



1 Introduction

Australia's Welfare 2003 is the sixth biennial report on Australia's welfare. It builds on the material provided in previous editions.

The coverage of *Australia's Welfare* has progressively widened, keeping pace with growing recognition of the interplay between formal services, informal services, public and community housing and cash payments. The report therefore continues to describe welfare services and assistance in the areas of ageing and aged care, disability, family and children, housing and homelessness. It also provides a broader context to understand the overall welfare of Australians.

Two special chapters, on welfare indicators and on informal care in the community, illustrate this broader focus. The chapter on welfare indicators follows on from the discussion in 2001 where a range of conceptual approaches to the measurement of welfare needs, service performance and outcomes was presented, and a framework of information proposed. In this edition, that work has been substantially augmented, with available data sources being mined to populate the indicators framework developed in the earlier work. The chapter on informal care discusses the extent of the care provided by informal carers, the characteristics of caregivers and some possible future scenarios with regard to the future supply of and demand for informal carers. These calculations take into account current trends in both men's and women's labour force participation as well as the changes associated with the ageing of the population.

Both these chapters complement the work of the chapters covering welfare expenditure and labour force, ageing and aged care, disability and disability services, children's and family services (including children in need of protection) housing assistance and services for homeless people. These chapters build on and develop the material presented in earlier editions, providing an account of recent policy developments, and describing the need for assistance, client profiles and changing patterns of service provision.

The remainder of this chapter explores the issues that need to be examined and supported by the production of high-quality welfare data and information (Section 1.1). An account of the national information agreements, structures and processes that facilitate and actively progress the national welfare services information agenda is reported in Section 1.2. Some of the approaches to collecting and reporting on welfare services that reflect new or stronger emphasis about the delivery of welfare services, including evidence-based policy, 'whole-of-government' approaches to service delivery, and outcomes of government-funded policies and programs, are discussed in Section 1.3.

1.1 Issues of government and community interest

Since the 2001 report there have been a number of major developments in the delivery of welfare services. The implementation of several reforms at the federal and state/territory level has seen an increased recognition of the need for evidence that is well presented and understood to support research and inform government and community-based decision making.

At a similarly broad level, one of the four national research priorities announced by the Australian Government in late 2002, 'Promoting and Maintaining Good Health', suggests there is likely to be strong demand for statistics and information on children and young people (including their health and wellbeing), population ageing (including ageing well and ageing productively), Indigenous Australians and the welfare services labour force and rural and remote Australia.

Children and youth have been identified as an area of particular interest in a number of government forums.

Children and young people incorporating prevention and early intervention and care and protection were also among the three priority areas identified by the Community Services Ministerial Advisory Committee (CSMAC) in late 2002 for policy review and development. The National Agenda for Early Childhood is due for release shortly by the Australian Government Taskforce on Child Development, Health and Wellbeing, and is expected to indicate information needs as well as policy directions. Other intergovernmental and expert committees, including the Child and Youth Health Intergovernmental Partnership and the Australian Government's Inter-departmental Committee on Youth, are further evidence of the priority being placed by government on the child and youth area. Welfare services and assistance provided to children are discussed in Chapter 6 of *Australia's Welfare 2003*.

Population ageing has received considerable government and community attention in recent years, but the momentum is increasing as the population ages. Ageing well and ageing productively is a priority goal of the National Research Priority 'Promoting and Maintaining Good Health' and the structural ageing of the population is also a priority identified by CSMAC in late 2002. The Australian Government 2003-04 Budget included the release of the Intergenerational Report, with the commitment that a report of this kind on the impact of population ageing on the Australian economy would be undertaken by Treasury as part of the Budget process every 5 years. The Australian Government has funded a \$7.2 million review of the residential aged care sector (The Review of Pricing Arrangements in Residential Aged Care). Population ageing and older people is clearly an area on which good statistical evidence will continue to be in demand for the foreseeable future.

New Commonwealth-State and Territory Disability and Housing Agreements have been put in place, to continue the shared focus of all Australian governments on these key welfare sectors.

Indigenous Australians, including their social, economic and health circumstances, were identified as an area of concern by the Council of Australian Governments (COAG) in 2001. A number of developments have occurred aimed at improving the statistics and evidence available on the welfare of Indigenous Australians, and efforts continue in this direction. The AIHW and ABS have recently released their third joint biennial publication on *The Health and Welfare of Aboriginal and Torres Strait Islander People* and the Productivity Commission is shortly to release a report focusing on the situation of Indigenous Australians. In 2002 CSMAC created a subgroup, the Advancing Reconciliation Working Group, to drive its activities pertaining to Aboriginal and Torres Strait Islander peoples. CSMAC also funded work in 2002 on Indigenous identification in administrative by-product collections relating to community services, with a view to improving data quality. The AIHW created a new work Unit in 2003 to coordinate and undertake work on Indigenous health and welfare.

The welfare services labour force was identified as a priority area by CSMAC in late 2002, a decision in keeping with more broadly based government concerns around labour supply over the next two decades. This issue of labour supply, while closely related in general terms to population ageing, has particular salience in the welfare services sector. While labour shortages are already evident in nursing, teaching and some areas of medicine, similar shortages in disability services, child protection, child care, aged care and homelessness services are either already appearing or predicted to occur. Many community services sector jobs are not well paid, and in an environment where labour is in short supply staffing shortages may occur. A number of government reviews and consultancies have already occurred in relation to specific professions such as nursing. Chapter 4 describes the numbers and characteristics of workers and volunteers who comprise the welfare services labour force but it is presently constrained by the limited availability of national data. Broadly based information is available through analyses of the 2001 population census but sector-specific information (on, for example, the disability services or residential aged care workforce) is limited. CSMAC has recently identified national data on the child care labour force as requiring development.

In addition, the circumstances of *Australians living in rural and remote regions* remains an issue of importance, and efforts to develop easily accessible statistical information at the regional level will be an ongoing challenge for providers and custodians of national statistics.

1.2 The national information infrastructure

Information agreements provide the structure and processes needed to support the national statistical effort in both welfare and health statistical work. These agreements are signed by the relevant government departments in all jurisdictions, the Australian Bureau of Statistics (ABS) and the AIHW. Three such Agreements are currently in operation in the welfare sector: the National Community Services Information Agreement (signed 1997) (NCSIA), the National Housing Data Agreement (signed 1999) and the Agreement on National Indigenous Housing Information (signed 2000). A similar agreement in the health sector has been in operation since 1995.

On reaching the end of its original 5-year time span in 2002, the National Community Services Information Agreement was extended pending a review commissioned by CSMAC. At its October 2003 meeting, CSMAC endorsed a proposal that the Agreement be continued. The new Agreement will be prepared following extensive consultation and will be presented to Community Services Ministers for endorsement.

The new Commonwealth–State Housing Agreement (CSHA) again incorporates an agreement concerning the collection and dissemination of nationally consistent housing data.

Under each of these Agreements, information management groups, data committees and working groups are established to promote the development, collection and use of nationally consistent statistics. In addition, within program areas, groups of administrators support the development of nationally consistent data collections across jurisdictional boundaries. Such groups include the National Disability Administrators, Home and Community Care (HACC) Officials and the Supported Accommodation Assistance Program (SAAP) Coordination and Development Committee.

The National Community Services Information Management Group

The development and management of the NCSIA and related structures and processes is the responsibility of the National Community Services Information Management Group (NCSIMG). The Group has established a data committee, sector-specific working groups and ad hoc project groups to assist in its work. Sector-specific work is reported in the various chapters in this report. The data committee and ad hoc project groups undertake NCSIMG projects that cut across community services subsectors. The program of work priorities identified in the initial National Community Services Information Development Plan has been completed. NCSIMG is currently reviewing its work plan priorities for 2003–2005 in association with the review of the Information Agreement.

Significant sector-wide projects in the last 2 years include the revision of the *National Community Services Data Dictionary*, with Version 3 being released in 2003, preliminary work on integrating data definitions and data models across the community services and health sectors, an analysis of the quality of Indigenous identifiers in community services data collections and development of a web-based resource to assist the community services sector to improve the quality of Indigenous statistics. The Group has also worked with the Australasian Juvenile Justice Administrators on the development of a national minimum data set for juvenile justice and has supported a range of child protection projects.

Since 2001, Version 2 of the National Classifications of Community Services has been completed and endorsed by NCSIMG. The second version of the classifications focuses on service activities and service delivery settings with the recommendation that the definitions included in the national data dictionaries be used in identifying target groups.

The National Community Services Data Dictionary

The *National Community Services Data Dictionary* (NCSDD) is the authoritative repository for nationally endorsed definitions of data elements of relevance to community services (AIHW 2000). The data elements are intended to serve as the building blocks with which data items, National Minimum Data Sets (NMDS) and collection systems can be constructed for specific services and purposes.

For many areas of community services, NMDSs have been or are being developed with the purpose of defining minimum information requirements for national reporting. These data sets also support performance indicators. NMDSs are usually accompanied by subject specific data dictionaries, which set out the definitions of MDS data elements and give background information and guidance as to how data should be recorded.

Version 3 of the NCSDD will be published in 2003. It will include additional and revised definitions based on the International Classification of Functioning, Disability and Health (ICF), updated definitions following a major review by the ABS and the first set of integrated definitions of items common to both the NCSDD and the *National Health Data Dictionary* (NHDD). NCSIMG members have committed their agencies to using the NCSDD definitions wherever possible, representing a significant step towards nationally consistent community services data in Australia.

Electronic access to data dictionaries developed by the AIHW is available through the Knowledgebase on the AIHW web site <www.aihw.gov.au>. The Knowledgebase is an open-access electronic metadata repository where users can view and comment on Australian health, community services and housing assistance related data definitions and standards. It provides precise definitions of data, related topics or terms, and any related officially agreed NMDSs, performance indicators, definitions and standards.

Sector-specific data developments in community services

A number of important data development activities have been undertaken jointly by the AIHW, the Commonwealth and the states and territories since the release of *Australia's Welfare 2001*. These relate to the development or redevelopment of program-specific data sets and data dictionaries and are discussed in the relevant chapters. Since 2001, the redeveloped Commonwealth State/Territory Disability Agreement (CSTDA) National Minimum Data Set (NMDS) has been finalised, piloted and implemented. Data from the first annual collection will be available for dissemination in 2004. Also of relevance to disability services is the testing work on a disability question for possible inclusion in the 2006 population census being undertaken by the ABS in consultation with relevant organisations and jurisdictions.

Following the finalisation of the ICF, the Institute, in its role as a World Health Organization Collaborating Centre, developed and published an Australian ICF User Guide. A number of countries have requested and received our agreement to translate the User Guide into other languages.

Standard data items and associated documentation were developed to undertake censuses of the Day Therapy Centre program, the Extended Aged Care at Home program and the Community Aged Care Packages program. Censuses were completed in each of these three areas, with results due for release in late 2003.

NMDSs for juvenile justice and children's services (child care and preschool services) have been developed and pilot tested, with reports on the results of the pilot tests due for completion in 2003. In addition, improvements and modifications were made to the SAAP collection and to the Child Protection collections.

Data developments across the community services and health sectors

Supported by a contribution from CSMAC, the AIHW has taken preliminary steps to identify and develop consistent data dictionary entries for an agreed set of items (largely socio-demographic) that were common to both the NCSDD and the NHDD. Those items have been endorsed by NCSIMG for inclusion in the NCSDD V3 and by the equivalent health sector group for inclusion in the NHDD Version 12 supplement (to be published in 2004). This work has been undertaken in consultation with the National Housing Data Agreement Management Group (NHDAMG).

The second element of the integration project involved preliminary work on integrating the national information models for the health and community services sectors (National Health Information Model V2 and National Community Services Information Model V1).

The National Housing Data Agreement Management Group and the National Indigenous Housing Information Implementation Committee

The 2003 CSHA continues the arrangement established in 1999 to include a subsidiary National Housing Data Agreement (NHDA). The NHDAMG includes representatives of all jurisdictions, the AIHW and the ABS, and has oversight of the NHDA. The management group is supported in its work by the National Housing Data Development Committee. The 2003 CSHA also strengthens existing arrangements to resource national data development work in Indigenous housing assistance, which is managed by the National Indigenous Housing Information Implementation Committee (NIHIIC).

This approach provides a commitment to the development and provision of nationally consistent data and continues, for the duration of the current CSHA, the partnership between the Housing Ministers' Advisory Council and the AIHW to resource national data development work. The NHDA identifies three major work areas comprising development of national minimum data sets, national performance indicators and national data definitions and standards. A new work program for Indigenous housing data development work is currently being finalised by NIHIIC in consultation with the Standing Committee on Indigenous Housing (SCIH).

Both the NHDA and the Agreement on National Indigenous Housing Information are scheduled for review in 2004; the AIHW will contribute to these reviews.

The National Housing Assistance Data Dictionary

The National Housing Data Dictionary is the authoritative source on data definitions recommended for use in Australian housing assistance data collections. In 2003 Version 2, compiled by the National Housing Data Development Committee, was released. Its use will help to ensure that data are uniform and of high quality. While this version of the dictionary covers more housing assistance areas including private rent assistance and community housing than Version 1, there is significant work to be undertaken for Indigenous housing assistance data. This will be a major new area of dictionary development work.

1.3 Enhancing the measurement of welfare

The work undertaken to date to support high-quality statistical work has served us well, but there are challenges on the horizon. In particular, Australian governments have indicated a strong commitment to ‘whole-of-government’ approaches, sometimes described as a focus on ‘person-centred’ rather than ‘program-centred’ systems of service delivery.

While such an approach will undoubtedly produce advantages in delivering community services and housing assistance, it also poses challenges in terms of the kinds of data that are required to support whole-of-government program initiatives. There is already a clear need for ‘joined-up-data’ which describe the services received by individuals regardless of program funding source (e.g. services received under the CSTDA and the HACC programs), and the experiences and patterns of services as people move between programs and care settings (e.g. between acute hospital care and residential aged care). A person-centred approach to service delivery will require data development, management and analytic strategies that can yield information not simply across jurisdictional boundaries but also across program boundaries and indeed across sectors, rather than simply within one program.

These programs will not always lie within the one sector or department or portfolio, and in any case they will not consistently do so across jurisdictional boundaries. While to date the national data agreements in the spheres of health, community services and housing, and their associated data dictionaries, have remained relatively distinct enterprises, this will need to change in the future if cross-program issues are to be adequately addressed.

There are three related components which require attention in providing more integrated national information that would support whole-of-government approaches: standardisation of individual data elements across collections (as appropriate), the use of statistical data linkage, and the analysis of data from multiple sources.

Standardisation of individual data elements across collections

As described above, substantial progress has been made on the development of standardised data elements across the field of community services and housing, although much remains to be done. The problem of standardisation becomes more complex when seeking to use data from one collection (for instance disability data) in

connection with a range of other sectors, such as hospitals, medical services, residential care, and indeed public housing and income support. Legislation to cover provision of welfare services often include definitions. Hence, achieving consistency of individual data elements is not simple and needs to be integrated to the development of programs. At present, however, there is not a consistently used definition of disability across these sectors, let alone consistent data items in the various collections that relate to the services that these people use. The inclusion of a suite of disability data concepts and elements in the NCSDD (V3) is intended to begin to remedy this situation.

As mentioned earlier in this chapter, work has been undertaken under the auspices of the National Community Services Information Management Group and the equivalent health body, the National Health Information Management Group,¹ to develop strategies for integration of the national data dictionaries and associated data definitions and models.

The Institute is also undertaking a redevelopment of the Knowledgebase: Australia's Metadata Registry for health, community services and housing <www.aihw.gov.au/knowledgebase> which will reflect endorsement of data standards across these sectors where integration has been achieved.

Use of statistical data linkage

Linkage of data over time within a program and across programs provides some of the benefits of longitudinal data sets, although at substantially lower cost. It allows longer term patterns of use and changing client profiles to be assessed, can provide information on the way in which people move between services (from community care to residential care, for example), and generates an ongoing evidence base for the policy issues that may require resolution across program or jurisdictional boundaries. If, for example, matched statistical linkage keys existed for older people who use both acute care hospitals and residential aged care, it would be a relatively simple matter to monitor and provide essential regular information on the much-contested issue of older people who spend considerable periods of time in acute hospital beds waiting for placement in residential aged care (the so-called 'bedblocker' debate). Linked data sets could also be developed to provide useful data on the relationship between preschool attendance and primary school performance, or allow the educational outcomes (at the aggregate level) for children on care and protection orders to be routinely monitored.

A number of community services have included 'statistical linkage keys' – sets of codes usually involving selected letters of the client's name, date or year of birth, and sex – for a number of years. The processes governing statistical linkage (i.e. when it can be used and under what circumstances) are strictly controlled, and at the AIHW such work is done only with the approval of a fully constituted Ethics Committee and under the protection of the *Australian Institute of Health and Welfare Act 1987*. When conducted

1 Under the recent restructuring of the national health information infrastructure, the functions previously fulfilled by the NHIMG are now the responsibility of a similarly constituted group, the Statistical Information Committee, and of the Health Data Standards Committee.

within appropriate ethical, privacy and legislative protection, statistical linkage can yield valuable information to contribute to policy development and review work, and inform public debate.

It is important to re-emphasise that the kinds of data generated in this way are analysed and used only at the aggregate and not the individual level—they contain a degree of inaccuracy that does not allow the linked information to be reliably used at an individual level. In addition, technical, legal and ethical constraints are employed to protect any identifiable aspects of administrative data records.

Multi-source data

While direct statistical linkage has its role to play in informing policy issues which cross program boundaries or are more appropriately analysed from a whole-of-government perspective, there is also a great deal to be gained from other more broadly based strategies. The integration of statistical data, where information derived from a variety of sources is analysed and then drawn together to construct a more broadly based description than would be possible from any one data set, is a valuable and often highly practical alternative. While there is no linked national data base concerning older people who move from hospital to residential aged care, it is still possible to analyse discharges from hospitals and admissions to residential aged care, looking at patterns of supply, service use and client profiles, and examining changes over time and across regions, in order to gain an insight into what is happening at the boundary between the two services.

This integrated analysis of available data from different data sets, whether across programs (e.g. attempting to relate the data for persons on the Disability Support Pension to that for those receiving services under programs funded through the CSTDA) or between administrative by-product data and national survey data (e.g. the ABS Survey of Disability, Ageing and Carers and the CSTDA NMDS), is, of course, made substantially easier if standard, or at least relatable, definitions and data elements are in use in the various collections under scrutiny.

Standardisation of data items and data definitions is a key building block in improving the national capacity for both statistical data linkage and data integration, in order to provide the more holistic evidence which is increasingly likely to be required to adequately inform both public debate and policy development and review.

The following chapters demonstrate the AIHW's active pursuit of these strategies, with a view to better inform, assist and guide government and the community on the effects of current and future welfare policies and programs; and the welfare needs of Australians.

References

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