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Australian Institute of Health and Welfare
30
1987-2017
AIHW

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The Australian Government recognises the amazing work that the Australian Institute of Health and Welfare (AIHW) and its staff undertake in using data to build and maintain the evidence base for health and welfare in Australia. The AIHW's value is highlighted across so many areas of social policy, including the important areas of mental health, hospitals, homelessness, aged care and Indigenous health and welfare.

The AIHW continues to be a national asset and a trusted partner for governments, researchers and the Australian public. As the Institute celebrates its 30th birthday, I particularly want to acknowledge its staff and encourage the Institute to continue to identify opportunities to strengthen the evidence base it makes available to the Australian community. The work is valuable and important and ultimately benefits the lives of all Australians.

The Hon. Greg Hunt, MP

BARRY SANDISON

AIHW, DIRECTOR (CEO)

Hi everyone, and welcome to 30 years of the Institute!

Having joined the Institute only a year ago, I have repeatedly found two things to be clearly evident The first is what a wonderful organisation it is to work in. Staff want to be here and recognise the valuable role they play. The second is how well respected, valued and trusted the Institute is. We also have a family of friends of the Institute who believe in what we do and are willing to support us as we move ahead.

Nowhere was this demonstrated more than in the lead-up to my starting here in June 2016. Besides the great support given to me by Andrew Kettle, the acting Director, I received emails and text messages from the four Directors preceding Andrew.

This warm and generous support, born of some 20 years of experience and passion in driving an agenda of data and analysis, is greatly appreciated, with everyone offering me assistance and 'a chat' as I moved into the role.

I note that in Issue no. 22 of Access, in 2012, the then Director, David Kalisch, commented on the honour of being a custodian of the Institute's history and its destiny. I couldn't agree more.

Our role has always been to develop authoritative statistics and information to service the community, governments and policy makers. That function is still the same today, the only change being that we have sharpened our view of our role. We now have a purpose that states:

'Stronger evidence, better decisions, improved health and welfare'.

We have consistently applied ourselves to providing independent and rigorous data, reports and analyses, which have helped to guide decision makers over 3 decades. Now, we are embarking on a new phase of our journey—taking on the challenge to respond to the digital era and to manage quantities of data that grow exponentially year after year. We need to move beyond the 'Big Data' focus and embrace our role as a leader in 'Smart Data'.

We must continue to develop and enhance our capabilities to align with the new opportunities becoming available to us. We need to think and work as a single entity—as 'One Institute'—and show our stakeholders and partners that it is our expert capability that will continue to deliver the evidence that enables others to achieve their strategic goals through better decisions. I see this as an exciting time for us as an agency. As well as having a new structure from 1 July, we have our new Strategic Directions and new corporate branding and we are embarking on a 2-year improvement plan to further enhance our capability.

So, as we recognise the milestone of 30 years, I think the most important thing to highlight is our people—highly educated, highly skilled, highly committed. From our longest serving staff member Joanne Maples (who, while on leave preparing for a well-earned retirement, is still on staff after starting with us in 1987) to our newest staff who will join us in 2017. I am proud and honoured to help lead a team that, while small, is passionate and dedicated about doing work that really makes a difference to the lives of all Australians.

AIHW

LOUISE MARKUS

BOARD CHAIR

‘Without data you’re just a person with an opinion.’

W. Edwards Deming

In December 2016, Louise Markus became the Institute’s eighth Board Chair.

When this article was written, Mrs Markus had steered only two board meetings. What was immediately and remarkably clear, was her knowledge, appreciation and respect for the work AIHW staff carry out, and the powerful data being produced and distributed.

‘It’s not just the data; it’s the issues that are important to Australia’s people, especially the social determinants of health and welfare,’ she maintains.

Mrs Markus is no stranger to leadership, or the world of health, for that matter. In fact, she believes her role as Board Chair is a ‘natural fit’. In 2004, she was elected to the House of Representatives for the seat of Greenway in Western Sydney. Six years later, she was elected to represent the seat of Macquarie.

During this time, she served as Shadow Parliamentary Secretary for Immigration and Citizenship and as Shadow Minister for Veterans’ Affairs. She also has 25 years’ experience as a social worker and teacher, and has steered several committees, including the Australia–Pacific Parliamentary Network.

Recounting her time in these roles, Mrs Markus said that often what was missing were the data needed to make informed decisions. With the way the digital age is taking us, she said we now have an opportunity to make a huge difference in the lives of Australians.

'People can have the debate, but with the facts. When debate and discussion are backed with informed data, real solutions can be found,' she said.

Mrs Markus is particularly enthusiastic about the timeliness of her appointment, and the expansion of the Institute's work, especially around homelessness, domestic family violence and veterans' health.

As she observes, 'The AIHW corporate response to an independent review by the Nous Group is quite exciting for the AIHW's future. It will allow the level of data access to expand, especially through technological advances, and enhance the impact and the benefits of the Institute's work.'

Mrs Markus also notes the importance of moving forward as a united front to ensure an even brighter future. 'At this point in time in the Institute's history, celebrating 30 years is an opportunity to acknowledge the larger team, stakeholders and partners, in what's been achieved thus far. It is also a pivotal time to identify all the opportunities available to paint a clearer picture of the health and welfare of Australian people.'


1987–2017

AIHW

TURNING THIRTY

Turning thirty is often a time for reflection; a time when we perhaps pause to consider certain decisions of our youth, or contemplate our futures. At thirty, we are likely to have more responsibilities and bigger goals, and are (hopefully) wiser for our experience.

The Institute's 30th birthday evokes similar reflections.

We first opened our doors as the Australian Institute of Health in 1987, with a staff of 68, and produced the first *Australia's health* biennial report the following year. Since then, many momentous events and passionate people have helped us become what we are today and perhaps, more importantly, have helped pave the way for our future.

In 1992, our Act was amended to expand our data scope and we became the Australian Institute of Health and Welfare (AIHW), to establish us as the authority on key health and welfare information and data in Australia. This change added the *Australia's Welfare* biennial report to our flagship roster.

Over the next 10 years, our staff grew to meet the challenges of producing an ever expanding range of reports. From managing the *National Drug Strategy Household Survey*, developing the Disability Services National Minimum Data Set, and a range of Aboriginal and Torres Strait Islander health and welfare bulletins, through to reports on burden of disease, population health, and youth justice, we have seen how these have aided policy decisions in improving the health and wellbeing of our nation.

Focusing on the key achievements of the last 10 years or so, we acknowledge the following moments that have contributed to our current work and helped to shape the direction of our future work:

2007 The AIHW strengthened its ties with the Australian Institute of Family Studies through a collaborative partnership to work on areas of children and families, developing and collecting longitudinal data sets and providing statistical advice and services.

June 2009 The Institute implemented a Reconciliation Action Plan to enhance relationships between the AIHW and Aboriginal and Torres Strait Islander people.

2007–2014 Pathways in Aged Care was launched. This was the first time data could be used to track and examine older people's use of government-funded aged care programs, from initial program assessment to death. Pathways in Aged Care was seeded from an initial National Health and Medical Research Council grant in 1996. Further research extended coverage of aged care activity up to 2014.

CONTINUED...

TURNING THIRTY

2009–10 AIHW staff numbers grew from 270 to 372 to continue work on the four Council of Australian Governments National Agreement areas—health care and hospitals, housing and homelessness disability services and Indigenous reform.

2010–11 The AIHW's custom-built data collection tool—Validata™—was released, which has dramatically improved data quality and reduced the time it takes to produce a report. It can quickly pick up anomalies and unlikely occurrences in supplied data. It has progressively been extended across AIHW data collections and to some of our data providers.

2011 The AIHW became the first agency to be accredited as an Integrating Authority—perhaps one of the most exciting advancements for the Institute—allowing us to integrate Australian Government data for high-risk research projects. This formed the basis of more complex data linkage work.

Also in 2011, the MyHospitals website was launched, drawing on data provided to the AIHW by state and territory health departments.

MyHospitals
Informing patients, supporting clinicians, driving improvement

2011 The Specialist Homelessness Services data collection was launched. Shifting to people-centred data, the AIHW expanded the concept of a 'client' to include children, enabling us to review services accessed by a wider range of individuals and family groups. This opened the door for longitudinal data sets to be created, analysing services used over a 12-month period and mapping people's pathways through service provision. In turn, this helped us to construct a picture of homelessness services that led to reports such as *Domestic and family violence and homelessness 2011-12 to 2013-14*.
The Specialist Homelessness Information Platform client management system was developed to directly support agencies to delivering more timely and accurate data about these homelessness services

2016 The transfer of the functions of the National Health Performance Authority to the AIHW saw staff numbers expand by 30, across Canberra with a new presence in Sydney. After a successful year as the Health Performance and Accountability Framework (HPAF) Group, the team will further integrate over 2017–18. With this transfer of functions, we expand our local-level reporting expertise.

2017 In May 2017, the AIHW released the first ever national mental health restraint data (the restriction of an individual's freedom of movement by physical or mechanical means). The release builds on AIHW's earlier work in establishing a national mental health seclusion data collection.

CONTINUED...

TURNING THIRTY

Shaping the future

2015 An independent review of the AIHW examined a range of areas, from the Institute's business and funding model through to our product range. The report provided a number of key recommendations that led to the development of our 2017–2021 Strategic Directions.

2014–15 The AIHW's AGILE framework was created to help direct staff in thinking more about the people who use our data and information and what products best serve their diverse needs. To facilitate this, the AGILE product pyramid was developed. It features five tiers of products that correspond to specific user needs, ranging from easy-to-digest 'bite sized' information to more complex products for our expert users and researchers.

2016 Department of Health authorised the supply of Medicare Benefits Schedule and Pharmaceutical Benefits Scheme data for linkage purposes, making the process more efficient. It also opened doors for systematic linkage with different Australian and state government agencies and hospitals. An example of this was Better Cardiac Care, a specialist project that linked Victorian hospitals and other agencies to data from Medicare. This highlighted care pathways and areas requiring improvement.

In 2016, we also completed 33 data linkage projects and saw the release of the Australian Burden of Disease Study 2011.

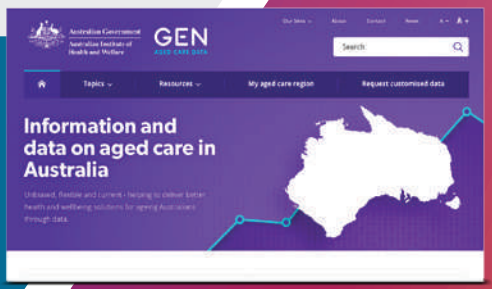
2017 ***Strategic Directions 2017–2021*** **sets out how we will apply and strengthen our capabilities to meet our strategic goals, which includes becoming drivers of data improvements and expert sources of value-added analysis.**

2017 The AIHW undertook a wide-ranging communications review, focusing on three key areas: internal communications, stakeholder management, and external communications. The new strategy supports the Strategic Directions, articulates priorities and outlines a proactive approach to disseminate and showcase the Institute's work.

2017 The AIHW was invited to join the Prime Minister and Cabinet Data Availability and Use Taskforce, a cross-portfolio taskforce preparing the government's response to a Productivity Commission public inquiry. The overarching goal is to encourage innovation, and improve government policies and outcomes. The AIHW also has a role in the Australian Government's new Data Integration Partnership for Australia, through which data analytics teams will be supported to deliver improved, evidence-based programs and policy.

GEN
AGED CARE DATA

2017 The GEN website (for which the Department of Health provided the AIHW with funding in 2016) launched. The site's purpose is to expand on the current format of the National Aged Care Data Clearinghouse—specifically, by increasing the awareness, accessibility and usability of aged care data.



Graduating careers

Fostering talent and elevating individuals

With 70 graduates still working at the Institute from as early as 2000, it's easy to deduce that this is more than just a placement for many of them.

The AIHW's graduate program began in 2000 and a formal development process was introduced in 2009 to increase applications and retention. And it's worked. Each year, over 250 graduates apply, stating that the Institute is the ideal place to work.

Each year, the AIHW Annual Graduate Intake selects quality entry-level staff, which helps us 'grow our own' highly skilled workforce. AIHW graduates enter as ongoing APS4 level employees, which means they can then seek promotional opportunities or transfers across the Institute after their probation period. This differs from traditional APS graduate programs, where graduates enter as a trainee and undertake on-the-job training through work placements across the agency for 1 to 2 years.

While the AIHW's graduates don't generally rotate between units due to the complexity of their work, they do participate in a comprehensive Learning and Development program that ensures solid career pathways.

It's a pathway that attracts the highest calibre of contenders. Of our current 14 graduates for 2016–17, 1 holds a PhD and 12 have Masters' and Bachelors' degrees.

When asked why the AIHW Graduate Program attracted them, their answers were humbling.

Jess Dawson explained she wanted 'to contribute to meaningful change to the health of Australians by providing useful evidence for improvements in health policy and health programs'.

Rosalind Morland gained a lot of insight into the importance of the AIHW's work after working as a health professional in both the community and in hospitals. 'While I loved the one-on-one interaction with patients, I wanted to make a bigger impact and help a wider number of people. I feel the work I do at the Institute allows me to achieve this,' she said.

Looking across the Institute's overall professional capability, 80% of staff work on statistical and data related work including preparing data sets, undertaking analysis and linking data sets. Of these the majority are tertiary qualified and include 139 with post graduate studies—21 doctorates, 95 Masters and 23 graduate diplomas.

Interestingly, out of the current 330 staff, the Institute currently employs two females for every male staff member. Among those current graduates, 13 out of 14 are female. When considering that most have a STEM (science, technology, engineering and mathematics) background, they're impressive statistics.

They're results that set a high benchmark for the applicants of the 2018 Graduate Program. The successful candidates will be announced around October 2017.

AIHW

THE FUTURE

‘A goal without a plan is just a wish.’

Antoine de Saint-Exupéry
(French writer 1900–1944)

In 1987, the Institute's vision was to attract top-quality researchers to ensure state and territory confidence and concentrate on long-term aspects rather than immediate short-term problems. While the information environment (along with fashion and music) may have changed since the 1980s, Matthew James, Deputy Director at the AIHW, believes these ambitions remain core.

'The Institute has played a major role in improving the comparability and availability of administrative data across Australia. As a result of this work, administrative data are playing an increasing role in research, performance assessment and evaluation,' said Mr James.

As the cost of information technology falls and the demand for better evidence grows, the role of Institute continues to broaden. There is a growing awareness of the importance of having a broad policy focus rather than just focusing on individual policies or programs, and the work of the Institute increasingly recognises this. For example, the Institute has looked at the extent to which people using drug and alcohol services are using homelessness services and mental health services. The Institute is also increasingly meeting the demand for local data for particular areas and regions.

The need for better evidence also means there is an increasing demand for data on outcomes, and for longitudinal analysis, through which it is possible to follow the experience of people over time. This kind of data not only helps inform policy development, but also enables people to make informed choices about their own lives.

Mr James noted that, with growing demand for timely data and analysis, the bar is constantly rising. To respond to this growing demand, the Institute is working to ensure it is engaged and connected with stakeholders, by taking a conscious and deliberate approach to business improvement.

'The AIHW has undergone a major restructure of stakeholder engagement and communications services, and has established a dedicated business improvement team,' he said.

While there's a strong focus on ensuring a solid strategy around our future goals, there are also several exciting projects paving the way. This section highlights some of these projects.

Report cards for health

How local data can transform policy and improve lives

Performance reporting is widely recognised in our modern world as a system to measure contribution, help identify strengths and areas for improvement, and to provide a yardstick for evaluation against peers. In recent years, with the start of health performance reporting at the hospital level and local level in Australia, we saw a shift that would have substantial impacts.

When the Council of Australian Governments agreed to the National Health Reform Agreement, it set out that Australian, state and territory governments would work in partnership to develop our health system through focusing on performance of individual hospitals and local health care organisations—currently Primary Health Networks (PHNs).

'Performance information at this local level can open up new avenues of improvement in health outcomes and service delivery, basically informing those who know their local areas, and can make a difference,' said Michael Frost, Head of the AIHW Communications and Primary Health Care Group.

Hospitalisations for mental health conditions and intentional self-harm in 2014–15 is an example of the difference local reporting can make. This report recorded hospitalisations by the postcode of residence of patients. It revealed higher rates of hospitalisations for mental health conditions and intentional self-harm in regional PHN areas—at 999 hospitalisations per 100,000 people—compared with 888 hospitalisations per 100,000 people in metropolitan PHN areas.

‘Being able to report on local areas gives us insight into our local health and identifies gaps. This can prove a vital resource for policy makers, communities, service providers and local councils.’

Michael Frost

Head of the AIHW Communications and Primary Health Care Group

Mr Frost said, ‘Being able to report on local areas gives us insight into our local health and identifies gaps. This can prove a vital resource for policy makers, communities, service providers and local councils’.

It can also be a vital tool in recognising potential health dangers. The most recent local report, ‘*Healthy Communities: Immunisation rates for children in 2015–16*, presented local-level child immunisation information to help clinicians and health managers target their efforts to protect the health of children and the broader community. While overall immunisation rates had improved, the report identified some PHN areas that were lagging behind the national average.

‘A “one size fits all’ approach won’t always work and if we can help improve the system for individuals and inform targeted responses, we will see communities receiving the very best from their local health care systems,’ said Mr Frost.

We can also see these data inform local policy. Australia’s first local-level breakdown of adult tobacco smoking rates, released in October 2013, revealed the percentage of adults who were daily smokers for each of the 61 Medicare Local areas, which have since been replaced by PHNs.

The National Heart Foundation used these data as part of a grass-roots campaign to advocate for smoke-free areas in Tamworth.

‘We started to use the statistics in our media releases to help make the argument to council, and to say there’s a reason to do this,’ said Penny Wilson, the Heart Foundation’s Regional Health Promotion Coordinator for New England.

The National Heart Foundation’s campaign for smoke-free zones across Tamworth was unanimously backed by council in November 2015.

Mr Frost believes this appreciation for data is also echoed among the media, with local journalists regularly asking for localised information. This was seen in November 2014 when the AIHW published 2013 data on smoking, risky alcohol consumption and the use of illicit drugs for 87 regions (SA4s), which received widespread coverage. The Institute will release equivalent data for 2016 at the PHN level in late September 2017, again highlighting the importance the Institute places on localised data.

‘While it’s important to think nationally, we can also inform local-level service planning and efforts to make a real difference in people’s lives and their overall wellbeing,’ said Mr Frost.

Recent study paves way for new partnership and greater opportunities

Last year, the AIHW reported that 292 Australian Defence Force (ADF) personnel* took their own life between 2001 and 2014. It was the first time accurate rates of suicide deaths among ex-serving ADF personnel have been reported.

This figure was updated to 325 in *Incidence of suicide among serving and ex-serving Australian Defence Force personnel 2001–2015: In-brief summary report* released June 30 June 2017.

This updated report was part of a series commissioned by the Department of Veterans' Affairs (DVA), with support from the Department of Defence. It examined military-related characteristics that may put ex-serving men at greater risk of suicide. 'It found that lower rank, involuntary discharge and short length of service were associated with a greater likelihood of suicide,' said Head of the Population Health Unit at the AIHW, Claire Sparke.

'Reports like these can only happen through developing strategic relationships. This is a great example of how these partnerships can be used in previously unreported areas,' said Ms Sparke.

Further building on the relationship between the AIHW and the DVA, the two organisations will start a 3-year strategic relationship from 1 July 2017 to develop a comprehensive profile on the health and welfare of Australia's ex-serving (veteran) population.

From 2001–2015...

- **there were 325 certified suicide deaths**
- **51% were no longer serving in the ADF**
- **28% were serving full time**
- **21% were serving in the reserve (active or inactive)**
- **men no longer serving—14% more likely to die by suicide than men in the general community**
- **men aged 18–24 no longer serving—twice as likely to die by suicide than counterparts in the general community**
- **men discharged involuntarily—2.4 times more likely to die by suicide than those discharged voluntarily**
- **men who left the ADF after less than 1 year of service—2.4 times more likely to die by suicide than those who served 10 years+.**

* Figures taken from *Incidence of suicide among serving and ex-serving Australian Defence Force personnel 2001–2015: in-brief summary report*.

**Numbers reflect people with at least 1 day of ADF service since 2001.

Barry Sandison, AIHW Director (CEO), at the launch of *Incidence of suicide among serving and ex-serving Australian Defence Force personnel 2001–2015: in-brief summary report, 30 June 2017*

'A new unit will be established to progress this important work, which will assess the current status and future needs of veterans and their families, in support of the DVA's strategic, research and data needs,' said Dr Lynelle Moon, Head of the AIHW Health Group.

'We are in a strong position as an independent and trusted Australian Government agency and as an accredited Integrating Authority—with the legislation and technical capability to undertake data linkage work— to make a difference,' she said.

A more technical report describing the methods and detailed results of the AIHW's work on suicide among ADF personnel is expected to be published later in the year.

**with at least one day of service since 2001*

The nation's heavy burden

When it comes to weight, most of us are probably aware of our nation's position and the fact that we're carrying a serious burden.

Almost 2 in 3 adults and 1 in 4 children are overweight or obese and the situation doesn't seem to be getting better—but it could.

According to data from the Impact of overweight and obesity as a risk factor for chronic conditions: *Australia's Burden of Disease Study, released in April 2017*, small changes in our weight could significantly reduce the ongoing health impact of obesity.

So how small do the changes need to be? Around 3 kg, according to the findings.

In fact, if all Australians at risk of disease due to overweight or obesity in 2011 reduced their body mass index by just one point—equating to around 3 kg for a person of average height—the overall health impact of obesity would reduce by 14% in 2020.

Even if we just maintained our weight, about 6% of this 'burden' would be avoided.

Dr Lynelle Moon, who heads the Institute's Health Group, said, 'Our weight is our second biggest risk factor of the health 'burden', accounting for 7%—second behind tobacco, which accounts for 9% of the burden—though this gap has closed in recent years, as the burden of tobacco drops and the burden of obesity rises'.

A total of 22 diseases were included in the analysis, which revealed that around half of diabetes burden (53%) and osteoarthritis burden (45%) were due to overweight and obesity.

The scale of the issue is large. Just last December, an AIHW report showed that vascular diseases, such as stroke, and risk factors like smoking and obesity, were major contributors to the burden of dementia in Australia.

'Dementia is a serious and growing health problem in Australia. Previous AIHW reports have shown that dementia accounts for 3.4% of the total burden of disease in Australia,' said Dr Moon.

Overall health impact of overweight and obesity

The enhanced analysis in this report indicates:

- 7% of the total health burden in Australia in 2011 was due to overweight and obesity
  - 63% of this was fatal burden (that is, resulted in death) rather than non-fatal burden (that is, living with the disease)
  - 84% was experienced between ages 45 to 84
- males experienced a greater proportion of burden from overweight and obesity (males 7.3% of total burden; females 6.6%)
- 53% of diabetes burden and 45% of osteoarthritis burden were due to overweight and obesity.

Our weight is our second biggest risk factor of the health burden—second behind tobacco.

Given the risks of carrying a few extra kilograms, and the newly reported impact that shedding a few could make on our country's overall health, it's important to consider what action can be taken to move in the right direction.

Stopping history repeating

Browse the news headlines any day of the week and it's likely you will encounter a story that involves the subject of domestic violence.

'This is an extremely important social issue that is, rightfully so, in the spotlight more these days. The Institute is committed to doing what we can to provide stronger evidence to support better decisions and policy outcomes for victims,' said Barry Sandison, Director (CEO) of the AIHW.

Service provider Nadia Pessarossi, from the Tara Costigan Foundation, said even to the trained eye, the victims and perpetrators of family, domestic and sexual violence can go unnoticed.

'The casualties of this "national crisis" are extremely diverse, as are the perpetrators.

'They could be your neighbour, or your best friend. They may hold respectable jobs and may even have the reputation of someone who wouldn't hurt a fly—it's what goes on behind closed doors where the true horror unfolds,' said Ms Pessarossi.

In May 2016, KPMG released a report based on the 2012 Personal Safety Survey (PSS). It estimated violence against women and their children cost the Australian economy $22 billion a year in 2015–16. It was noted that Aboriginal and Torres Strait Islander women, pregnant women, women with disability and women experiencing homelessness are under-represented in the PSS. It was predicted that when taking these groups fully into account, it may add another $4 billion to the figure.

Hospitalised assault injuries among women and girls

Quick facts

- Nearly **6,500** women and girls were **hospitalised** due to assault in Australia in 2013–14.
- Among those aged 15 and older, 8% of victims were pregnant at the time of the assault.
- When place of occurrence was specified, **69%** of assaults against women and girls took place in the **home**.
- Nearly **60%** of hospitalised assaults against women and girls were perpetrated by a spouse or domestic partner.

'When it comes to these figures and other statistics about how widespread this issue is and the damage it's causing, I believe they just skim the surface. There are so many flow-on effects to society that we haven't even begun measuring or reporting,' Ms Pessarossi stressed.

But they are figures journalists are hungry to find and report. In April 2017, the Institute released the injury fact sheet, *Hospitalised assault injuries among women and girls*. It identified that domestic violence was the leading cause of hospitalised assaults among this group in 2013–14. Of the 6,500 assaults, over half were perpetrated by spouses or domestic partners.

Over 100 news items were generated from the fact sheet. The infographic on the Institute's Twitter account (@aihw) had over 6,500 impressions, compared with a 'do it yourself' injury infographic, released the same day, which received fewer than 2,000 impressions.

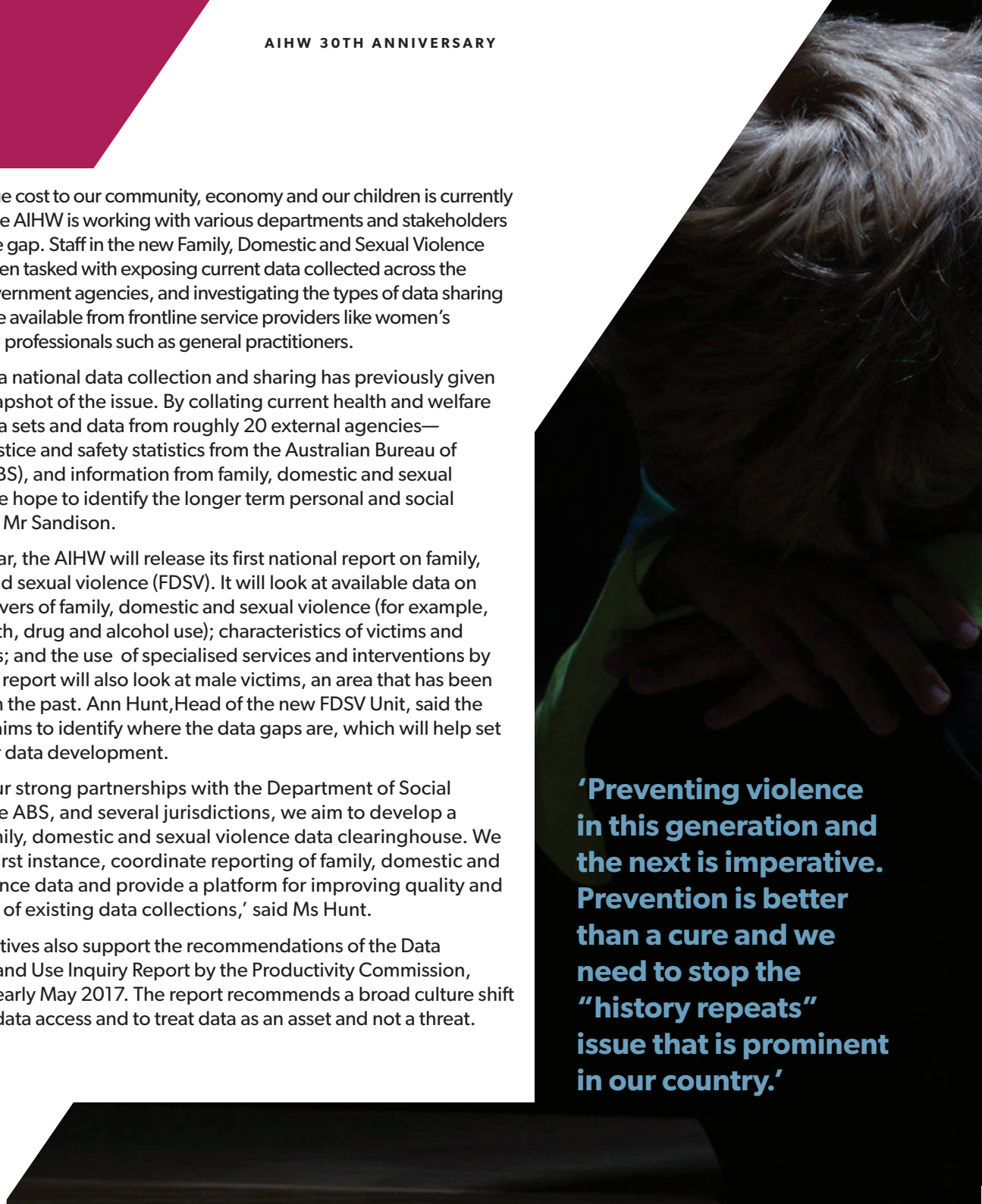
While the true cost to our community, economy and our children is currently unknown, the AIHW is working with various departments and stakeholders to bridge the gap. Staff in the new Family, Domestic and Sexual Violence Unit have been tasked with exposing current data collected across the different government agencies, and investigating the types of data sharing that might be available from frontline service providers like women's shelters, and professionals such as general practitioners.

'The lack of a national data collection and sharing has previously given us only a snapshot of the issue. By collating current health and welfare services data sets and data from roughly 20 external agencies—including justice and safety statistics from the Australian Bureau of Statistics (ABS), and information from family, domestic and sexual services—we hope to identify the longer term personal and social harms,' said Mr Sandison.

Later this year, the AIHW will release its first national report on family, domestic and sexual violence (FDSV). It will look at available data on risks and drivers of family, domestic and sexual violence (for example, mental health, drug and alcohol use); characteristics of victims and perpetrators; and the use of specialised services and interventions by victims. The report will also look at male victims, an area that has been neglected in the past. Ann Hunt,Head of the new FDSV Unit, said the report also aims to identify where the data gaps are, which will help set priorities for data development.

'Through our strong partnerships with the Department of Social Services, the ABS, and several jurisdictions, we aim to develop a national family, domestic and sexual violence data clearinghouse. We will, in the first instance, coordinate reporting of family, domestic and sexual violence data and provide a platform for improving quality and consistency of existing data collections,' said Ms Hunt.

These objectives also support the recommendations of the Data Availability and Use Inquiry Report by the Productivity Commission, released in early May 2017. The report recommends a broad culture shift to improve data access and to treat data as an asset and not a threat.



'Preventing violence in this generation and the next is imperative. Prevention is better than a cure and we need to stop the "history repeats" issue that is prominent in our country.'

‘We know domestic violence is a national epidemic …The data, research and reports you (the AIHW) are doing, help inform us.’

Australian domestic violence campaigner, Rosie Battie, speaking with the Institute’s staff about the importance of FDSV data.

‘This is exciting for us because it supports our work and improves access to data, which then enables new products and services that transform everyday life, drive efficiency and safety, and allow better decision making,’ said Marissa Veld, the Senior Project Officer who was instrumental in the Institute’s work in the area.

‘These findings, coupled with the National Plan to Reduce Violence against Women and their Children 2010–2022 means we’re in a strong position to getting better access and improving the quality of data on FDSV,’ Mrs Veld added.

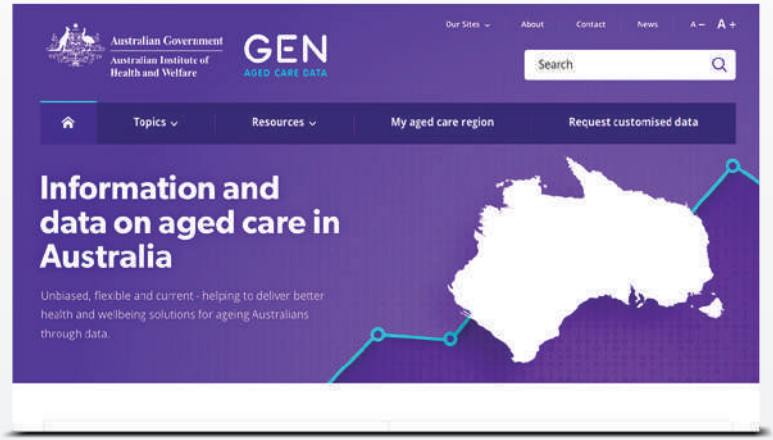
For frontline workers like Ms Pessarossi’s team, Tara’s Angels (which provides holistic post-crisis long-term support), this level of data could prove vital for informing evidence-based practices to break the cycle of violence as well as arm policy makers with the right information.

‘Preventing violence in this generation and the next is imperative. Prevention is better than a cure and we need to stop the “history repeats” issue that is prominent in our country,’ Ms Pessarossi said.

FAMILY AND DOMESTIC VIOLENCE SUPPORT SERVICES:

- 1800 Respect national helpline: 1800 737 732
- Women’s Crisis Line: 1800 811 811
- Men’s Referral Service: 1300 766 491
- Lifeline (24 hour crisis line): 131 114

New website aims to shape future aged-care decisions



Australia's ageing population has been a popular topic in the media for a while now, particularly of late. From housing affordability, infrastructure and medical care, the theme has our policy makers and politicians assessing the current and future pressures.

This year's Federal Budget introduced measures aimed at easing the long-term challenges of an ageing population. These include the extension of the Commonwealth Home Support Program at a cost of $5.5 billion over 2 years, $1.9 million for a strategy to grow the aged care workforce, downsizing initiatives that allow those aged over 65 to sell their home and put up to $300,000 of the proceeds into superannuation, and $8.3 million over 3 years for Primary Health Networks for palliative care.

While there's no quick-release valve for the ageing population issue, the AIHW is working with others to assist in creating lasting policies, services and facilities for the aged-care sector. This effort is evident in our most recent project—a website to be launched later in the year that will provide comprehensive data and information on aged care: GEN.

The funds to develop this new aged care data website, which focuses on giving users access to vital information, were provided to the AIHW in 2016 by the Department of Health. GEN will expand the current achievements of the National Aged Care Data Clearinghouse—specifically, by increasing awareness, accessibility and usability of aged care data; and by supporting the Australian Government's position on transparency and independence in policy research and evaluation.

'The AIHW is focused on collecting and analysing people-centred data. We want to help our users by delivering simple, easily understood data-based products that inform decisions and help deliver better health and wellbeing outcomes for ageing Australians,' said Louise York, Head of the Community Services Group at the AIHW.

Over the coming year, the Institute will focus on strengthening our relationships with stakeholders and key user groups for GEN, which consist of experts, including researchers and clinicians; professionals, such as Australian and state government policy makers; and members of the media and the general public.

If you would like to hear more about GEN, contact the AIHW Strategic Communications Unit <media@aihw.gov.au>.

GEN
AGED CARE DATA

WHY GEN?

The name for the website came from a British military slang expression used during World War II; meaning to 'brief' someone or to 'study' something. It's a shortening of the term 'general reconnaissance'. 'Gen' was used both as a verb and a noun.

Examples:

What's the gen?
Get genned up on the situation.

Our vision

Stronger evidence, better decisions, improved health and welfare.

Our purpose

To create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

Australian Government

Australian Institute of Health and Welfare

Any queries or comments on this publication should be directed to:

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