

Part 6:

Data gaps and developments

Young Australians: their health and wellbeing 2007 aims to report on a comprehensive set of health and wellbeing indicators of young Australians and the contributing physical, mental, environmental, family and community influences. The report also aims to provide key information on indicators to monitor the performance of systems and services in terms of their effectiveness, efficiency, appropriateness, responsiveness, accessibility, safety, capability, sustainability and continuity. Information on all of the indicators in Tiers 1 and 2 of the *National Youth Information Framework* (see Box 1) have been included in this report. For indicators in Tier 3 of the Framework for monitoring health system performance, inclusion of indicators was limited by their relevance to a particular population group, i.e. young people, and the availability of data for this population group.

As mentioned in Part 1, the development of the key national indicators in this report was guided by an advisory group with particular expertise in the areas of health and wellbeing of young people. There were a number of additional indicators that were not considered by the expert advisory group as explaining key aspects of young people's health and wellbeing but have nevertheless been included where possible to complement the information presented in the report. A complete list of key national indicators and additional indicators is in Appendix 1 of the bulletin *Young Australians: their health and wellbeing. Key national indicators* (AIHW 2006h). It was not possible to report against all of these additional indicators as data were not readily available. Data relating to the following areas could not be included in this report:

- blood pressure, cholesterol, blood sugar and insulin, spinal disease, myopia, liver disease associated with overweight
- small-screen recreation (relationship to myopia leading to blindness)
- happiness at school and education
- use of medications
- volatile substance abuse
- foetal alcohol syndrome.

Data gaps in existing indicators

There were a number of data issues in the existing indicators. Firstly, Indigenous identification in data collections varies considerably between states and territories and between different data collections. Although most data collections include an Indigenous status variable, there are outstanding issues in relation to the accuracy with which Aboriginal and Torres Strait Islander people are identified in these datasets, uncertainties about Indigenous population estimates, and concerns about whether the survey methods employed are the most suitable for this sub-population group. As such, it is difficult to use all Indigenous data with the same degree of confidence. These issues have affected the presentation of Indigenous data in this report and the analysis of key issues affecting young Indigenous people.

There is a significant amount of work being done currently by the ABS and AIHW in partnership with state and territory authorities to improve the completeness of Indigenous identification in key data collections. A detailed description of these national data development initiatives and future plans are provided in *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2003* (ABS & AIHW 2003). The AIHW has also examined the quality of Aboriginal and Torres Strait Islander identification and documented data quality improvement activities for a number of community services data collections (AIHW 2007b).

Secondly, data for other sub-populations of young Australians, such as young people from culturally and linguistically diverse backgrounds (especially new migrants), young people living in geographically isolated areas or those from socioeconomically disadvantaged areas, are not available for all indicators presented in this report.

Thirdly, there is a lack of up-to-date objective national data on a number of areas relevant to young people's health, such as measured overweight and obesity, nutrition, physical activity, disability, sexual and contraceptive behaviour, and mental health. The current data available for these areas are typically self-reported.

Finally, there are limited data available on issues affecting young people's wellbeing in areas such as family functioning, social and emotional support, safety and security, adequacy of housing and homelessness, victimisation, and personal income and debt. There are also gaps in the current national data on child protection, due mainly to jurisdictional differences in both the definition and measurement of child abuse and neglect.

New data developments relevant to young people

There are a number of new national data developmental activities relevant to young Australians. These are briefly outlined below.

National Child Protection and Out-of-Home Care National Minimum Data Set

Since 1991, the AIHW has been the data custodian for the administrative by-product child protection data. The AIHW has an ongoing agreement with the states and territories to collect and report on the data on their behalf. Work is currently being undertaken by the AIHW in conjunction with the National Child Protection and Support Services (NCPASS) data group to broaden the scope of the national data collection and to improve comparability. A new national framework has been developed to count responses to calls received by community services departments in relation to the safety and wellbeing of children, including responses that occur outside the formal child protection system. Data elements such as the provision of advice and information, and assessment of needs, as well as general and intensive family support services, are incorporated into the new framework. It is anticipated that national reporting will be aligned with this new framework over the next few years.

As well, the AIHW is currently piloting the collection of child protection and out-of-home care data in unit record format. New data dictionaries to support the unit record level data collection, based on the new reporting framework described above, have been developed. The unit record data collection, when implemented, will provide a much richer data source with substantially improved analytic potential, enabling improved national reporting on children and young people in the child protection system.

AIHW Data linkage development activities

Data linkage in the community services field has progressed in recent years via the use of statistical linkage keys (SLK). A number of data collections in the community services field now contain a common SLK consisting of a certain combination of letters from the person's name, their date of birth and sex. The SLK allows records belonging to the same individual to be matched anonymously and combined where appropriate. The SLK is not a unique identifier, so there is a small probability of error (AIHW: Ryan et al. 1999), which means that it can be used only for statistical purposes (and not for the identification of particular individuals). It has been well-tested and used successfully for statistical analysis in an increasing number of data sets (for example, AIHW 2005d). Such linked data sets can be extremely valuable for statistical and policy development work, for which perfect matching is not required for valid conclusions to be drawn (AIHW: Karmel 2005).

The AIHW is currently undertaking activities in these areas by exploring the feasibility of linking data between the Juvenile Justice National Minimum Data Set and the SAAP data collections. The aim of this analysis would be to establish the extent to which young people are clients of both SAAP services and juvenile justice, and establish the identifying characteristics of these clients. This work could be further extended by linking child protection data with SAAP data, when unit record data for child protection become available. This cross-sectoral data linkage activity would enable the characteristics of young people who flow between these three service sectors to be identified.

Mental Health and Wellbeing Survey 2007

The ABS will be conducting a second national Survey of Mental Health and Wellbeing (SMHWB) in August to December 2007, with the support of the Australian Government Department of Health and Ageing. The scope of this survey has been expanded to include young people aged 16–17 years. Information will be collected from 11,000 people aged 16 to 85 years. The first survey, conducted by the ABS in 1997, was used to gather baseline information about the prevalence of mental illness in Australia and is still the most recent source of national mental health data in Australia. It is proposed that the World Mental Health Composite International Diagnostic Interview be used as the basis for the 2007 survey interviews. Similar to the previous survey, the 2007 survey will include information on a range of mental disorders, co-morbidities, substance use, gambling, health service use for mental health problems, social networks and caring for those with mental disorders.

There is no plan for the ABS to conduct a Child and Adolescent Component for the SMHWB, as was done in 1998. The ABS is undertaking ongoing work in collaboration with relevant information development committees to determine the appropriate strategies for collection of data on young people's mental health (ABS 2006i).

Improving Statistics on Children and Youth: ABS data developments

In addition to planning and conducting regular national surveys of relevance to young people (for example, the National Health Surveys, Disability, Ageing and Carers Surveys, General Social Surveys, Labour Force Surveys, Crime and Safety Surveys and the Population Census) the ABS has also been involved in a number of other data development activities for children and young people in recent years. The Information Development Plan (IDP) is one such activity developed by the ABS, overseen by an expert steering group, and aimed at improving the collection and use of statistics on

children and youth. The IDP is based on 10 agreed priority areas for statistical data development and identifies actions required by key agencies to achieve the identified improvements within each of the priority areas. The ABS has recently published an Information Paper outlining the plan. The paper also includes a comprehensive list of data currently available on children and youth, and identifies gaps in the existing data (ABS 2006i).

The ABS is currently developing a Children and Youth Portal within the National Data Network (NDN). The primary aim of the NDN is to provide an internet-based library of data holdings relevant to policy analysis and research, as well as the ability to link datasets and undertake analysis and reporting on available datasets. The Child and Youth Portal is a pilot project aimed at demonstrating the benefits and functionality of the NDN using a range of datasets relevant to children and youth.

National Children's Nutrition and Physical Activity Survey

The National Children's Nutrition and Physical Activity Survey will be conducted throughout Australia from February to August 2007, collecting data from 4,000 Australian children aged 2–16 years. The survey will record children's and young people's physical measurements, food intake and physical activity participation through a series of face-to-face interviews followed by telephone interviews. The survey is being managed by the University of South Australia and the CSIRO on behalf of the three funding agencies: the Australian Government Department of Health and Ageing, the Australian Government Department of Agriculture, Fisheries and Forestry and the Australian Food and Grocery Council.

The survey's results will be used to identify current rates of overweight and obesity among Australian children and adolescents and the proportion of Australian children and adolescents meeting the lifestyle recommendations described in Australia's Physical Activity Recommendations for Children and Young People and the Dietary Guidelines for Children and Adolescents. The survey results will also identify sub-populations of children at particular risk of nutritional deficiencies or inadequate physical activity participation. Analysis of the results will inform the development of population health policies, programs and interventions.