PRIORITIES

2.1   Emerging challenges

The structures and processes established under the NCSIA provide a unique forum for tackling common challenges and pursuing common goals across jurisdictions and program boundaries.

NCSIMG has consulted widely across the community services sector and sought the advice of the health and housing assistance information groups in identifying its priorities for information development over the next 5 years. As part of the implementation strategy to take this new plan forward, the NCSIMG is committed to regular consultation with relevant stakeholders, particularly the non-government sector.

Under the first *National Community Services Information Development Plan* there have been significant improvements in the availability of nationally consistent information about community services in Australia and the national data standards that underpin these achievements. However, much remains to be done in specific policy or program areas as well as in the national data infrastructure that crosses these program boundaries.

> The need for comprehensive, authoritative national data standards relevant to existing and emerging policy and program areas continues. National data standards provide the foundation for nationally consistent and comparable information despite the diversity that characterises community services and people who provide and receive such assistance in Australia.

> The quality and availability of national information in specific areas of policy interest and program delivery are currently inadequate.

> Information needs to be available to support person-based approaches to service delivery and public accountability, not only program-based 'silos'.

> A strong imperative is to reduce the burden on service providers with multiple reporting requirements.

> Increased use of statistical data linkage, consistent with the proper protection of individual privacy, should be pursued to add value to existing national data sets designed to report on specific programs.

> The need for high-quality, relevant, standards-based information must not be overwhelmed by information and communication technology initiatives with high price tags and tight timelines.

Following extensive consultation, NCSIMG has identified three key areas in which to focus its activities over the next 5 years. These areas of need are domains in which NCSIMG has a mandate for action:

1. maintain and strengthen national data standards infrastructure to support information activities across the community services sector

2. improve the scope and quality of sector-specific data and information for reporting and monitoring within program areas

3. develop cross-sectoral data that cross program boundaries and recognises the growing need for person-centred rather than program-centred information.

2.2   Priorities for data standards infrastructure

Since signing of the first information agreement in 1997, the NCSIMG has developed three editions of the *National Community Services Data Dictionary* as the authoritative source of nationally endorsed community services data standards for use in Australia. The third edition was released in 2004. Over this time the dictionary has expanded in scope and coverage and in the third version, included the first group of data specifications that have been integrated with the *National Health Data Dictionary*.

Under the broad umbrella of the agreement, committee structures and processes exist to facilitate national agreement on data standards and to lend authority to these standards.

Another vital part of the data standards infrastructure is a mechanism for storage and public dissemination of the data standards. Since 1999 the AIHW Knowledgebase has been the central repository for storing, managing and disseminating national data standards for the community services sector. In 2005 the Knowledgebase was replaced by a new repository, known as METeOR (METadata Online Registry). In addition to the functions of the Knowledgebase, the new system has introduced new metadata structures based on the latest international standard, and a sophisticated data development environment.

The ISO/IEC 11179-based structure means that all data standards are now composed of several components which can be reused within other data standards. This re-usability means there is faster development of higher quality and more consistent data standards. The reuse of existing components will also enhance the comparability of data in different data collections. METeOR also provides data developers with a specialised data development environment where they have ready access to detailed business rules on how to construct high-quality data standards and online help.

Challenges

Notwithstanding the achievements of past years, there are many challenges facing the community services information sector. Key areas (children's services and child protection are examples) are not covered by nationally consistent data collections. Where the data sets in place are not consistent, the results of statistical analysis for program purposes can be difficult to interpret at a cross-jurisdictional level. Additionally, inconsistencies in data specifications developed and agreed to by program-based authorities compound the problem experienced by those community service providers who are required to report similar data to different funding authorities in different ways. And all this duplication of effort draws on the same money and skills.

The NCSIMG supports the 'create once, use often' objective of information management. Community service providers who are required to collect and report data for multiple program funders are keen to achieve consistency in reporting requirements. However, achieving consistency or integration of data specifications is difficult when the development of MDS data specifications is occurring in dispersed environments, separate from the national data standards registry processes. Opportunities for appropriate reuse of existing national data standards are sometimes missed.

Program-based governance arrangements for MDSs are essential for program-based accountability. In fact, it is the need for program-specific data sets that has driven significant expansion in the information about community services available for national analysis. However, the task of overcoming the 'silo' effects of data development under these arrangements to achieve nationally consistent data specifications, where relevant, is confounded by the parallel governance arrangements for program-specific and national data standards.

There are a range of initiatives and projects underway within the health sector to extend the use of information and communication technology and to develop standards to form the basis of meaningful communication across diverse settings and systems. Involvement of the community services sector in these projects has been limited, and as a result, there is a risk that standards that are developed may not reflect the needs or circumstances of community services providers, their clients and downstream users of community services data for analysis. This may become particularly problematic for community health providers, and for service providers in other areas where the boundaries between 'health' and 'community services' is blurred (for example aged care sector). Timely participation of community services authorities at both a strategic and project level in e-health forums would facilitate inclusion of the interests and needs of the community services sector in these initiatives.

The need for 'better information sharing and…structured approaches to the collection, reuse and sharing of data and information' was recognised as a key element in the Australian Government's *'Connecting Government: Whole-of-Government Responses to Australia's Priority Challenges'* report. The role of the NCSIA (and associated infrastructure) in providing a 'framework for a cooperative approach to national information development' is acknowledged in this document. Additionally, there are other state or territory government initiatives occurring that reflect a move towards a 'whole-of-government' approach (for example Better Service Delivery Program in New South Wales, Primary Care Partnerships in Victoria).

However, the capacity of NCSIMG and its Data Committee to support nationally consistent data within the community services sector is not sufficiently recognised. The promotion of NCSIMG processes and the NCSDD underpins a number of the strategic issues outlined in this paper, and CSMAC has supported this activity in recent times. Continued efforts with a focus on the benefits of using national data standards to support technical and semantic interoperability of systems within the health/human services 'cluster' would also promote the 'connecting government' agenda.

Several non-government organisations are involved in the delivery of community services throughout Australia. Much of this service delivery is funded through service agreement contracts entered into with state or territory governments and the Australian Government. Information is required from NGOs that can be used to measure performance in the delivery of services on behalf of governments. This information could be used in conjunction with data on activities to improve levels of understanding about the relationships between activities, outputs and outcomes in the community services sector. The role of the non-government sector in service delivery has raised a number of challenges for community services data development; the NCSIMG recognises therefore the importance of involving the non-government sector in developing improved national community services information.

Although the range of community services activities (and settings) is well described by the National Classifications of Community Services (version 2), the lack of national data standards relating to financial and client information of organisations prevents consistent analysis of activities against funding.

Although the development of standard approaches to measuring cost in the field of community services is recognised as a complex task, it is important for preliminary work to be done with a view to strengthening national data infrastructure in this area.

Existing information collections are designed mainly to measure program outputs. For policy and evaluation planning purposes, the need goes beyond this for information on outcomes for the client and the quality services provision or support mechanisms. The difficulties associated with outcome measurement in community

services have been the subject of ongoing discussions. Work is required across program areas to consider the ways outcomes have been defined, and to promote the development of nationally agreed standards relating to outcome measurement

Priorities for action

> Include (with the support of CSMAC and national program authorities) the data specifications for all existing national minimum data set standards and those under development in the online data standards register, METeOR. Relevant datasets include Aged Care Assessment Program MDS, CSTDA MDS, HACC MDS, Juvenile Justice NMDS, Children's Services NMDS, Child Protection NMDS and the SAAP data collections.

> Establish protocols (to be agreed to by CSMAC and program authorities) for the use of METeOR by program-based community service authorities when developing and disseminating information about their dataset specifications.

> Explore the extent of the difficulties of service providers which have 'multiple reporting' responsibilities that result from inconsistent or conflicting data reporting requirements, and identify strategies for resolving or alleviating those difficulties.

> Improve coordination with state-based collections.

> Build on initiatives at national and state or territory level to help in 'connecting up' data in line with the 'connecting government' agenda (for example the Information Management Strategy Committee, Better Service Delivery Program in New South Wales and Primary Care Partnerships in Victoria).

> Include promotion of national data standards as an ongoing feature of NCSIMG's work program.

> Review existing and developing work in program areas relating to cost with a view to strengthening national data infrastructure in this area.

> Review existing definitions of outcome measures for community services with a view to promoting the development of national standards in this area.

2.3 Sector-specific priorities

2.3.1 Disability services

Formal services and assistance of relevance to people with a disability include:

> income support, particularly disability-specific income support

> specialist disability support services, notably those funded and provided under the Commonwealth State/Territory Disability Agreement (CSTDA)

> relevant generic services, particularly those that specifically target people with a disability.

Disability affects many people, directly or indirectly – an estimated 20% of the population. The identification of people with disabilities within generic services is crucial to monitoring their access to and outcomes from the whole services spectrum, and the success of whole-of-government outcomes. The importance of generic services to people with a disability is specifically recognised in the third CSTDA. All such data collection and analysis require consistent approaches to the definition of disability across a wide range of human services.

Data development effort to improve the quality, consistency and availability of disability services data has been considerable in recent years:

> A disability question in the Australian Census has been developed for 2006. The collection of basic disability information in the Census will enable small area data to be improved for service planning purposes, information on sub-populations to be compiled, and disability information to be related to the rich array of other social data from the Census.

> The AIHW (as the Australian Collaborating Centre for the World Health Organization (WHO) Family of International Classifications) is continuing to work on the implementation of the International Classification of Functioning, Disability and Health (ICF). There are now national data standards that incorporate the ICF (in the NCSDD (Version 3) and METeOR). The use of these ICF-related national data standards, in a wide range of fields, will improve the quality, relevance and consistency of disability information. A data capture tool is being developed to further assist users to apply the classification – the Functioning and Related Health Outcomes Module. This tool is intended to support whole-of-government consistency in the identification and measurement of functioning and disability. In this work the AIHW is advised by the Advisory Committee on Australian and International Disability Data which reports regularly to NCSIMG and the Statistical Information Management Committee.

> The CSTDA NMDS has been redeveloped, with significant collaborative effort by the National Disability Administrators and the AIHW. The collection now covers all services during the year (previously only on a snapshot day) and has enhanced data items on carers and support needs (based on the ICF Activities and Participation dimension).

> Other administrative data collections, such as the children's services NMDS are beginning to use these national data standards based on the ICF.

Priorities for action

Capitalise on previous data development, and improve the quality, relevance and consistency of disability information via four main strategies (that must also adequately address privacy and consent issues).

> Advise on analysis of the 2006 census related to the disability question.

> Consider the importance of including a disability identifier(s) in all areas of community services data development to enable creation or improvement of data on access to generic services by people with a disability, including related services such as aged care.

> Support the use of national data standards where a disability identifier is required, or data relating to level of functioning and disability are to be collected.

2.3.2 Aged care

Aged care services seek to meet the care and support needs of frail older Australians. Support and care for older people are available from a variety of sources, including friends and relatives and service providers in the community or in a residential service. Over the last decade there has been an increasing emphasis on providing support which allows older people to remain in their own home. This has resulted in the growth of community care programs designed to support the older care recipient as well as any family members or friends who provide care. One consequence has been a growth in the number and range of community care data collections during this period.

Coordination and linkage across these community services and between community services and residential options is seen as important to establishing integrated services for older people in need of care. Aged care services are interrelated with other services such as health services, (including hospitals, pharmaceuticals and medical care), housing and income support. Consequently, the capacity to promote and develop databases which shed light questions about the movement of clients between sectors and the way the sectors work as part of a system has become an important priority.

Programs in this area are variously funded and managed by the Australian Government and state and territory governments. Residential aged care programs are funded and managed by the Australian Government (Department of Health and Ageing), as is the community aged care packages program. The Home and Community Care program (HACC) provides a large proportion of community care services and is funded jointly by all three levels of government. Similarly, the Aged Care Assessment Program is jointly funded. Veterans' Home Care is also a significant provider of community services, and is funded Dept of Veterans' Affairs. There are a number of other smaller programs with a variety of funding arrangements.

Over the last six years, the quality and comprehensiveness of residential aged care data has improved. A new instrument for reporting on resident care needs (Aged Care Funding Instrument) is currently under development. Version 1 of the HACC MDS has been successfully implemented, with substantial improvements in the quality and coverage of HACC data. Version 2 is scheduled for implementation from January 2006, and includes for the first time data elements on the functional status of HACC clients. The Aged Care Assessment Program implemented the second version of its MDS from 2003. No substantial changes have been made to the data collected with regard to community aged care packages.

The importance of improved alignment and integration of community care services has been recognised, and some work is underway under the auspices of Department of Health and Ageing to examine data in current community care collections with a view to recommending strategies to increase alignment and consistency of data across community care programs. Alignment between community and residential care programs is also an important consideration.

Priorities for action

> Improve the national consistency of data collection on community care programs.

> Promote the development of comparable indicators of functional status across aged care data collections.

> Improve data quality and coverage, particularly in the community care sector.

> Facilitate better use and coordination of aged care data with data from other programs and sectors (through linkage and other methods) ideally this would:

– allow analyses based on the client rather than the program;

– explore movement of clients between sectors; and

– examine the system as a whole rather than separate sectors.

2.3.3 Children's Services

Child care and preschool services are an integral part of Australian society. They enable parents to participate in employment, education and community activities, while making a positive contribution to meeting the care, education and development needs of children. Children's services have been recognised as an area of great importance both to governments and to the public. Many jurisdictions have policies concerning early childhood, with children's services being a notable focus in many of these. The National Agenda for Early Childhood also explicitly states the importance of children's services to Australia, as well as the need for data to shape policy in this area.

In Australia, responsibility for children's services is spread across education and family and community services departments at both Australian Government and state and territory levels. Reflecting this, most existing administrative data collections in this field are fragmented, resulting in both duplication and notable gaps. The Australian Bureau of Statistics Child Care Survey is a rich source of data but is not reliable for smaller jurisdictions and regional areas. In 1998, the NCSIMG set up a Children's Service Data Working Group (CSDWG) to tackle the need for a consistent, national data collection for children's services. Following a period of data development, extensive testing and wide consultation, the CSDWG approved the Children's Service National Minimum Data Set (CSNMDS) in June 2005, which was subsequently endorsed by NCSIMG. With the development phase of the CSNMDS drawing to a close, the focus is now on implementation. When the CSNMDS is implemented nationally, it will ensure consistent and comparable data on children's services across Australia. This has the potential to reduce some existing

overlapping data collections. It will provide answers to a range of important policy relevant questions such as:

> How many children are attending child care and preschool activities in Australia?

> What are the characteristics of these children? What can be learned about the characteristics of children not attending these programs?

> What are the relevant qualifications and/or experience of current workers in the child care sector?

> How many child care and preschool services are there in Australia?

> Where are these services and what type of activities do they provide to children?

Priorities for action

> Develop an implementation plan for the CSNMDS which incorporates appropriate consultation and facilitates the collection of consistent data on children's services, their clients and workforce.

2.3.4 Child protection

Since 1993, national child protection data have been published annually by the AIHW. National collating and reporting is conducted under the auspices of the National Child Protection and Support Services (NCPASS) committee, which is a subcommittee of the NCSIMG. The data are contained in five separate collections:

> notifications, investigations and substantiations

> children on care and protection orders

> children in out-of-home care

> adoptions

> intensive family support services.

Over the past 12 years, the quality, coverage and consistency of the national data have steadily improved. To date, however, the jurisdictional data have been provided to the AIHW for national collation in aggregate format. As a consequence, there is limited capacity to do in-depth analyses, and hence to provide a stronger policy focus in the kind of tables that are produced. Also, the data centre on reported cases and have a service focus rather than an outcome or client focus.

In 2003, all jurisdictions agreed in principle to change the method of collecting the national data from aggregate to unit record. Data dictionaries for this new form of data have now been developed for child protection services, children on orders and children in out-of-home care. Cycles of pilot testing began in March 2005 and are expected to be completed by early 2006. The dictionaries are based on the National Reporting Framework developed by NCPASS in 2000. This framework captures more of the services that are provided by the departments, rather than just the forensic investigatory process. It was also developed to try to make the data across the jurisdictions more comparable.

Some of the areas where data need improvement are in the analysis of the service history of clients and the flow of clients through the system, both of which will be facilitated by the implementation of unit records. Other areas of relevance include data on educational outcomes of long-term clients, the relationship of related services to child protection such as juvenile justice and SAAP, the cost of activities and pathways of child protection services, data on treatment and support services that complement child protection data, and the development of national data on foster carers.

Priorities for action

> Implement the unit record based national data collection in order to further promote the consistency of the national data collection and to provide a client-centred data-base to facilitate more policy-relevant data analysis.

> Broaden the scope of the collection to include more information on the outcomes of the clients of the child protection system.

> Explore the development of appropriate data on foster carers.

2.3.5 Family support services

Family services seek to benefit families by improving their capacity to care for children and/or strengthen family relationships. Child and family policies nationally and at the state and territory level share the focus of building and strengthening families to manage their own needs, equipping them with information, skills, resources and support to meet current and emerging needs. A common approach is to identify early support and intervention as important in reducing or avoiding more intrusive interventions at later stages. Early childhood is commonly identified as an important area for the investment of effort. Coordination and linkage across services are seen as critical to establishing integrated services for families. Family support services are interrelated with other services such as child protection and crisis accommodation and support services. The importance of establishing a national data collection for family support services has been identified to improve our understanding of the needs of Australian families and the ways that support services can best assist.

The development of a national data collection for family support services was identified as a priority in the *1999 National Community Services Information Development Plan*. In 2000, a study of family support services statistics was undertaken by Community Link Australia under the supervision of the NCSIMG. This study found that some form of data collection for family support services was in place in most jurisdictions or was planned for those jurisdictions where data collection was not currently in operation. Collections varied in the items collected, the level of detail gathered about services and the timeframes over which the collections took place. Some core pieces of information were commonly collected, including client numbers, instances of service and hours of service. The diversity of family support services both within and across jurisdictional boundaries remains a significant barrier confronting attempts to develop nationally consistent data standards in this area.

Priorities for action

> Identify those areas of family support services where national consistency of
  data elements can be improved, and develop a strategy to implement those
  improvements.

> Enhance the integration of family support services data items with those of
  related community services collections such as child protection and crisis
  accommodation and support services.

2.3.6 Homelessness

Homelessness services are a diverse and complex field which encompasses
community services and housing portfolios in different states and territories in
Australia. Historically, the only nationally available data on homelessness services
in Australia have been from the major program response to homelessness, the
Supported Accommodation Assistance Program (SAAP). Other data are collected on
a national program aimed at reconnecting young people experiencing homelessness
to their families, Reconnect, and a small program aimed at intervening with families
at risk of homelessness, the Household Organisational Management Expenses
Advice Program.

The SAAP national data collection is an ongoing census of clients of the program
who are homeless or at risk of homelessness. A collection about the services funded
to support SAAP clients is conducted every 6 months and collection on SAAP
people turned away from accommodation is conducted for a week in May and
November each year. Data have been collected on SAAP since 1996–97 and data on
children were added in 2000–01. Annual data have been reported nationally and for
each state and territory since that time.

The ongoing client data collection has been redeveloped to conform with the
SAAP IV Information Management Plan. The plan has reduced the size of the
core data collection from 29 to 23 questions, improved key data definitions and
implementation of a linkage key that conforms with other community services data
collections (for example aged care, disability). The redeveloped client data collection
was implemented on 1 July 2005. The SAAP Information Management Plan
recognises that SAAP is a dynamic program and that collection strategies need to
be developed to collect other data on occasional bases to inform on the program.

There is also data development underway in Victoria to promote a more complete
understanding of the homelessness service system in that state. Data collections
are being developed for the Transitional Housing Manager Program, the Housing
Information and Referral Program and the Housing Establishment Fund.
The implementation dates for these collections have yet to be announced.

> Refine the measurement and description of homeless people in Australia.

> Consolidate the new SAAP national data collection, including increasing the uptake of electronic data collection and reporting and developing a strategy to collect non-core data from SAAP (for example on cultural and linguistic diversity, disability).

> Develop the key performance indicators to shape the SAAP V agreement.

> Facilitate coordination (through linkage and other appropriate methods) with other relevant community services and health-related collections such as mental health, alcohol and drug treatment services, disability services, community care, and aged care.

> Develop nationally consistent data sets between SAAP and other programs comprising the homelessness service system.

2.3.7 Juvenile justice

The development of a national data collection for juvenile justice was identified as a priority in the 1999 National Community Services Information Development Plan. Following the scoping study, field test and pilot test, an national minimum data set NMDS for juvenile justice has been developed and implemented through the Australasian Juvenile Justice Administrators (AJJA) and the NCSIMG. Collected at unit record level, and with a unique identifier and statistical linkage key allowing the linking of information over time and between jurisdictions, this NMDS provides valuable flow data in the juvenile justice area for the first time in Australia. Importantly, the new collection covers both custodial and community-based elements of the juvenile justice system.

The first report of the NMDS is expected in late 2005, with annual reports to follow in subsequent years. The NMDS has strong support from AJJA; this level of commitment to an ongoing collection provides a good basis for further development of the NMDS. The processes involved in reaching the point of having nationally comparable data in the NMDS have laid a solid foundation for further data development work and the extension of the juvenile justice collection into other key priority data areas.

Supervision by a juvenile justice agency is but one area of the complex juvenile justice system. This means that the possibilities for future development are considerable.

Priorities for action

> Include offence data in the national minimum data set.

> Develop key performance indicators.

> Improve coordination (including through possible linkage with other relevant collections) with national data collections on child protection, crisis accommodation and support services, alcohol and other drug treatment services, and mental health services.

> Explore the capacity to include nationally consistent data on diversion and conferencing in the next version of the NMDS.

> Review and refine the NMDS and the national annual report.

2.3.8   Gambling support services

Gambling is acknowledged as a legitimate part of the leisure and recreation activities of many people, but for some people it causes problems for themselves, their family and their community. The Council of Australian Governments has agreed that tackling the negative consequences from problem gambling is the joint responsibility of all governments, the gambling industry, communities and individuals. In addition, the Ministerial Council on gambling has developed and endorsed a national framework around public awareness, early intervention, counselling and support services, and national research and evaluation.

Establishing a national data collection relating to the provision of gambling support services is one way of implementing the fourth strategy identified in the national framework. In 2004, CSMAC decided that the development of an NMDS for problem gambling would follow the processes and structures for national community services information established under the National Community Services Information Agreement.

The importance of alignment and integration of data sets in community services, where possible, is recognised and AIHW has been supported by CSMAC to undertake the first stage of a longer process in the proposed Problem Gambling NMDS development process. The purpose of Stage One is to produce a preliminary business case for an NMDS that will assist the CSMAC Gambling Working Party (GWP) to make decisions about the nature and timing of the NMDS.

The current project includes:

> **Phase 1:** the development of a policy and performance framework for NMDS development; a workshop with the CSMAC GWP to agree on a draft framework, a draft list of data entities and elements, and the potential for statistical data linkage with other data sets.

> **Phase 2:** to assess the capacity of services to report nationally relevant data elements and the implications of existing service models and data collection practices; the scope, counting units and content of an NMDS to be reviewed and the most appropriate collection methodologies. To be agreed by the CSMAC GWP.

> **Phase 3:** the preparation of a final business case and project report.

> Draw on existing jurisdictional data collections, develop specifications for an NMDS and reach national agreement on its implementation.

> Use national data standards for information relating to problem gambling included in other national data collections.

2.3.9 Concessions

Each level of government in Australia provides significant levels of expenditure (or revenue forgone) to senior Australians and others eligible recipients receiving concessions are provided to pensioners of all ages (for example, disability, sole parents and age Age) as well as people on allowances (for example, Newstart, widow allowance etc), and veterans. Australian Government assistance includes concessional pharmaceuticals under the Pharmaceutical Benefits Scheme, assistance with certain hearing services, and rail concessions. State/territory and local government concessions include reduced household expenses on council rates, electricity, water and sewerage; transport concessions; housing assistance; and education assistance. There is a paucity of information on the full extent of the value of concessions provided. As a consequence, the contribution concessions make to the overall picture of community services in Australia is not well understood.

 The AIHW publishes information on concessional welfare expenditure for eligible recipients by each state and territory jurisdiction. Most jurisdictions also provide annual reports of expenditure on concessions. However, there are considerable inconsistencies in the form of reporting and definitions used.

Priorities for action

> Undertake scoping work to explore the range of existing data collections and data definitions, and assess available options to promote national consistency and assist comparability.

2.4   Cross-sectoral priorities

Although much data development work is best undertaken within specific programs, the growing recognition of the need for person-centred rather than program-centred information requires some consideration of key strategic directions in information development that cut across program boundaries. Powerful contributors to improved capacity to provide information which informs government and whole- person approaches are the national data infrastructure strategic priorities. Greater standardisation of data definitions across programs and jurisdictions will inevitably improve the capacity to integrate national data to describe the services delivered to people rather than the people who are in programs.

However, there are other strategies which cut across program boundaries which should be actively pursued in the next 3 to 5 years. The key cross-sectoral strategic development areas for community services information are:

> statistical data linkage

> small area data and geo-coding

> childhood and youth

> comparable measurement of level of disability and functioning

> domestic violence

> indigenous issues

> informal care

> labour force

> prevention and early intervention.

2.4.1 Statistical data linkage

The greater emphasis being placed on 'whole of government' approaches requires data development that yields information across program boundaries and sectors, rather than simply within one program.

Linked data sets assist person-centred policy-making and program and service delivery. Development of linked data capacity and the ability to analyse complex linked data are essential for the understanding of the interrelationships between services and client pathways. The advantages of linking data sets and the issues to consider in linkage have been thoroughly discussed in a 2002 NCSIMG report endorsed by CSMAC (Statistical Data Linkage in Community Services Data Collections).

In the health sector, data linking is done using a range of methods including linkage using full name and other demographic information as well as statistical techniques to link de-identified data (for example using date of birth, sex and postcode). Full name data are not commonly contained in community services collections, and in their absence, data linkage in community services has progressed through the use of statistical linkage keys (SLKs) which are variables based on the particular letters of the client's given and last name, sex and date of birth. Different data collections introduced different statistical linkage keys, but in the last year or so there has been a shift to promoting the use of a common linkage key across a number of community services data collections. This common key needs to be consolidated and continued across the collections. It is anticipated that HACC, disability services, SAAP, alcohol and drug services, child protection and juvenile justice data collections will have the same statistical linkage key. SAAP has recently piloted and implemented the use of the HACC-type SLK. Such a move substantially increases the potential to link community services data sets and reveal patterns of service use or pathways of clients that are not so visible when data sets are analysed in isolation.

The availability of SLKs has allowed person-based data sets to be developed in several areas. It presents considerable potential for linking and analyses in the immediate future. Cross-program data linking is already happening in the area of aged care (for example HACC, Community Aged Care Packages and Residential Aged Care Services (RACS) data linkage; RACS and hospital data).

Some new possibilities are being identified such as linking child protection data with SAAP data to analyse the extent to which children in out-of-home or institutional care move on to be supported by SAAP.

It is essential that ethical processes, approved by an appropriate human services ethics committee, are in place for all statistical linkage projects. Consultation with representatives of other sectors (for example health) will help to ensure that in cases of cross-sector data linkage, any sector-specific privacy and/or ethical requirements are taken into account.

Priorities for action

> Ensure community confidence in statistical data linkage.

> Promote robust privacy protocols and the following of ethics committee requirements to support data linkage.

> Promote consistency in the use of statistical linkage keys in various community services collections.

> Ensure linkage with health data collections can be pursued, taking into account the need to satisfy privacy and ethical requirements in both the community services and health sectors.

> Find or improve ways of linking data sets and analytical methods to analyse linked data.

2.4.2 Small area data and geo-coding[1]

The design and evaluation of community services has always needed some understanding of the geographic distribution of clients and services, as well as overall demand and supply. But this need is not adequately met by the data sets available today (which may have no useful geographical dimension at all, or too coarse a geography, or inconsistent geographies between pieces of information that must be analysed jointly). Sophisticated analytical strategies can partially compensate for the shortcomings in the data, but the results are ultimately limited by these underlying constraints.

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1   Geocoding is the process of assigning geographic coordinates to data set entries -- for example, assigning latitude—longitude co-ordinates to the street addresses of clients or service delivery units. Once a dataset has been geocoded, it is possible to draw maps or do spatial analyses according to almost any other system of geographical classification (for example local government areas, ATSI regions).

The need for better small area data in the information base has become more prominent in recent times owing to an increasing focus on:

> understanding the ways multiple services coordinate to tackle the complex needs of clients (such as the disabled or the aged)

> providing suitable clusters of services within a given community or, at least, ensuring that a suitable spectrum of services is reasonably accessible by community members.

An important opportunity in this field is provided by the development of geocoding. This promises to be able to generate data sets (both within and across service sectors) that may break through the problems posed by inconsistent, fixed-boundary geographies embodied in many existing data sets. It will be important to work within the agencies responsible for these developments to ensure (on the one hand) that the needs of community services policy design and evaluation are taken into account and (on the other hand) that a suitable implementation of geocoding can be carried into the datasets held by service delivery agencies and other data custodians.

Both small area data and geo-coding can raise issues of policy and practice, as finely disaggregated geographical detail can pose a hazard to privacy and confidentiality. Statistical agencies and service delivery agencies are or should be developing protocols regarding the assembly, storage and dissemination of data sets with fine geographical detail.

Priorities for action

> NCSIMG to provide advice regarding requirements for small area data to guide policy development and performance monitoring.

> Distil emerging intelligence about the need for and supply of small area data that would serve the needs of cross-sector policy design and evaluation.

> Collaborate with information bodies in other fields (such as health and housing) to share intelligence about geography and small area data, developments such as common geographic classifications and boundaries, geo-coding, and the storage and analysis of small area data sets.

2.4.3   Childhood and youth

Recent research findings have emphasised the importance of early childhood exposures (such as family environment, social interaction and education) in shaping children's health, development and wellbeing later in life. Recognising the significance and benefits of investing in the early years of life, the Australian Government established a Task Force on Child Development, Health and Wellbeing in September 2001 to develop a whole-of-government' approach to the early years of life. A major responsibility of the Task Force is to lead the development of the National Agenda for Early Childhood. CSMAC, the Australian Health Ministers Advisory Council and the Ministerial Council on Education, Employment, Training and Youth Affairs have also recently agreed to a cross-sector approach in tackling national child health and wellbeing issues.

The AIHW has produced five comprehensive national reports since 1996 which monitor the health, development and wellbeing of Australia's children and youth – *Australia's Children* (1998 and 2002), *A Picture of Australia's Children* (2005) and *Australia's Young People* (1999 and 2003). The next youth report is expected to be released in May 2007. These reports are produced by drawing together a range of up-to-date national data sources including surveys, administrative collections and disease registers. These reports are invaluable in providing a snapshot on the status of health, development and wellbeing of the population group in question. However, the current data and analysis available remain somewhat limited in providing information on the long-term effectiveness of government policies and intervention for specific population groups. This is because most national surveys are cross-sectional in nature, longitudinal surveys are expensive to conduct and often suffer from the problem of sample attrition over time (and thus response bias), and administrative byproduct collections tend to be service-centred rather than person-centred. The Longitudinal Study of Indigenous Children (LSIC) will be important data sources in addressing some of the shortcomings of the next decade. Statistical data linkage can also play an important role.

Priorities for action

> Establish data sets for services for children to ensure the use of consistent data items.

> Encourage continued support of LSAC and development of LSIC.

> Establish regular reporting on child and youth welfare.

> Increase communication and collaboration between the national information groups in the health, housing, community services and education sectors to improve cross-sector reporting.

2.4.4 Comparable measurement of disability and functioning

There has been considerable effort directed towards the development in Australia of disability data elements which are consistent with international standards (the International Classification of Functioning and Disability). These data standards form the basis of the disability-related data elements in the *Community Services Data Dictionary*, and those used in the ABS Surveys of Disability, Ageing and Carers. Work is currently being undertaken by the ABS and the AIHW to build on existing achievements, with a particular emphasis on identifying highly comparable data elements which have the potential to be used in a range of collections where disability is not the main focus but is nonetheless of considerable relevance.

Disability is an important consideration, for example in the allocation of public housing and in understanding the characteristics of the client population. It is also of considerable relevance, and has indeed been included, in the recently agreed on Children's Services NMDS. Other areas where disability is of obvious policy relevance are Child Protection and Juvenile Justice. Depending on the nature of the

collection, it is recognised that there will be differing program imperatives as to the most relevant aspects of disability. The development of data elements pertaining to disability that can be used singly or in combination, and which are comparable across collections, would be an important contribution to improved community services information in Australia.

Priorities for action

> Develop data elements pertaining to disability, consistent with relevant national and international standards, that can be used singly or in combination to measure disability in a range of community services collections, and which are comparable across collections.

> Consider the relevance and appropriateness of this suite of data elements to housing and relevant health services during the development phase.

> Chart assessment tool developments in related fields, including disability services and aged care, and relate them to national data standards.

2.4.5 Domestic violence

Domestic violence is an important topic about which there is little consistent national information. To better understand the issue there is a need to synthesise information from sources such as the justice, health and, community services sectors and the ABS, there is no national body with natural responsibility for this. NCSIMG is exploring the extent of national information needs in this area and how they relate to policy. It will examine ways in which these information needs can be better placed on the national policy agenda.

Priorities for action

> Meet the various policy requirements for information in relation to domestic violence (NCSIMG would need to stipulate both data requirements and resources).

2.4.6 Indigenous issues

The design and evaluation of community services for Aboriginal and Torres Strait Islander peoples (as for all Australians) depends on better information regarding the people requiring services, the services delivered and their effectiveness. Information development for Indigenous Australians raises unique requirements owing to the special character of their historical experience and contemporary circumstances, the extent of their needs, and the mix of targeted and mainstream programs that meet their needs.

It is important to understand the diversity of experience and needs within the Indigenous population – especially according to urban, rural and remote settings, but also according to different historical experiences regarding community movement, family separation and so on.

For some years, efforts have been invested in improving the information base for policy design and evaluation. These efforts have included extensions and enhancements to the program of direct data collection (censuses and surveys) about Indigenous people undertaken by the ABS and other agencies (especially valuable for understanding the interconnectedness between the multiple dimensions of social and economic disadvantage). They have also included improvements to the identification of Indigenous clients in administrative byproduct data collections generated by service delivery programs. More work of both kinds remains to be done. The biennial report prepared by AIHW and ABS has presented a comprehensive view of the social and economic conditions of Aboriginal and Torres Strait Islander peoples.

The gathering and dissemination of community services information about Indigenous Australians also raises particular issues of ethical practice, such as what information may be gathered and in what manner from Indigenous individuals, families and communities; the return of information to the Indigenous communities that have provided it; and control over access to data by policy makers, researchers and other analysts.

Priorities for action

> Ensure that the information development activity for each of the specific sectors (family and child services, disability services, homelessness, and so on) takes in to account the information needs of policy design and evaluation for Indigenous clients (whether they receive services through mainstream or targeted programs).

> Review the progress made towards generating the information envisaged in existing strategic documents (such as the *National Aboriginal and Torres Strait Islander Community Services Information Plan*), and assess which strands of uncompleted work should have highest priority for coming years.

> Assess progress in improving Indigenous identification in community services datasets, and decide which data sets should be given highest priority in coming years.

> Identify gaps and shortcomings in the information base that might best be remedied through direct data collection (rather than or in addition to administrative byproduct data) and liaise with the relevant statistical agencies regarding the content of future survey programs.

> Cooperate with the Aboriginal and Torres Strait Islander Working Group and CSMAC to identify information gaps and necessary developments and relative priorities.

> Work with stakeholders such as the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data regarding protocols for gathering and disseminating information about Indigenous peoples, and foster the development of appropriate protocols for community services information.

2.4.7 Informal care

Informal care remains an important policy issue for government. The care provided by informal carers supplements and substitutes for services provided and funded by governments. Informal care is the care provided by family or friends to frail or disabled older people and to younger people with disabilities. Key groups of carers are parents caring for children with disabilities, spouses caring for spouses of all ages with disabilities, and children caring for their ageing parents. Although excellent information is provided by the 5 yearly ABS Survey of Disability, Ageing and Carers, administrative byproduct data are also important sources. Some collections (such as the CSTDA NMDS, HACC NMDS and the Aged Care Assessment Program (NMDS) already include some information on carers, but further improvements in consistency and coverage across a range of collections are desirable.

Another key area relating to the topic of informal care is the care provided by grandparents to grandchildren when parents are not themselves able to provide that care. There is growing policy awareness of the difficulties that confront grandparents raising grandchildren, and more data on this topic would be of considerable value. A less widely recognised but very closely related area is that of kinship care, more generally common where children are raised by aunts, uncles, siblings and other relatives in the absence of their parents. The ABS Family Survey and the Population Census provide valuable data on this topic; however, administrative byproduct data has as yet little to offer on this issue. Collections relating to child protection, homelessness, juvenile justice, children's services and disability services could be sources of valuable information on this topic, as could more health-related collections such as alcohol and drug services. Investigation into the capacity of relevant community services and income support collections to provide information on the role played by relatives, particularly grandparents, in taking responsibility for the care of children, and the issues confronting these relatives, is required.

Priorities for action

> In relation to the informal care of frail older people or people of all ages with disabilities, review existing collections with a view to making clear recommendations on ways of improving the consistency of items used and coverage across collections.

> In relation to grandparents and other relatives with primary responsibility for the care of children, investigate work on the capacity of community services and income support administrative byproduct data to shape this important policy issue, including recommendations for data development work as appropriate.

2.4.8 Labour force

The effective delivery of community services demands a qualified labour force. Labour force planning and analyses demand information about the size of the available labour force, the mix of qualifications and experience that it embodies, its distribution across jurisdictions and regions, and so on.

As is the case for all occupations and industries, it is important not only to understand the labour force available today but also to assess future labour supply and how the demand for labour (including skills requirements) might evolve in the future. This assessment would examine trends in training and other ways to enter community service occupations, the ageing of the labour force, and patterns of exit from community service occupations or reduction in hours. A key feature of the community services sector, unlike many other sectors, is its reliance on services provided by people in arrangements other than formal, paid employment. Formal and informal labour can complement or substitute for one another.

The assessment of future labour demand is also important, but rather more difficult to do, as it depends on an understanding of trends in service populations for the major varieties of community services, and changes in modes of service delivery.

Both national bodies and jurisdictional service delivery agencies have expressed a need for a better understanding of the community services labour force, and a variety of inquiries and projects have been initiated in recent years. These range from efforts to assemble and enhance the basic statistics through surveys of attitudes to intentions regarding employment in the community services sector, to formal forecasting or planning models. Some of these efforts span the whole sector, whereas others focus on a particular segment (such as children services or disability services).

The ABSs 5 yearly Census provides comprehensive coverage of community services employment. The Census has limitations, however, as a basis for policy and planning. It is available only at longish intervals, it is based on self-description of occupation and industry, and it provides only a limited range of the auxiliary variables that are needed.

The ABS Community Services Survey provides employment data by individual industry and separately for the 'for-profit' and 'not-for-profit' organisations, and for the government sector. The labour force details available from this survey include:

> employment in direct community services provision

> other paid staff in such organisations in other roles (for example social planning and policy development, community and group development and support)

> separate counts of volunteers working in the community services organisations

> average hours worked by volunteers (by detailed industry)

> the labour costs by detailed community services industry (wages split by direct/ other staff). These data can also be analysed by the size of the organisations concerned (in terms of employment, income, expenses), by location (state, capital cities, other), funding source, and community service activities (e.g. before/after school care, respite care for people with disabilities).

In the periods between the benchmark Census and Community Services Surveys, the biennial ABS Survey of Employee Earnings and Hours provides additional information to both update and extend the benchmark information. These are further supplemented by monthly data from the ABS labour force survey which provides, for the child care services industry and for the community care services industries combined, labour force status (employed full time/part time), aggregate hours worked, status in employment, state and sex. A datacube is published quarterly, but estimates are available monthly. In addition, the various supplementary surveys provide additional information about these employees, including earnings, education and work, labour force mobility and labour force experience. No data are available separately for the nursing home workforce which is included in the broader health services industry workforce estimates.

Priorities for action

> Undertake (or commission) an inventory of current and recent inquiries and projects (including data collections) regarding community services labour force, to ascertain the policy or other purposes that the inquiries and projects are intended to serve, the segments of community services that they traverse, their jurisdictional or geographical scope, and their basic character (for example data gathering, forecasting, model building).

> Develop a rough conceptual framework or 'mud map' of information needs relating to the community services labour force, in the light of the key policy questions, encompassing:

   – the segments of community services for which labour force information is required

   – the major varieties of formal and informal labour

   – other key characteristics of labour such as qualifications, age and sex

   – the elements of a labour supply 'pipeline' (entries to the sector, stock of workers, and exits)

   – other key disaggregations such as public/private sector, geography.

> Pursue activities where the NCSIMG can add the greatest value, a such as:

   – identifying gaps in publicly available information about the community services labour force that are the greatest hindrance to policy making and analysis, and encouraging statistical development activity to fill those gaps

   – encourage information sharing across community services labour force inquiries and projects, ensuring the information generated is as commensurable as possible and that resources available are used efficiently and effectively.

2.4.9 Prevention and early intervention

Although issues around prevention and early intervention have traditionally been considered in the community services field as relating to children, there is a growing awareness for early intervention and prevention in other program areas, particularly homelessness and juvenile justice. As the focus shifts to incorporate prevention and early intervention as well as more traditional responses into a range of program areas, national data standards will need to take such development into account. Initially, it is recommended that attention be directed to clarifying the definitions and purposes associated with prevention and early intervention strategies across program areas.

Priorities for action

> Clarify the definitions and purposes associated with prevention and early intervention strategies across program areas.

2.4.10 Issues emerging from the consultation process

The experiences of careleavers (those people who spent a considerable period of their early lives in care) was an issue that emerged late in the consultation process. Although priority action areas have not been identified, this is recognised as an important area for development of information resources.

The issues around careleavers were discussed comprehensively in the first report of the Senate inquiry into children in institutional care, *Forgotten Australians*, (August 2004) and again in the second report *Protecting Vulnerable Children: A National Challenge*. The implications of the Senate Committee reports and government responses to this topic for national community services information merit further consideration.