to address the important issue of inequalities in health between indigenous Australians and other Australians.

FUTURE WORK

National data collections

One of the Department's tasks is to provide policy advice to Ministers and the Government about the level of need for health and community services for all Australians. To perform this task well we require more reliable information about indigenous Australians with disabilities.

The picture we have from existing surveys and data collections is not clear. Some collections and small surveys indicate a higher rate of disability within Indigenous communities than exists in the general population, while other collections have not shown a clear difference. To resolve this issue it is clear that we require better data on disability within Indigenous communities.

Service data collections

While our services are collecting information about Indigenous status, the reliability of the information is uncertain. We know that for at least one of the Department's collections, as many as 20 per cent of responses to the Indigenous question were 'Not known'. It is evident that more work needs to be done to improve the recording of Indigenous status for people using the Department's services.

Culturally appropriate measures of disability

We know that there may be cultural differences in the way Indigenous people answer questions about disability and the need for assistance. The instrument, yet to be developed, to measure the social and emotional well-being of Aboriginal and Torres Strait Islander peoples, will go a long way to resolving this issue.

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DEPARTMENT OF SOCIAL SECURITY AND CENTRELINK

DATA COLLECTION

By Cheryl Trussler

Background

The split between policy and service delivery functions in July 1997 resulted in the creation of two new organisations, Department of Social Security (DSS) and Centrelink, each with different roles and functions.

DSS is now responsible for developing and advising the government on policy, and purchasing and managing the delivery of those policies through contracted service providers.

Centrelink is responsible for the delivery of information, products and services for several Commonwealth departments including the Department of Social Security, the Department of Employment, Education, Training and Youth Affairs, and the Department of Health and Family Services.

In this environment, both DSS and Centrelink have an interest in, and commitment to, ensuring that the information that is collected in relation to their customers is reliable, accurate and consistent when compared to other data sources.

Centrelink systems

Centrelink systems record information on customers receiving various forms of income support. Two of these forms of income support are the Disability Support Pension (DSP) and Sickness Allowance (SKA). For both these payments information is available on a customer's medical condition. For DSP, the impairment level (in percentage terms) is also available.

The medical condition codes that can be recorded for a customer are as follows:

ABI	Acquired Brain Impairment
AMP	Amputation
CAN	Cancer/Tumour
CFS	Chronic Fatigue/Post Viral Syndrome
CGA	Congenital Abnormality
CHR	Chronic Pain
CIR	Circulatory System
EIS	Endocrine and Immune System
INT	Intellectual/Learning
MUS	Musculo-skeletal and Connective Tissue
NER	Nervous System
PSY	Psychological/Psychiatric
RES	Respiratory System
SDB	Skin Disorder and Burns

- SEN Sense Organs
- UNK Granted Prior to November 1991
- VIS Visceral Disorder
- OTHER Not Coded

Identification of Indigenous people

When a customer claims an income support payment they can self-identify as being Aboriginal or Torres Strait Islander in response to a question on their claim form. The question is voluntary so they do not have to disclose this information. The numbers recorded on Centrelink systems are therefore likely to undercount, to some degree, customers of Aboriginal or Torres Strait Islander origin. Information on customers of Aboriginal or Torres Strait Islander origin is available for all income support payments.

In addition to existing systems, a new mainframe system in Centrelink will be introduced in May 1998 which will hold details of non-income support assistance by Disability Officers and Aboriginal Liaison Officers. This may further increase the scope for identifying people of Indigenous origin who have a disability.

The following table shows the numbers of Disability Support Pension and Sickness Allowance recipients in December 1997.

	<i>Disability Support Pension</i>	<i>Sickness Allowance</i>	<i>Total</i>
	no.	no.	no.
Indigenous recipients	8 877	177	9 054
Non-Indigenous recipients	530 392	13 751	544 143
Total recipients	539 269	13 928	553 197

DSS and Centrelink recognise that the administrative data has the potential to provide an ongoing measure of aspects of living standards for this group, which is not available from other sources. They are therefore committed to putting measures in place to ensure that the data produced is accurate and reliable.