

VCAMS Data Sources

– Level 1 metadata descriptions

Every
child,
every
opportunity



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Introduction

The VCAMS metadata framework has been developed to support users in their understanding and use of the 150 indicators which make up the Victorian Child and Adolescent Monitoring System. The development of the framework has been informed by the national metadata standards developed by the Australian Institute of Health and Welfare (AIHW), the metadata recommendations set out in the National Statistical Service Handbook and the metadata development undertaken by the Department of Human Services, Victoria (DHS). The metadata development of both the AIHW and DHS has been undertaken in accordance with the ISO /IEC 11179 standards for Information technology – Metadata registries. Advice and input was also sought from the Australian Bureau of Statistics

The Framework

Within the VCAMS framework, there are three metadata levels, each serving a specific purpose in the collection, utilisation and reporting for VCAMS:

Level 1

This is a high level description of each data source to give data users a basic understanding of the characteristics of each data collection. This includes a history of the data collection, frequency of the collection, caveats which should be considered in the utilisation of the data sourced and a primary contact person for any further information required.

The template (See Appendix A) has been based on the metadata recommendations set out in the National Statistical Service Handbook ¹

Level 2

This is a detailed description of each indicator to give users an understanding of how the measure has been derived. This includes the calculation undertaken, the method of collection for the particular variable, the format, representational class, permissible values and key explanatory terms. The template (See Appendix B) has been based on the AIHW Meteor interpretation of the ISO 11179 standards ² and further informed by the metadata development undertaken by the Department of Human Services, Victoria³.

Level 3

This is a detailed description of each individual data element used in the calculation of the derived indicators. This information is important to ensure consistency, quality and accuracy of data provided by internal and external data providers to the VCAMS monitoring system.

Figure 1 (see opposite) provides an outline of the VCAMS framework and how each metadata layer supports the other.

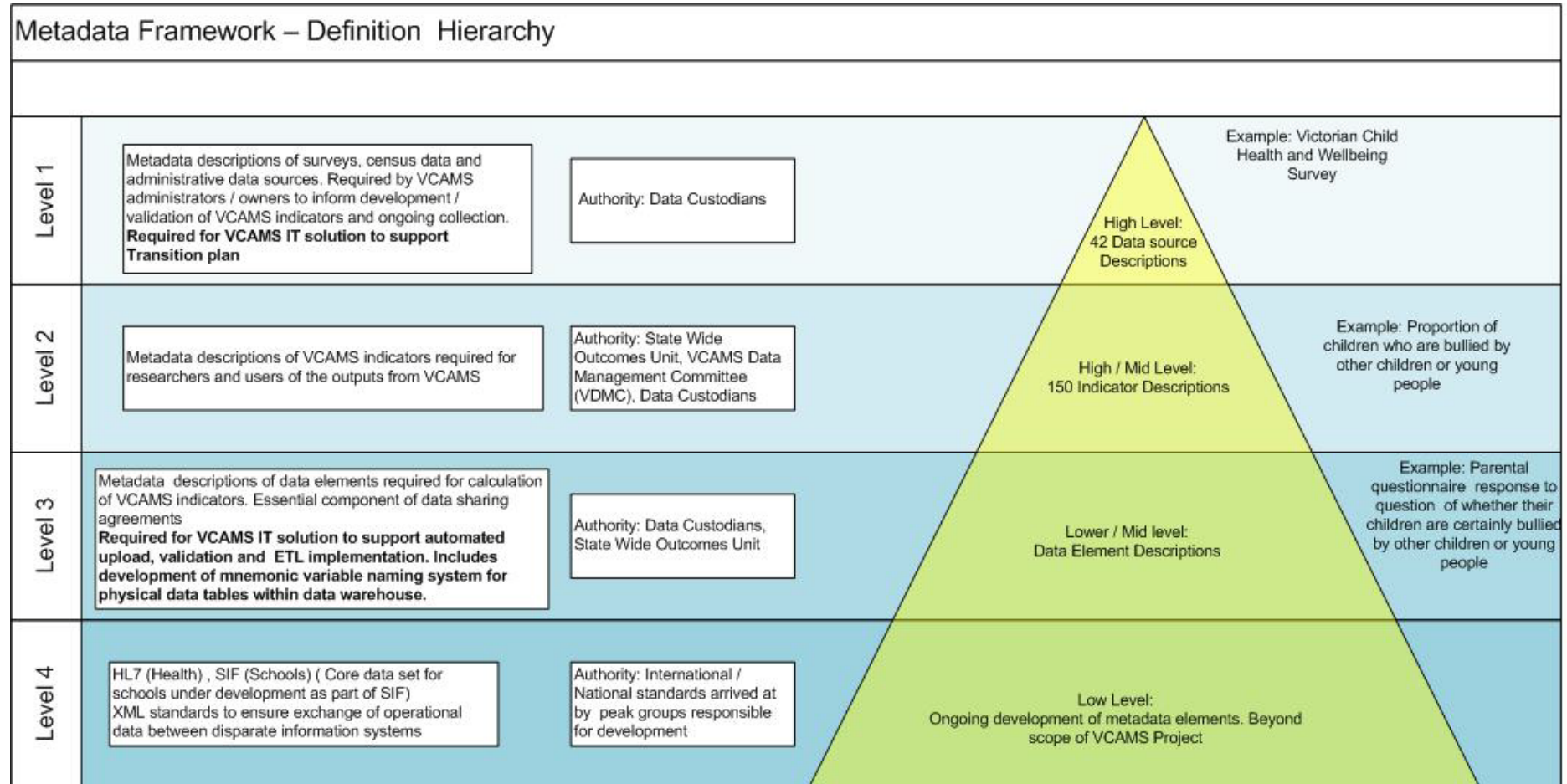
Appendix C contains the complete list of data sources mapped to their associated indicators.

¹ National Statistical Service (NSS) Handbook, viewed on <http://www.nss.gov.au/nss/home.nsf/NSS/564B8776D157C86FCA25763F000B268C?opendocument>

² Australian Institute of Health and Welfare (AIHW), MeteOR, Metadata Online Registry, viewed on meteor.aihw.gov.au/content/index.phtml/itemid/18162

³ Department of Human Services, Victoria (DHS) Common and Reference Data Dictionary (CRDD) Project, DHS Information Management Strategy, Department of Human Services, Victoria, viewed on www.health.vic.gov.au/hacims/reforms/crdd/index.htm

Figure 1 Victorian Child and Adolescent Metadata Framework



Annual Report on Drinking Water Quality in Victoria

Source Details

Overview:

- Section 32 of the Safe Drinking Water Act 2003 requires the Secretary to the Department of Human Services to provide the Minister for Health with an annual report on the quality of drinking water in Victoria
- Section 32 also requires the Minister for Health to table this report in Parliament, by the sixth sitting day after they receive the report.

Purpose:

- As is detailed in Section 32 of the Act, the purposes of the report are to:
 - (a) provide a statewide perspective of drinking water quality; and
 - (b) provide details of the activities of the Secretary under this Act during the year and of the costs of those activities; and
 - (c) include any other details that the Minister has asked the Secretary, by written notice, to include in the report.
- The key output is the statewide perspective of drinking water quality
- The main user/users of the report are suppose to be the public of Victoria

Scope:

The state of Victoria is divided up into what are known as water sampling localities. During 2007-08 there were 485 water sampling localities, and water quality data was reported for each locality.

Coverage:

The coverage is the 485 water sampling localities that exist across the state. These localities cover the drinking water supplies which are administered by the state's water corporations, alpine resorts and Parks Victoria.

Method of Collection:

Administrative

Data Details

Conceptual Framework:

The conceptual framework is Victoria's Drinking Water Quality Regulatory Framework, which is detailed in the State's Safe Drinking Water Act 2003 & Safe Drinking Water Regulations 2005.

Main Outputs:

The units of collection are water quality results for the quality of drinking water supplied to customers. Samples are collected at the point of supply, from with water sampling localities.

The results are then compared to the water quality standards which are detailed in Schedule 2 of the Safe Drinking Water Regulations 2005.

The water quality standards cover nine parameters:

- Escherichia coli
- Turbidity
- Trihalomethanes
- Chloroacetic acid
- Dichloroacetic acid
- Trichloroacetic acid
- Acid Soluble aluminium
- Bromate
- Formaldehyde

Data is recorded per water sampling locality, of which there are 485 across Victoria. The statistical treatment of the data is in line with the requirements of the water quality standards detailed in Schedule 2 of the Safe Drinking Water Regulations 2005.

Classifications:

Classifications used by the collection including the minimum level at which estimates are calculated and published.

Other Concepts:

Not applicable.

Accuracy:

Drinking water quality data are supplied to the Department of Human Services by the state's water corporations, alpine resorts and Parks Victoria. The data are derived from laboratory testing undertaken by contract water testing laboratories.

The errors associated with the data are those that are normally associated with laboratory results (for example sampling error, sample contamination, analytical error, transcription error)

Sampling frequencies for individual water quality parameters are detailed in Schedule 2 of the Safe Drinking Water Regulations 2005.

The main area requiring careful interpretation is the health significance of non-compliance with one of the water quality standards detailed in Schedule 2 of the Safe Drinking Water Regulations 2005.

Geographical Detail:

Data is available for all drinking water supplies in Victoria which are managed by the state's water corporations, alpine resorts and Parks Victoria.

Comments and / or Other Regions:

Not applicable

Collection Frequency:

Monthly data submissions by water suppliers to the Department of Human Services.

Frequency comments:

The required collection frequency of samples for analysis varies per water quality standard. Summarised data submissions to the Department of Human Services are required to be done monthly. The data are submitted in the form of CSV files.

Collection history:

This should include but not be restricted to:

- Data exists for the period 1 July 2004 to present

Data Availability:

- Hard copy of annual report tabled in Parliament. Electronic version of report posted on departmental website. Limited number of hardcopies produced for distribution.
- Water corporations, alpine resorts and Parks Victoria are required to have their annual water quality reports to the Department of Human Services by 31 October each year. The Department is required to provide the Minister for Health with a report by 28 February each year.

Data Availability Comments:

Date of Last Update:

Source and Reference Attributes

Name of Organisation:

Drinking Water Regulatory Section, Environmental Health Unit, Public Health Branch

Custodian Description:

Department of Health, Victoria

Contact

Contact Person:

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Position:

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Telephone:

03 9096 5647

Reference:

Safe Drinking Water Act 2003, Safe Drinking Water Regulations 2005, Australian Drinking Water Guidelines (2004)

Assessment of Reading P-2 data collection

Source Details

Overview:

With the implementation of the Early Years Literacy Program statewide in 1999, the reading ability of Prep-Year 2 students in Victorian government schools was benchmarked at the end of 1998. The data collection has been repeated annually since then, with the final data collection being at the end of 2008.

Aggregate data (not student level) is collected at the end of each school year via web form, and reported back to schools in a report that compares the school and state results (see Attachment 1).

Purpose:

The aims of the Assessment of Reading P-2 data collection are to:

- Report the reading ability of P-2 students to schools which in turn report to the school community, as part of the school's accountability requirements
- Provide the Department with data which can be used for planning purposes, etc

Scope:

All Prep-Year 2 students in Victorian government schools.

Coverage:

On the basis of "every child has the right to be assessed", all Prep to Year 2 students in primary and pri/sec Victorian government schools had to be assessed. Participation by special schools was optional.

Method of Collection:

Administrative

Data Details

Conceptual Framework:

The Assessment of Reading P-2 collection is one of several data sets schools are required to collect and report to their school community and the Department as part of the School Accountability and Improvement Framework.

The data collection assesses the ability of P-2 students to decode text at varying text levels.

Main Outputs:

In terms of reporting, the main outputs are;

- 1) Assessment of Reading P-2 report for each school
- 2) Summary data is contained in the School Level Report for each Victorian government school, provided by the Schools Unit for schools
- 3) State benchmarks on public website, and other benchmarks (e.g. region, etc)

In terms of the assessment methodology, each of the Prep students in a school read text level 1 and, using the running records method, the assessor counts the number of errors. The student will have read with 100% accuracy, 90-99% accuracy, 80-89% accuracy, 51-79% accuracy, or 50% or below accuracy. The school records the number of Prep boys, Prep girls, and Prep ATSI students who read text level 1 with the various levels of accuracy. Similarly, all Prep students also read text level 5.

Note that the assessments were based on unseen DEECD standard text levels prescribed for Prep to Year 2.

While Prep students read text levels 1 and 5, Year 1 students read text level 1, 5, & 15 and Year 2 students read text level 5, 15 and 20.

As the highest text level within each year level is the best discriminator, text levels 5, 15 and 20 are often used to examine years Prep, 1 and 2 students respectively.

The data was collected via a web form.

The unit of collection is year level within school, therefore schools can be aggregated as desired (eg by region, LGA). The unit of collection is not student, that is, no student level data is collected.

Data items collected include:

- calyear
- School Number
- reason no data
- Yrlev
- DNC_insuffEng (Deemed not capable due to insufficient English)
- DNC_D&Ifunding (Deemed not capable due to disability)
- DNC_insuffatt (Deemed not capable due to insufficient attendance)
- DNC_referredfromRR (Deemed not capable due to referred to Reading Recovery)
- BLv1 100%+ (B means boys)
- GLv1 100%+ (G means girls)
- BLv1 90-99%
- GLv1 90-99%
- BLv1 80-89%
- GLv1 80-89%
- BLv1 51-79%
- GLv1 51-79%
- BLv1 50% or below
- GLv1 50% or below
- BLv1 >=90%
- GLv1 >=90%
- BLv1 Total
- GLv1 Total
- BLv5 100%+
- GLv5 100%+
- BLv5 90-99%
- GLv5 90-99%
- BLv5 80-89%
- GLv5 80-89%
- BLv5 51-79%
- GLv5 51-79%
- BLv5 50% or below
- GLv5 50% or below
- BLv5 >=90%
- GLv5 >=90%
- BLv5 Total
- GLv5 Total
- BLv15 100%+
- GLv15 100%+
- BLv15 90-99%
- GLv15 90-99%
- BLv15 80-89%
- GLv15 80-89%
- BLv15 51-79%
- GLv15 51-79%
- BLv15 50% or below
- GLv15 50% or below
- BLv15 >=90%
- GLv15 >=90%
- BLv15 Total
- GLv15 Total
- BLv20 100%+
- GLv20 100%+
- BLv20 90-99%
- GLv20 90-99%
- BLv20 80-89%
- GLv20 80-89%
- BLv20 51-79%
- GLv20 51-79%
- BLv20 50% or below
- GLv20 50% or below
- BLv20 >=90%
- GLv20 >=90%

- BLv120 Total
- GLv120 Total
- ALv11 100%+ (A means ATSI students)
- ALv11 90-99%
- ALv11 80-89%
- ALv11 51-79%
- ALv11 50% or below
- ALv11 >=90%
- ALv11 Total
- ALv15 100%+
- ALv15 90-99%
- ALv15 80-89%
- ALv15 51-79%
- ALv15 50% or below
- ALv15 >=90%
- ALv15 Total
- ALv115 100%+
- ALv115 90-99%
- ALv115 80-89%
- ALv115 51-79%
- ALv115 50% or below
- ALv115 >=90%
- ALv115 Total
- ALv120 100%+
- ALv120 90-99%
- ALv120 80-89%
- ALv120 51-79%
- ALv120 50% or below
- ALv120 >=90%
- ALv120 Total

The statistics used to summarise the data are percentages. For example, of all the students assessed in Prep, what percentage read text level 1 with >=90% accuracy.

Reports are produced for each school.

Classifications:

Demographics: year level, gender, Aboriginal or Torres Strait Islander status (as shown in the data items above)

Other Concepts:

For 1998 and 1999, only total data was collected (not by gender or ATSI). From 2000, data by gender and ATSI was collected.

Accuracy:

Geographical Detail:

Primary and pri/sec Victorian government schools only

Comments and / or Other Regions:

Collection Frequency:

Annual. The assessments are done in the last four weeks of the school year (Nov/Dec) and provided to the Department via a web form by the end of the school year.

Frequency comments:

In 1998 more than half of schools participated in the data collection. From 1999 onwards, effectively all schools provided data every year.

Collection history:

The data collection started in 1998, and finished in 2008. It is being replaced by the Early Years Assessment of English Online (EYAE0) data collection in 2009.

Data Availability:

Annual

Data Availability Comments:

Date of Last Update:

1603/2009

Source and Reference Attributes

Name of Organisation:

Data Outcomes and Evaluation Division

Custodian Description:

Department of Education and Early Childhood Development

Contact

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(03) 9637-2926

Reference:

Attitudes to School Survey

Source Details

Overview:

The student Attitudes to School (AtoS) Survey measures students' attitudinal experiences of school across a range of factors. The survey is optional at the school level, but if a school participates, then all students in Years 5 to 12 in the school usually complete the survey – that is, it is a census of Year 5 to 12 students in participating schools. In 2008, 98% of Victorian government schools participated in the survey and responses were received from over 264,000 students.

The survey has been conducted since 2003, however the survey instrument has undergone a number of revisions since then. In its current form, data exists from 2006. It is conducted in April of each year, with data for that year being available in July.

Data from the survey are reported on a 7-point scale for the Student Morale and Student Distress factors and on a 5-point scale for the all the other factors, including School Connectedness.

Purpose:

To assist teachers and schools in identifying differences between their students' experiences of school compared with others statewide, and to enable the Department to monitor levels of student engagement for planning, prioritisation etc.

Scope:

All Year 5 to 12 students in participating Victorian government schools. While the survey is optional, over 98% of primary, secondary and pri/sec schools participate.

Coverage:

Method of Collection:

Survey

Data Details

Conceptual Framework:

The questionnaire contains 52 statements which are grouped into 11 factors (eg School Connectedness, Student Safety).

Each questionnaire form has a unique ID that identifies the respondent's gender, Year Level and School. From 2009, the ID will also link with indigenous status (self-identified) and PSD funded status (teacher identified). As the student's name is not linked to the ID, at the student level, the data cannot currently be linked to data from other data collections.

Teachers distribute the questionnaire forms in class (hard-copy) and read out a set of standard instructions about the intent of the survey and what students should do if they encounter any difficulties or do not understand particular words. Students then complete the questionnaire in class time. Once completed, teachers collect the surveys and deliver them to a central location within the school. Completed questionnaires are then sent to a contractor to be logged and scanned. A complete, clean data file is then forwarded to the Department where it is checked (and further cleaned if required), analysed, and then used to report back to schools. All participating schools receive a report of their students' responses against statewide distributions. The Department stores student level, school level, region-level and state-level data (all with year-level and gender aggregates).

Other than knowing the students' school, year level, gender, ATSI status and PSD status, the students' responses are anonymous.

Main Outputs:

The unit of data collection is the student.

The types of statistics used to summarise the data are means and percentages of students who gave a particular response.

The data fields available for each student are shown below:

- CAL_YEAR – Year the survey was conducted
- SCHOOL_NUMBER – DEECD school number
- CAMPUS_NO

- QRE_TYPE – formerly used to distinguished Primary and Secondary questionnaires (now redundant as only one questionnaire is used across all Year Levels)
- STUDENT_ID – unique to each student each year, but not between years and cannot be used to link between this and any other data set.
- YEAR_LEVEL
- GENDER
- QUESTION_NUMBER
- RESPONSE –1 to 7 scale for questions in the Student Morale and Student Distress factors, and 1 to 5 scale for all other questions,.

As the student-level data cannot be linked to any other data set, AtoS data would typically be available to external contractors at the school level.

The data fields available at the school level are shown below:

- CAL_YEAR – Year the survey was conducted
- SCHOOL_NUMBER – DEECD school number
- CAMPUS_NO
- QRE_TYPE - formerly used to distinguished Primary and Secondary questionnaires (now redundant as only one questionnaire is used across all Year Levels)
- YEAR_LEVEL
- COHORT – YR = whole year level, MO = males only, FO = females only
- QUESTIONNAIRE_NUMBER - formerly used to distinguished Primary and Secondary questionnaires (now redundant as only one questionnaire is used across all Year Levels)
- QUESTION_NUMBER – item order number from questionnaire
- VARIABLE_NUMBER – see Appendix 1
- MEAN – average score for cohort
- ALL_pc_1 – percentage of all students in cohort (regardless of whether or not they gave a valid response) who responded with a 1
- ALL_pc_2
- ALL_pc_3
- ALL_pc_4
- ALL_pc_5
- ALL_pc_6
- ALL_pc_7
- RESPONSE_pc_1 – percentage of all students in cohort (who did respond with a valid response) who responded with a 1
- RESPONSE_pc_2
- RESPONSE_pc_3
- RESPONSE_pc_4
- RESPONSE_pc_5
- RESPONSE_pc_6
- RESPONSE_pc_7
- COUNT_OF_1 – count of number of “1” responses
- COUNT_OF_2
- COUNT_OF_3
- COUNT_OF_4
- COUNT_OF_5
- COUNT_OF_6
- COUNT_OF_7
- COUNT_RESPONSE – count of valid responses
- COUNT_NO_RESPONSE – count of invalid responses (nulls, multiples)
- COUNT_TOTAL – count of total number of responses (valid and invalid)

When considering whether the data can be linked to other data sets, the following should be kept in mind;

- The completed survey forms are anonymous.
- In terms of demographic or identifying information, only the student's school, year level, gender, ATSI status and PSD status are known.

Classifications:

The data can be broken down using the fields above

Other Concepts:

Accuracy:

The AtoS survey has an overall reliability of 0.883, with individual factor reliabilities ranging from 0.752 to 0.907. Second-order factors (Wellbeing, Teaching and Learning, and Student Relationships) have reliabilities of 0.785, 0.896 and 0.578

Geographical Detail:

Comments and / or Other Regions:

Collection Frequency:

Annual.

Frequency comments:

Collection history:

The AtoS survey commenced in 2003. Comparable data using an unchanged survey instrument is available from 2006 onwards.

Data Availability:

Annual

Data Availability Comments:

Date of Last Update:

1603/2009

Source and Reference Attributes

Name of Organisation:

Data Outcomes and Evaluation Division

Custodian Description:

Department of Education and Early Childhood Development

Contact

Contact Person:

Anne O'Connell

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Manager, Schools

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(03) 9637-2926

Reference:

Australian Childhood Immunisation Registry

Source Details

Overview:

Australian immunisation providers have contributed data to the Australian Childhood Immunisation Register (ACIR) since 1996. The ACIR, administered by Medicare Australia, is a national database containing data on immunisation given to children under seven years of age who are living in Australia. Details of vaccinations given to children in Victoria are forwarded to the ACIR by recognised providers, for inclusion on the register.

Purpose:

Health professionals use the ACIR to monitor immunisation coverage levels and service delivery, and to identify regions at risk during disease outbreaks. ACIR data also:

- enables immunisation providers and parents or guardians to check on the immunisation status of an individual child, regardless of where the child was immunised
- forms the basis of an optional immunisation history statement which informs parents and guardians of their child's recorded immunisation history
- provides information about a child's immunisation status to help determine eligibility for the Australian Government's Child Care Benefit and Maternity Immunisation Allowance family assistance payments
- provides information for the delivery of incentive payments and feedback reports to eligible immunisation providers.

Scope:

The scope (or target population) is all children living in Australia under seven years of age.

Coverage:

All children living in Australia under seven years of age.

Method of Collection:

Administrative

Data Details

Conceptual Framework:

See 'Overview' and 'Purpose' above.

Main Outputs:

Immunisation coverage for children at the three key milestones of 12 months, 24 months and five years of age.

Classifications:

Immunisation coverage rates – the number of children immunised, expressed as a percentage of the total number of children in a given age group, in the population.

Other Concepts:

Nil.

Accuracy:

This is a register and should have a high level of accuracy, however, there may be some under-reporting as records are held only for children up to seven years of age and coverage is calculated only for children registered with Medicare. However, it is estimated that by the age of 12 months, over 98 per cent of Australian children are registered with Medicare.

Geographical Detail:

All of Australia, by State and Territory.

Comments and / or Other Regions:

Nil.

Collection Frequency:

Ongoing.

Frequency comments:

Nil.

Collection history:

Australian immunisation providers have contributed data to the Australian Childhood Immunisation Register (ACIR) since 1996. In 2008, the milestone of coverage at 72-75 months was changed to coverage at 60-63 months.

Data Availability:

Data from ACIR is reported in Victoria in the DHS reports Victorian Infectious Diseases Bulletin (quarterly report) and Your Health (biennial report).

Data Availability Comments:

Nil.

Date of Last Update:

2306/2009

Source and Reference Attributes

Name of Organisation:

Immunisation, Communicable Disease Prevention and Control Unit, Public Health Branch,
Department of Human Services, Victoria

Custodian Description:

Department of Health, Victoria

Contact

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Communicable Disease Prevention and Control Unit,
Public Health Branch,

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Telephone:

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Reference:

Nil.

Australian Early Development Index

Source Details

Overview:

The AEDI is a population measure of children's development as they enter school. Based on the scores from a teacher-completed checklist, the AEDI measures five areas of early childhood development:

- Physical health and wellbeing
- Social competence
- Emotional maturity
- Language and cognitive skills
- Communication skills and general knowledge.

Purpose:

The Australian Early Development Index (AEDI) is a measure of how young children are developing in different communities. This information enables communities and governments to pinpoint the types of services, resources and supports young children and their families need to give children the best possible start in life.

The AEDI provides evidence that can be used to support policy, planning and action for health, education and community support.

The AEDI has been endorsed by the Council of Australian Governments (COAG) as a national progress measure of early childhood development.

Scope:

AEDI Checklists will be completed for all children in the first year of full-time school in Australia in 2009 (n=263,000), with follow up data collection in 2010 for small communities. Data reported at the suburb or small area level.

Coverage:

By the end of 2010 every community across Australia will be mapped to provide a picture of the early childhood development strengths and vulnerabilities in each community and on each of the AEDI developmental areas.

Method of Collection:

Census

Data Details

Conceptual Framework:

Optimal early childhood development supports success in school and life. Supporting optimal early childhood development greatly increases children's chances of:

- A successful transition to school
- Achieving better learning outcomes whilst at school
- Better education, employment and health after school

The AEDI provides information about how communities have supported the development of their children before school. Along with a range of other community indicators, the AEDI can be used to plan and evaluate place-based initiatives for children

Main Outputs:

AEDI Maps and Community Profiles. AEDI data are reported at the AEDI Community (e.g. LGA/SLA) and Local Community (suburb or small area) levels.

Classifications:

The AEDI is reported at the population (i.e. group level) and does not identify individual children. AEDI Maps and Community Profiles provide:

- Proportions and numbers of children performing well and developmentally vulnerable for each of the 5 AEDI domains and on one or more and two or more domains.
- Average (median/middle) scores.
- Summary information about the children surveyed in the community (e.g. proportion ESL, attended preschool/kindergarten).

Other Concepts:

Accuracy:

AEDI results only published for communities:

- with 15 or more children
- where two teachers have contributed to the data
- where 80% or more of the eligible population have been surveyed.

Geographical Detail:

LGA, Suburb or small area locality

Comments and / or Other Regions:**Collection Frequency:**

2004-2008: Australian Early Development Index: Building Better Communities for Children Project.
Sixty two communities self nominated to join the project, 16 in Victoria
2009/2010: National Implementation in all states and territories.

Frequency comments:**Collection history:**

National baseline will be established in 2009 for data reporting
Mid 2009-Data collection in all Australian states and territories for children in the first year of full-time school
End 2009-First release of AEDI results via AEDI Maps Online (web-based mapping)*
Early 2010-Second release of AEDI results via Community Profiles*
Mid 2010-Repeat of AEDI data collection for communities with <15 children in their first year of full-time schooling
End 2010-Final release of AEDI results via AEDI Maps Online (web-based mapping) & AEDI Community Profiles

* Only those AEDI Communities with ≥ 15 children in their first year of full-time schooling will receive results in 2009. The remaining communities will receive results in 2010 once the checklists have been completed again. The vast majority of all states/territories children in their first year of full-time schooling live in areas which will have their community results displayed in 2009

Data Availability:

AEDI Maps and AEDI Community Profiles available at www.aedi.org.au

Data Availability Comments:**Date of Last Update:**

1606/2009

Source and Reference Attributes

Name of Organisation:

Centre for Community Child Health, Royal Children's Hospital and Murdoch Childrens Research Institute

Custodian Description:

Centre for Child and Community Health

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Telephone:

09 8341 5618

Reference:

Australian Radiation Protection and Nuclear Safety Agency

Source Details

Overview:

ARPANSA maintains a network of data loggers situated in major Australian cities. These data loggers continuously record the solar ultraviolet radiation (UVR) levels at each site. This data is available as UV-Index values and graphs for major Australian cities for the current day on the ARPANSA web site.

Purpose:

Overexposure to ultraviolet radiation can cause short term health effects such as sunburn. Long term exposure to ultraviolet radiation can increase the risk of damage to the skin and eyes which may result in skin cancers and cataracts.

Scope:

Monitoring UV levels around Australia.

Coverage:

The WHO Global Solar UV Index is a number relating to how much solar UVR reaches the ground based on the potential for skin injury.

Method of Collection:

Administrative

Data Details

Conceptual Framework:

Data is collected from the detectors by the data logger at each site every minute and 10 minutes. The 1 minute data is used to display the real-time UV levels. The 10 minute data is downloaded after 5:00pm and is stored for analysis

Main Outputs:

The solar UV levels are shown on the ARPANSA web site as UV Index. UV-Index is a measure of the maximum level of ultraviolet radiation (UVR). When the UV level reaches 3 or higher a combination of five sun protection measures (sun protective clothing, hat, sunglasses, sunscreen and shade) may be required for personal protection.

The solar UV data is collected from each state and processed in Melbourne. UV data for the various sites is available from ARPANSA.

Classifications:

In 1995 the joint recommendation of the World Health Organization (WHO), the World Meteorological Organization, the United Nations Environment Programme, and the International Commission on Non-Ionizing Radiation Protection was to standardise the reporting of UVR levels to the public. From this meeting they developed the UV Index, which is a number relating to how much solar UVR reaches the ground, based on the potential for skin injury. In 2002 the UV Index categories were revised to improve its use as an educational tool to promote sun protection.

UV Index values are related to the UVR exposure categories as follows:

Relationship between UV Index and UV Exposure Category
UV Index Exposure Category

2 or less	Low
3 to 5	Moderate
6 to 7	High
8 to 10	Very High
11+	Extreme

The exposure categories are based on the response of fair-skinned people to UVR.

Source: WHO's (Global Solar UV Index - A Practical Guide 2002)

Other Concepts:
Accuracy:

The detectors are calibrated regularly to provide accurate UV levels.

Geographical Detail:

Data is available for the following sites:

Melbourne

Sydney
Newcastle
Kingston
Adelaide
Brisbane
Townsville
Darwin
Perth.

Comments and / or Other Regions:

Collection Frequency:

Data collection is ongoing.

Frequency comments:

The calibrated UVR data is available for research and commercial use by request. There may be a cost associated with provision of this data depending on the complexity of the request.

Collection history:

ARPANSA has been collecting UV Data since 1986.

Data Availability:

Data Availability Comments:

Date of Last Update:

Source and Reference Attributes

Name of Organisation:

Non Ionizing Radiation Branch
Australian Radiation Protection and Nuclear Safety Agency

Custodian Description:

Department of Health, Victoria

Contact

Contact Person:

Dr. John Javorniczky

Position:

Scientist, Ultraviolet Radiation Section
Ultraviolet Radiation Section

Email:

John.Javorniczky@arpansa.gov.au

Telephone:

3 9433 2266

Reference:

Census of Population and Housing

Source Details

Overview:

The Population Census is conducted every five years and collects a range of demographic, social and economic information from all people and dwellings (excluding diplomatic personnel and dwellings) in Australia on census night. Information is available in a range for all geographic areas from collection district upwards.

Purpose:

The purpose of the census is to measure the number and key characteristics of persons and dwellings in Australia on census night. This provides a reliable basis to estimate the population for each state and territory and local government area for electoral purposes and distribution of government funds. The census also provides the characteristics of the Australian population and its housing for small areas and small population groups to support the planning, administration and policy development activities of governments, business and other users.

Scope:

All persons and dwellings in Australia and the external Territories of Christmas Island and Cocos (Keeling) islands on Census Night excluding diplomats, their families and diplomatic dwellings, and visitors from overseas who are not required to undergo migration formalities, such as foreign crews on ships.

Coverage:

People will be counted where they are on Census Night. This type of Census count is conducted on an actual location or place of enumeration basis (often referred to as a de facto Census).

Method of Collection:

Census

Data Details

Conceptual Framework:

The Census of Population and Housing measures the number and key characteristics of people in Australia on census night, and the dwellings in which they live. The Census includes all people in Australia on census night with the exception of foreign diplomats and their families. Visitors to Australia are counted regardless of how long they have been in the country or how long they plan to stay. Australian residents out of the country on census night are out of the scope of the census. The Territories of Cocos (Keeling) Islands and Christmas Island have been included in the Census since 1996. Following the 1961 Census, Australia has had a census taken every five years.

One of the important features of the Census is that it allows different characteristics of an individual, family or household to be related. While information on some characteristics is available from other sources, only a census can provide information on a standard basis for the country as a whole, as well as for small geographic areas and small population groups.

Main Outputs:

QuickStats, MapStats, Census Tables, Community Profiles and CDATA Online form the core of standard online census products.

Classifications:

The census uses Australian Standard Classifications where available and appropriate. Examples of these are the Australian and New Zealand Standard Classification of Occupations (ANZSCO) or the Standard Australian Classification of Countries (SACC). These Australian Standard Classifications are used as the basis on which to build some census-specific classifications such as Birthplace of Individual which uses SACC. These Australian Standard Classifications are reviewed on an irregular basis to reflect changes in the Australian social environment. Where an Australian Standard Classification is not available, classifications specific to census variables have been developed

Other Concepts:**Accuracy:**

The Data Quality Declaration for this collection can be accessed at:
<http://abs.gov.au/websitedbs/D3310114.nsf/home/Census+Data+Quality>

Geographical Detail:

Australia
New South Wales
Victoria
Queensland
South Australia

Western Australia
 Tasmania
 Northern Territory
 ACT
 Statistical Division
 Statistical Subdivision
 Statistical Local Area
 Census Collection District
 Legal Local Government Area
 Statistical District
 Major Statistical Region
 Statistical Region
 Statistical Region Sector
 Urban Centre/Locality
 Section of State
 Commonwealth Electoral Division
 State Electoral Division/District
 CD Derived Suburb
 CD Derived Postcode
 Capital City Statistical Division
 Other (specify below)

Comments and / or Other Regions:

Includes the territories of Cocos (Keeling) and Christmas Islands (known as Other Territories), Indigenous Location, Indigenous Area, Aboriginal & Torres Strait Islander Commission Region, and Australian Standard Geographic Classification Remoteness structure

Collection Frequency:

5 Yearly

Frequency comments:

Following the 1961 Census, Australia has had a Census taken every five years, a practice which has now become mandatory with the amendment to the Census and Statistics Act in 1977 requiring that 'the census shall be taken in the year 1981 and in every fifth year thereafter, and at such other times as prescribed'.

Collection history:

The first census in Australia as we know them was in New South Wales in 1828. Each of the colonies conducted their own censuses until 1886. The first simultaneous census of Australia was conducted in 1881 as part of a census of the British Empire. A subsequent simultaneous census was conducted for Australia in 1901. The first census conducted by the Commonwealth of Australia was in 1911. Subsequent censuses were conducted in 1921, 1933, 1947, 1954 and 1961. From 1961, a census has been conducted every five years.

Data Availability:

Yes

Data Availability Comments:**Date of Last Update:**

0706/2007

Source and Reference Attributes

Name of Organisation:

Australian Bureau of Statistics

Custodian Description:

Australian Bureau of Statistics

Contact

Contact Person:

Ping Siu

Position:

Assistant Director, Census Products and Services

Email:

Ping.Siu@abs.gov.au

Telephone:

(02) 6252 622

Reference:

1. Summary description of the Population and Housing Census
[Http://www.abs.gov.au/AUSSTATS/abs@.nsf/DOSSbyTopic/443A697C7E11DF33CA256BD00026C79C?OpenDocument](http://www.abs.gov.au/AUSSTATS/abs@.nsf/DOSSbyTopic/443A697C7E11DF33CA256BD00026C79C?OpenDocument)
2. Information paper 2006 Census of Population and Housing: Nature and Content, 2006

<http://www.abs.gov.au/ausstats/abs@.nsf/mf/2008.0>

CHISOL

Source Details

Overview:

CHISOL is a state wide online system which supports licensing, monitoring and funding provided to Early Childhood Services (i.e. Kindergartens, day care centres and home based child care.) CHISOL maintains and monitors all current licensed children's services in Victoria for the following:

- Funding for Kindergartens
- Licences
- Licence renewals
- Monitoring – via CSA advisors, investigations & complaints
- Transfers

Purpose:

The system provides a facility to record and maintain all children services and license agreements for the department. The CHISOL system interfaces with the DHS Service Agreement Management System (SAMS) to effect payments.

Scope:

All kindergarten enrolments

Coverage:

Information (such as anticipated and actual enrolments and attendance) is recorded on CHISOL.

Method of Collection:

Administrative

Data Details

Conceptual Framework:
Main Outputs:
Classifications:
Other Concepts:
Accuracy:
Geographical Detail:

Available to LGA.

Comments and / or Other Regions:
Collection Frequency:

Individual kindergarten centres manually complete a form that is collated by local government and then forwarded to DHS for entering into children's services on-line (CHISOL). The Children's Services Advisor & nominated staff enter data into the CHISOL system.

Frequency comments:
Collection history:
Data Availability:
Data Availability Comments:
Date of Last Update:

Source and Reference Attributes

Name of Organisation:

Early Childhood Monitoring, Analysis & Evaluation
Data, Outcomes and Evaluation Division

Data Outcomes and Evaluation Division

Custodian Description:

Department of Education and Early Childhood Development

Contact

Contact Person:

Scott Briant

Position:

Email: Manager
briant.scott.g@edumail.vic.gov.au

Telephone: 963-73215

Reference:

Client Relationship Information System (CRIS)

Source Details

Overview:

CRIS is based on the Peoplesoft CRM application and sits on an Oracle database. CRIS provides the business with an integrated approach to client and case management and seeks to record and manage a client's interaction with the department over time. CRISSP (Client Relationship Information System for Service Providers) has been made available to the funded sector to support various program areas.

The CRIS and the CRISSP currently enables the following DHS funded program areas:

Child Protection
Youth Justice
Placement and Support

Please note that a handful of funded agencies also use CRISSP to enable several other DHS programs eg Family Services. A broader implementation schedule is under consideration.

Purpose:

Enable an integrated approach to client and case management for the delivery of Child Protection and Youth Justice Programs. The Children, Youth and Families Act, 2005 underpins many of the business processes enabled by CRIS.

Information comes out of CRIS in two main ways:

Via CRIS reports that have been written directly over the production database.
Via a data extract that is updated on a weekly basis.

NB a Corporate data warehouse is nearing completion, such that the Corporate Reporting Tool (MS Reporting Services can be utilised for information delivery)

Key Data outputs

Child Protection operational reports such as those defining compliance to KPIs eg the 2 and 14 day indicator

Many other standard reports that are produced on a regular basis eg case allocations
Provision of data for ad hoc reporting purposes to satisfy FOI and ministerial requests etc.

Users of the data

CRIS reports are accessed by program/policy staff in head office, in addition to regional staff with the appropriate user authority.

The data extract is only accessible by staff from the Information and Information Management Unit. Of course all of this will change when we're able to provide access via MS Reporting Services.

Scope:

Information on all Child Protection and Youth Justice clients in Victoria. This also includes information on the reporter and persons related to the client.

Coverage:

Method of Collection:

Administrative

Data Details

Conceptual Framework:

Main Outputs:

Comprehensive reporting on all client and case activity is available at LGA level.

Classifications:

Other Concepts:

Accuracy:

Geographical Detail:

Comments and / or Other Regions:

Collection Frequency:
Frequency comments:
Collection history:
Data Availability:
Data Availability Comments:
Date of Last Update:

Source and Reference Attributes

Name of Organisation:
Custodian Description:
Department of Human Services, Victoria

Contact

Contact Person: Stephen Graham
Position: Manager, Information and Technology
Email: Stephen.Graham@dhs.vic.gov.au
Telephone: 03-9096-7596
Reference:

Corrections Intake Files

Source Details

Overview:

The questions related to the VCAMS indicator 24.4 Proportion of children and young people who have a parent involved in the criminal justice system (convicted or imprisoned) are sourced directly from the prisoner via a face-to-face interview at the time of reception into prison. The interview is conducted between the prisoner and a Corrections Victoria (CV) officer.

The answers are recorded in the Justice system, particularly in the following areas/screens:

Reception Assessment

- Do you have any children?
- Do you have legal custody?
- Were you the primary care giver of the children prior to coming into custody?

Physical Description

- Indig. Aust. Status
- Gender

Purpose:

- Physical Description fields are collected (primarily) for the identification of the prisoner.
- Reception Assessment fields have a variety of purposes including prisoner support, access to services while in custody, profiling/reporting, etc.

Scope:

All prisoners received into prison (Receptions).

Coverage:

Gender can be inferred – values M(ale), F(emale)

Indig. Aust Status is asked – possible values ATSI, Non-ATSI, Unknown/Blank.

Do you have any children?, Do you have legal custody?, Were you the primary care giver of the children prior to coming into custody?, are questions asked at the reception interview. Possible answers are 'Yes', 'No', or 'No response'.

Method of Collection:

Administrative

Data Details

Conceptual Framework:

The questions asked at reception are independent from each other and have no dependencies on answers to other questions

Main Outputs:

Reception Assessment

Do you have any children? – Y/N/Blank

Do you have legal custody? – Y/N/Blank

Were you the primary care giver of the children prior to coming into custody? – Y/N/Blank

Physical Description

Indig. Aust. Status – ATSI/Non-ATSI/Unk or Blank

Gender – M/F

Classifications:

N/A

Other Concepts:

N/A

Accuracy:

- Potential errors when entering response into the EJustice system.
- Potential errors when extracting and manipulating data from EJustice.
- Inaccurate, misleading or no response from prisoners.

Geographical Detail:

Comments and / or Other Regions:

Collection Frequency:

Data is collected as prisoners are received into the prison system.

Frequency comments:

Collection history:

- The Physical Description questions have been asked from prisoners for more than a decade

however, Indigenous Status for earlier years presents data quality issues.

- The Reception Assessment questions have only been asked since Oct-2005

Data Availability:

- At present, data is available as a snapshot for prisoners currently in prison. Prisoners with a reception date prior to Oct 2005, and still in prison, will not have a response against the Reception Assessment questions.
- CV expects to have improved ability to extract this data (100% of new receptions) from 1-Jul-09 (TBC).

Data Availability Comments:**Date of Last Update:**

0206/2009

Source and Reference Attributes

Name of Organisation:

Corrections Victoria and IJS

Custodian Description:

Department of Justice

Contact

Contact Person:

Luis Lopez

Position:

Team Leader – Data Analysis unit

Email:

Luis.Lopez@justice.vic.gov.au

Telephone:

(03) 8684-6625

Reference:

Early Childhood Intervention Services (ECIS) and Client Information Relationship System (CRIS)

Source Details

Overview:

ECIS are funded by DEECD and provided by external Early Intervention agencies (EIA) and internal DEECD managed Specialist Children's Services (SCS) teams.

Intake Teams (internal DEECD except in Eastern region) manage all new referrals and allocate to either the internal SCS or external EIA teams.

ECIS aims to improve the lives of young children with disability or developmental delay and the lives of their family through the provision of specialist support.

Purpose:

The Office for Children and Portfolio Coordination has a requirement to monitor ECIS and report on activity. The Client Relationship Information System (CRIS) is a web based case management system to record data and all service provision activities for eligible children.

CRIS is used by the internal DEECD trans-disciplinary staff and their managers across Victoria.

Early Intervention agencies enter data in either the Integrated Reporting Information System (IRIS) or the Client Relationship Information System for Service Providers (CRISSP).

A Family Service & Support plan (FSSP) is developed to identify the service needs of the child and their family within four weeks of all eligible children.

Data reports on this measure are extracted from all data systems: CRIS, CRISSP and IRIS.

Families are also surveyed to provide feedback about the service they receive. Parent satisfaction surveys are posted to families or Focus Groups arranged and this data is collected manually and not recorded in CRIS.

Scope:

Early Childhood Intervention Services (ECIS) provide specialist support to children with a disability or developmental delay, from birth until school entry, and their families, who require a range of additional services and support not usually available through universal services.

Coverage:

Information about eligible children is recorded as individual cases across regional teams throughout the state.

Method of Collection:

Survey

Data Details

Conceptual Framework:

Main Outputs:

CRIS is a web based case management system so data is available as soon as it is saved by a user. Demographic data as well as service delivery information is collected on all children.

Data is sent to a data warehouse and can be interrogated via reports at any time.

Classifications:

Other Concepts:

Accuracy:

CRIS data is entered by trans-disciplinary professionals so data reports should be as accurate as the quality of the data entered.

Parent satisfaction surveys vary from being sent to all families that receive a service to conducting Focus groups. Sample size (percentage of all eligible children) should be considered when interrogating data reports.

Geographical Detail:

Data is collected for all eligible children for all regions throughout Victoria.

Comments and / or Other Regions:

Collection Frequency:

Frequency comments:

CRIS is a web based case management system so data is available as soon as it is saved by a user. Parent satisfaction surveys must be conducted at least annually.

Collection history:

CRIS has been operating since 2005 and data reports are collected quarterly.

CRIS has quarterly maintenance releases to enable system defects to be fixed and enhancements delivered.

Data Availability:

CRIS is a web based case management system so data is available as soon as it is saved by a user.

Data reports are usually provided in Excel format electronically.

Data Availability Comments:

Date of Last Update:

1410/2009

Source and Reference Attributes

Name of Organisation:

Programs and Partnerships,
The Office for Children and Portfolio Coordination.
Department of Education and Early Childhood Development

Custodian Description:

Department of Education and Early Childhood Development

Contact

Contact Person:

Bronwyn Roche

Position:

Senior Policy Adviser, Early Childhood intervention

Email:

Roche.Bronwyn.M@ edumail.vic.gov.au

Telephone:

9651 3568

Reference:

Housing and Community Building

Source Details

Overview:

Data collected covers those elements required for Housing and Community Building (HCB) to maintain its core business. Statistical units collected include:

- Persons
- Households
- Dwellings
- Applications
- Incomes.

Information produced includes:

- Demographic information of clients such as gender, country of birth and date of birth
- Relationships between clients
- Dwelling sizes and locations
- Income types and amounts received
- Rent payable and rent collected.

Purpose:

Data are collected to allow HCB to maintain its operational business, together with information to support planning, research and reporting.

Specifically, information is collected on the demographic and income details of tenancies and applications to determine housing assistance eligibility, rent payable, and appropriate property types for housing. Information on client circumstances is also collected to determine the order of allocation, which is targeted towards those in greatest need.

Key data outputs include:

- Waiting times
- Vacancy turnaround times
- Occupancy rates

Scope:

The required data units for this agreement relates to children living in Victorian public housing.

Coverage:

The information covers all residents in Victorian public housing.

Method of Collection:

Administrative

Data Details

Conceptual Framework:

Each client has a client ID, and their relationship to associated clients is maintained. A tenancy contains a list of all residing clients. These are used to generate the type of household. A tenancy is also linked to a property, which allows details of the appropriateness of the dwelling to be determined.

Main Outputs:

Units of collection include:

- Persons
- Households
- Dwellings
- Applications
- Incomes.

Classifications:

Any sort of aggregate or trend statistic may be required. This is all derived from the data.

All data collected is actual, not estimated, using provided documentation. However, data for non-rebated households may not be current, and hence no longer accurate

Other Concepts:

Public Housing tenants pay rent based on the amount of income they receive. Households generally pay less than the market rent, by receiving a rebate from the amount of rent payable. Non-rebated households pay the market rent on their property.

Accuracy:

As all data is unit record data backed up by documentation, there are relative low error rates.

Sources of error may arise from user input, or from use of outdated data.

Geographical Detail:

Data is available for all of Victoria.

Comments and / or Other Regions:**Collection Frequency:**

Household details for rebated tenancies are generally updated two times per year.

Frequency comments:**Collection history:**

Annual snapshots of the data are available from 1999.

Data Availability:

Aggregate data is available annually from the Australian Institute of Health and Welfare (AIHW). This is based on data as at 30 June and is generally available six months later.

Data Availability Comments:

Date of Last Update:

Source and Reference Attributes

Name of Organisation:

Corporate Planning and Performance
Housing and Community Building
Department of Human Services

Custodian Description:

Department of Human Services, Victoria

Contact

Contact Person:

Rob Jenkins

Position:

Manager, Corporate Planning and Performance

Email:

Rob.Jenkins@dhs.vic.gov.au

Telephone:

(03) 9096-9763

Reference:

Law Enforcement Assistance Program

Source Details

Overview:

Victoria Police implemented the Law Enforcement Assistance Program (LEAP) state-wide on 1 March 1993.

Purpose:

LEAP is the operational, fully relational database used by Victoria Police to store details on crimes brought to the attention of Victoria Police as well as family incidents and missing persons.

Scope:

LEAP stores various details of all crimes, family incidents and missing persons such as persons involved, location occurred and time committed.

Coverage:

All crimes, family incidents and missing persons reported in Victoria.

Method of Collection:

Administrative

Data Details

Conceptual Framework:

Each criminal offence or family incident report is an incident which contains one or more sub-incident(s). Each sub-incident record contains information such as the type of crime, location of crime, time when committed etc. Each unique victim or offender can be identified by a unique master name index (MNI). These victims and offenders are linked backed to the offence by the sub-incident number in which they were involved.

Main Outputs:

Corporate Statistics generates crime statistics from LEAP and are produced at the following levels:

- Offence level
- Victim level
- Offender level
- Family Incident level

Classifications:

In October 1997, the Australian Bureau of Statistics (ABS) released the Australian Standard Offence Classification (ASOC) with the aim to update the ANCO standard and address identified deficiencies. The Victorian Department of Justice (DOJ), as means of standardising offences, introduced the Basic Offence Classification (BOC) across all systems in the Justice portfolio, namely, Victoria Police, Courts and Corrections.

Other Concepts:
Accuracy:

Standard quality issues such as data entry typos, coding errors etc.

Geographical Detail:

Local Government Area (LGA)

Comments and / or Other Regions:
Collection Frequency:

Yearly

Frequency comments:

LEAP forms are filled in by sworn Police members and faxed to the Central Data Entry Bureau (CDEB) for data entry. The database is online and updated 24 hours a day.

Collection history:

State-wide data is available back to 1993/94. Local Government Area (LGA) is available from 2000/01 onwards.

Data Availability:

Latest financial year data is available after approximately mid-August of each financial year

Data Availability Comments:

Official crime statistics updated by Corporate Statistics each 18th July of each financial year

Date of Last Update:

Source and Reference Attributes

Name of Organisation:

Corporate Statistics

Custodian Description:

Victoria Police

Contact

Contact Person:

Craig Darragh

Position:

Senior Statistician, Policy Research Intell & Training Operations Coordination Department

Email:

craig.darragh@police.vic.gov.au

Telephone:

(03) 9247-6708

Reference:

Maternal and Child Health

Source Details

Overview:

The Maternal and Child Health Service is a free service for all Victorian families with children aged 0-6 years.

The Service offers support, information and advice regarding parenting, child health and development, child behaviour, maternal health and well-being, child safety, immunisation, breastfeeding, nutrition and family planning. Parents can also join groups that provide health information, and an opportunity to meet other parents in the local area.

All Maternal and Child Health centres are staffed by registered nurses with qualifications in midwifery and family and child health. The nurses create Child Record Cards for each child attending their services. The data collected on these cards is used to create an annual report.

Purpose:

To report on the current statistics of the MCH.

Scope:

Victorian families that use MCH services

Coverage:

ata items collected in the survey include:

- Birth Notifications
- Enrolments
- Attending other Centres
- First Time Mothers
- Deaths occurred within 1 month
- Stillbirths
- Anticipated Enrolments
- Number of children attending at: Home Consultation, 2 weeks, 4 weeks, 8 weeks, 4 months, 8 months, 12months, 18 months, 2 years, 3.5 years
- Number of group sessions
- Number of Additional Consultations
- Hearing Screening
- MIST
- Reasons for Counselling (Child Health and Well Being) including: Visual, Auditory, Communication, DDH, Congenital Anomaly, Growth, Development, Potentially Disabling Conditions, Accidents, Illness, Nutrition Altered, Dental/Oral
- Reasons for Counselling (Mother or Family) including: Emotional, Physical, Social Interaction Impaired, Domestic Violence, Family Planning
- Reasons for Referral (Child Health and Well Being) including: Visual, Auditory, Communication, DDH, Congenital Anomaly, Growth, Development, Potentially Disabling Conditions, Accidents, Illness, Nutrition Altered, Dental/Oral, Protective Notification
- Reasons for Referral (Mother or Family) including: Emotional, Physical, Social Interaction Impaired, Domestic Violence, Family Planning
- Fully Breastfed: On Discharge, 2 weeks, 3 Months, 6 Months
- Partly Breastfed: On Discharge: 2 weeks, 3 Months, 6 Months
- ATSI

Method of Collection:

Administrative

Data Details

Conceptual Framework:

General Enrolment
 Number of Active Child Record Cards Compared with Transfers Out and Total Child Cards
 Non-Enrolled Birth Notifications
 Count of Key Ages & Stage Visits
 Participation Rates for Key Ages & Stage Visits
 Group Sessions, Screenings and Additional Consultations
 Count of reasons for Counselling
 Count of Reason for Referral
 Participation Rates for Attendance

Breastfeeding Counts
Breastfeeding Rates
Number of ATSI Total Child cards vs. Total

Main Outputs:

The reports released:
• State-wide with regional breakdowns
• Regional with LGA breakdowns

Classifications:

LGA, Regional and State-wide

Other Concepts:**Accuracy:**

“To assist in the processing of the data it is important that each Maternal and Child Health Centre report is checked and corrected before their respective figures are incorporated into the municipal total. A checklist has been included to assist in this process. Please note that completed reports received by the Department will not be sent back for correction.”

Geographical Detail:

Children attending MCH services in Victoria

Comments and / or Other Regions:**Collection Frequency:**

Annually (financial year)

Frequency comments:**Collection history:**

2000/01 to 2007/08 is available on the web (web address below)

LGA changes has influenced some continuity of data

Data Availability:

Released as a PDF on the web (web address below)

Data Availability Comments:**Date of Last Update:**

2702/2009

Source and Reference Attributes

Name of Organisation:

Early Childhood Monitoring, Analysis & Evaluation
Data, Outcomes and Evaluation Division

Custodian Description:

Department of Education and Early Childhood Development

Contact

Contact Person:

Scott Briant

Position:

Manager

Email:

briant.scott.g@edumail.vic.gov.au

Telephone:

963-73215

Reference:

http://www.education.vic.gov.au/ocecd/docs/2005-06_annual_report_instructions.pdf

<http://www.education.vic.gov.au/ocecd/earlychildhood/library/data.html>

Maternity Services Data Unit

Source Details

Overview:

All public hospitals including maternity services are requested to report annually in response to the Maternity Service Performance Indicator MAT 7 'The Proportion of Women Offered Appropriate Interventions in Relation to Smoking.'

Purpose:

This indicator assesses the performance of maternity care in providing smoking cessation advice, assistance and follow-up during routine antenatal care.

Scope:

Response to a single indicator within the Maternity Services Performance Indicator survey.

Coverage:

Annual survey of Public Maternity Services of women attending antenatal appointments.

Method of Collection:

Survey

Data Details

Conceptual Framework:**Main Outputs:****Classifications:****Other Concepts:****Accuracy:**

By the Hospital

Data entry and retrieval is through paper-based records attached to Medical Records

Geographical Detail:

Victorian Public Hospitals with Maternity Services, by hospital campus

Comments and / or Other Regions:**Collection Frequency:**

Annual

Frequency comments:**Collection history:****Data Availability:**

Published in the annual Maternity Services Performance Indicators Full Report, and available through the Maternity Care in Victoria website www.health.vic.gov.au/maternitycare

Data Availability Comments:**Date of Last Update:**

0210/2009

Source and Reference Attributes

Name of Organisation:

Maternity Services Program
Department of Health, Victoria

Custodian Description:

Department of Human Services, Victoria

Contact

Contact Person:

Josephine Beer

Position:

Manager, Health Information Provision

Email:

Telephone: josephine.beer@dhs.vic.gov.au
Reference: 9096-0327

Monash University Accident Research Centre (from ABS Deaths Unit Record File and ABD-DURF)

Source Details

Overview:

The mortality unit record files of deaths in Victoria and other States and Territories with an International Classification of Diseases Version 10 (ICD-10) injury and poisoning external cause code (V01-Y98) are released annually by the ABS to the Victorian Injury Surveillance Unit (VISU) at Monash University Accident Research Centre (MUARC). Records are integrated into a dataset of injury and poisoning deaths held by VISU.

The external causes chapter of ICD-10 (Chapter 20) describes the causes of injury, poisoning and adverse events (complications of medical and surgical care).

Purpose:

The purpose of the VISU-held injury deaths dataset is to provide information to government and non-government bodies and individuals on deaths due to external causes (injury and poisoning) for prevention and research purposes.

Deaths data are supplied via e-mail in tabular form to clients through the VISU data and information request service.

Data reports are published on the VISU webpage: www.monash.edu.au/muarc/visu

Scope:

Registered deaths by External Causes of residents of all Australian States and Territories.

Coverage:

VISU currently holds de-identified unit record data on injury and poisoning deaths in Australia for 1970, 1975, 1980, 1985, 1990-2006.

The ABS sources their death data from deaths registrations administered by the various state and territory Registrars of Births, Deaths and Marriages. It is a legal requirement of each state and territory that all deaths are registered. As part of the registration process, information on the cause of death is either supplied by the medical practitioner certifying the death on a Medical Certificate of Cause of Death, or supplied as a result of a coronial investigation.

Method of Collection:

Administrative

Data Details

Conceptual Framework:

Main Outputs:

Frequency, rates and trends by age, sex, country of birth, cause of injury, location (place of occurrence of injury), activity when injured, nature of injury and body part injured.

Classifications:

Causes of death are coded according to the WHO International Classification of Diseases (ICD): Ninth Revision (ICD-9) from 1979 to 1996 or Tenth Revision (ICD-10) from 1997. The external causes chapters of ICD 9 and ICD 10 describe the causes of injury, poisoning and adverse events (complications of medical and surgical care). Deaths due to adverse events are not usually included in VISU reports.

Definitions

'Injury': Injury is commonly defined as: 'any unintentional or intentional damage to the body ... caused by acute exposure to physical agents such as mechanical energy, heat, electricity, chemicals, and ionizing radiation interacting with the body in amounts or at rates that exceed the threshold of human tolerance'.

'Unintentional injury': Injuries that are unintended, often described as 'accidents'.

'Intentional injury': Injuries that are the result of intended acts by people i.e., harm of one person by another (assault, homicide, neglect) or self-harm.

An injury 'death' is defined as an injury or poisoning by an external cause (transport crash, fall, suicide, drowning etc.) that results in a person dying either in or out of hospital.

Other Concepts:

Accuracy:

Shortcomings of the ICD coding system, the transition from ICD-9 to ICD-10 and coding quality all limit the availability of important indicators of relevance to the Victorian and National health and injury strategies and may affect data quality. For example, the External Causes chapter of ICD-10 provides coding for 'Place of occurrence' (location of injury) and 'Activity when injured', but, for both variables, a large proportion of cases are currently coded to 'other specified' and 'unspecified' sub-codes. Because of this deficiency reliable indicators for injury prevention priorities based on location or activity—such as occupational, home and sports injury—cannot be developed at present

Geographical Detail:

Data on injury and poisoning deaths are available for all Australian States and Territories

Comments and / or Other Regions:**Collection Frequency:**

Annually

Frequency comments:**Collection history:**

VISU currently holds unit record data on injury and poisoning deaths in Australia for 1970, 1975, 1980, 1985, 1990-2006.

Data Availability:

Causes of Death data are published annually by the ABS and released within 15 months of the end of the reference period. For example, 2006 Causes of Death data were released on 14 March 2008 (VISU may receive the unit record file of injury and poisoning deaths 3-6 months later than the release date due to delays in preparing requested unit record file).

Injury deaths data are available on request to VISU by telephone (9905 1805) or e-mail: visu.enquire@muarc.monash.edu.au

Data Availability Comments:

Availability is dependent on timeliness of supply to VISU by the Australian Bureau of Statistics. Unit record data are the property of the Registries of births, deaths and marriages of each state and territory of Australia where births and deaths are registered. In order for VISU to obtain data at the unit record level, ABS must obtain approval from these Registries and there are sometimes considerable delays.

Date of Last Update:

1307/2009

Source and Reference Attributes

Name of Organisation:

Victorian Injury Surveillance Unit
Monash University Accident Research Centre

Custodian Description:

Monash University

Contact

Contact Person:

Erin Cassell

Position:

Director, Victorian Injury Surveillance Unit

Email:

Erin.Cassell@muarc.monash.edu.au

Telephone:

+61 3 9905 1857

Reference:

Monash University Accident Research Centre (VAED - Injury and poisoning subset held by the Victorian Injury Surveillance Unit (VISU))

Source Details

Overview:

Hospital admissions for injury and poisoning that contain an external cause code are extracted from the VAED (formerly the VIMD) by the Victorian Department of Human Services (DHS) and supplied in de-identified unit record format to VISU every six months. The file is cleaned, checked and loaded onto the VISU-held VAED (injury surveillance) dataset.

Purpose:

The purpose of the VISU-held VAED injury and poisoning dataset is to provide information to government and non-government bodies and individuals on hospital admissions due to external causes (injury and poisoning) for prevention and research purposes.

Hospital admissions data are supplied via e-mail in tabular or graphical form to clients through the VISU data and information request service.

Data reports are published on the VISU webpage: www.monash.edu.au/muarc/visu

Scope:

Injury and poisoning hospital admissions to all public and private hospitals in Victoria.

Coverage:

Demographic/administrative items include: age, sex, postcode, suburb and local government area of residence, country of birth, date of admission, date of separation (discharge), length of hospital stay (in days) and separation type. Injury surveillance items are created by VISU using up to 40 ICD-10-AM codes supplied by DHS from any or all of the chapters of the ICD-10-AM manual and include codes for cause of injury, place of occurrence, activity when injured, human intent, injury diagnosis, body region injured and nature of main injury

The Department of Human Services collects morbidity data on all admitted patients from Victorian public and private acute hospitals including rehabilitation centres, extended care facilities and day procedure centres. VAED data are used for health services planning, policy formulation, casemix funding and epidemiological research

Method of Collection:

Administrative

Data Details

Conceptual Framework:

Main Outputs:

Frequency, rates and trends by age, sex, country of birth, cause of injury, diagnosis, length of stay, nature of injury and body part injured, location (place of occurrence of injury), activity when injured.

Classifications:

From July 1998 cases recorded on the VAED are coded to ICD-10-AM, the WHO International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification. ICD-10-AM has been developed by the National Centre for Classification in Health in Queensland with assistance from clinicians and clinical coders to ensure that the classification is current and appropriate for Australian clinical practice. The Australian Modifications of ICD-10 are updated every two years. Up to June 30 1998, cases were coded to ICD-9-CM. The external causes chapters of ICD-9-CM and ICD-10-AM describe the causes of injury, poisoning and adverse events (complications of medical and surgical care). Adverse events and sequelae (late effects) of external causes of morbidity and mortality are usually not included in VISU reports.

Definitions:

'Injury': Injury is commonly defined as: 'any unintentional or intentional damage to the body ... caused by acute exposure to physical agents such as mechanical energy, heat, electricity, chemicals, and ionizing radiation interacting with the body in amounts or at rates that exceed the threshold of human tolerance'.

'Unintentional injury': Injuries that are unintended, often described as 'accidents'. We try to avoid using the term 'accidents' as it implies that injuries are random events due to chance.

'Intentional injury': Injuries that are the result of intended acts by people i.e., harm of one person by another (assault, homicide, neglect) or self-harm.

An injury 'hospital admission' is defined as an injury or poisoning that results in the person being admitted to an inpatient bed (a ward, short stay observation unit, emergency medical unit, medical assessment and planning unit, intensive care bed, mental health bed or coronary care unit) and subsequently discharged alive either on the same day (after at least 4 hours from the time patient management commences) or after one or more nights stay in a hospital bed.

Other Concepts:**Accuracy:**

Shortcomings of the ICD coding system, the transition from ICD-9 to ICD-10 and coding quality all limit the availability of important indicators of relevance to the Victorian and National health and injury strategies and may affect data quality. For example, the External Causes chapter of ICD-10-AM provides coding for 'Place of occurrence' (location of injury) and 'Activity when injured', but, for both variables, a large proportion of cases are currently coded to 'other specified' and 'unspecified' sub-codes. Because of this deficiency reliable indicators for injury prevention priorities based on location or activity—such as occupational, home and sports injury—cannot be developed at present.

Geographical Detail:

Victoria, Statistical Local Area (SLA), Local Government Area (LGA) and postcode of residence.

Comments and / or Other Regions:**Collection Frequency:**

DHS collects data from hospitals monthly and supplies the unit record level data to VISU at six-monthly intervals, with a time lag of six months.

Frequency comments:**Collection history:**

The VISU-held VAED dataset contains admissions to public hospitals from July 1, 1987 to June 30, 2008 and to all private hospitals from July 1, 1994 to June 30, 2008.

Data Availability:

Injury hospital admissions data are available on request to VISU by telephone (9905 1805) or e-mail: visu.enquire@muarc.monash.edu.au.

Data Availability Comments:**Date of Last Update:**

Source and Reference Attributes

Name of Organisation:

Victorian Injury Surveillance Unit
Monash University Accident Research Centre

Custodian Description:

Monash University

Contact

Contact Person:

Erin Cassell

Position:

Director, Victorian Injury Surveillance Unit

Email:

Erin.Cassell@muarc.monash.edu.au

Telephone:

+61 3 9905 1857

Reference:

National Aboriginal and Torres Strait Islander Health Survey

Source Details

Overview:

The 2004-05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) is the largest health survey of Indigenous Australians conducted by the Australian Bureau of Statistics (ABS). This survey, which was conducted in remote and non-remote areas throughout Australia, was designed to collect a range of information from Indigenous Australians about health related issues; including health status, health actions taken, lifestyle factors which may influence health, and socioeconomic circumstances.

Purpose:

The survey aims were to:

provide broad information about the health of Indigenous Australians, by remoteness, and at the national and state/territory levels;
allow for the relationships between the health status, risk factors and health-related actions of Indigenous Australians to be explored;
provide comparisons of the health of Indigenous Australians over time; and
provide comparisons with results for the non-Indigenous population from the 2004-05 National Health Survey (NHS).

Scope:

The 2004-05 NATSIHS sample covered usual residents of private dwellings only. Private dwellings are houses, flats, home units and any other structures used as private places of residence at the time of the survey. Usual residents are those people who usually live in a particular dwelling and regard it as their own or main home. Usual residents of 'special' dwellings such as hotels, motels, hostels and hospitals were not included in the survey. Visitors to private dwellings were also excluded from the survey as well as persons whose usual place of residence was outside Australia.

Non-Indigenous people were not eligible for selection in the NATSIHS, although if they were a parent or guardian of an Indigenous child they may have been involved as a spokesperson for the child.

Coverage:

This survey was conducted from August 2004 until July 2005.

There were two methods of data collection for the 2004-05 NATSIHS - Computer Assisted Interviewing (CAI) and Pen and Paper Interviewing (PAPI). The former was used in non-remote areas and the latter, in remote areas. CAI involves the use of a notebook computer to record, store, manipulate and transmit the data collected during interviews. In addition to the main survey instrument, two small paper questionnaires were used to collect information on substance use (for respondents aged 15 years or over) and specific supplementary women's health topics (for female respondents aged 18 years or over). These additional questionnaires were voluntary and self-enumerated.

The paper questionnaire excluded topics that were not relevant in the remote context, and also questions that were unlikely to yield data of acceptable quality. In addition, some questions were reworded to assist respondents in understanding the concepts. The two supplementary paper questionnaires on substance use and specific women's health topics were not used in remote areas. Additional information was collected in remote communities using a Community Information Form (CIF). The CIF was used to collect, from the Community Council and Health Clinic, a limited amount of community level information about the Community Development Employment Projects (CDEP) program, access to medical services, and community health issues.

In remote Indigenous communities, wherever possible, Indigenous facilitators assisted in the conduct and completion of the interviews.

Method of Collection:

Survey

Data Details

Conceptual Framework:**Main Outputs:**

A summary publication is usually released in the year following the end of survey enumeration. For example, results from the 2004-05 NATSIHS were released in April 2006.
Publications

National Aboriginal and Torres Strait Islander Health Survey - 2004-05 (ABS cat. no. 4715.0)
 National Aboriginal and Torres Strait Islander Health Survey: Expanded Confidentialised Unit Record File, Technical Manual - 2004-05 (ABS cat. no. 4715.0.55.002)
 National Aboriginal and Torres Strait Islander Health Survey: Users' Guide - 2004-05 (ABS cat. no. 4715.0.55.004)
 National Aboriginal and Torres Strait Islander Health Survey: Australia - 2004-05 (ABS cat. no. 4715.0.55.005)
 National Aboriginal and Torres Strait Islander Health Survey: New South Wales - 2004-05 (ABS cat. no. 4715.1.55.005)
 National Aboriginal and Torres Strait Islander Health Survey: Victoria - 2004-05 (ABS cat. no. 4715.2.55.005)
 National Aboriginal and Torres Strait Islander Health Survey: Queensland - 2004-05 (ABS cat. no. 4715.3.55.005)
 National Aboriginal and Torres Strait Islander Health Survey: South Australia - 2004-05 (ABS cat. no. 4715.4.55.005)
 National Aboriginal and Torres Strait Islander Health Survey: Western Australia - 2004-05 (ABS cat. no. 4715.5.55.005)
 National Aboriginal and Torres Strait Islander Health Survey: Tasmania - 2004-05 (ABS cat. no. 4715.6.55.005)
 National Aboriginal and Torres Strait Islander Health Survey: Northern Territory - 2004-05 (ABS cat. no. 4715.7.55.005)
 National Aboriginal and Torres Strait Islander Health Survey: Australian Capital Territory - 2004-05 (ABS cat. no. 4715.8.55.005)
 National Aboriginal and Torres Strait Islander Health Survey: Summary Booklet - 2004-05 (ABS cat. no. 4715.8.55.006)

National Health Survey and National Aboriginal and Torres Strait Islander Health Survey 2004/5: Data Reference Package - 2004-05 (ABS cat. No. 4363.0.55.002)

There are also a number of thematic snapshots, based on data from the 2004-05 NATSIHS:

The health and wellbeing of Aboriginal and Torres Strait Islander women: A snapshot, 2004-05 (ABS cat. No. 4722.0.55.001)
 Older Aboriginal and Torres Strait Islander people: A snapshot, 2004-05 (ABS cat. No. 4722.0.55.002)
 Overweight and Obesity - Aboriginal and Torres Strait Islander people: A snapshot, 2004-05 (ABS cat. No. 4722.0.55.006)
 Tobacco Smoking - Aboriginal and Torres Strait Islander people: A snapshot, 2004-05 (ABS cat. No. 4722.0.55.004)

DATA ITEMS

Household
 Number of persons in household
 State/Territory
 ASGC remoteness area category
 Dwelling structure
 Number of bedrooms
 Household structure
 Household composition
 Household income (several)
 Tenure type
 Financial stress (several)

Demographic
 Sex
 Age
 Marital status
 Indigenous status
 Family composition
 Main language spoken at home

Education
 Highest year of school completed
 Whether has a non-school qualification
 Type of educational institution currently attending
 Whether currently studying full-time or part-time
 Level of highest non-school qualification
 Main field of highest non-school qualification

Highest level of post-school educational attainment

Health Topics

Self-assessed health status

Long term medical conditions (e.g. arthritis, asthma, injuries, diabetes, cancer, cardiovascular conditions, kidney disease, osteoporosis, hearing and sight problems)

Short term injuries

Admissions to hospitals

Visits to casualty/outpatient facilities

Visits to hospital day clinics (non-remote only)

Doctor consultations

Dental consultations

Consultations with other health professionals

Days away from work/school due to own illness or caring

Other days of reduced activity due to own illness

Social and emotional wellbeing

Smoking

Alcohol consumption

Exercise

Body mass

Dietary behaviours

Adult immunisation

Child immunisation (non-remote only)

Child breastfeeding status

Women's health issues (e.g. mammograms, pap smear tests, breastfeeding history and use of contraceptives)

Substance use (non-remote only)

Discrimination

Classifications:

Other Concepts:

Accuracy:

The NATSIHS was designed to produce reliable estimates at the national level and for each state and territory. In addition, the Torres Strait Islander population was oversampled in order to produce reliable data for the Torres Strait Area and remainder of Queensland.

Survey estimates are based on a sample of Indigenous people and are therefore subject to sampling variability, that is, they may differ from the data that would have been produced if the whole Indigenous population had been surveyed. All survey estimates are published with a relative standard error, which provides an indication of the statistical reliability of the estimate. Estimates (numbers or percentages) with RSEs of less than 25% are considered sufficiently reliable for general use, those with RSEs of between 25% and 50% should be used with caution, and estimates with RSEs greater than 50% are considered too unreliable for general use.

Geographical Detail:

The Australian Standard Geographical Classification (ASGC) is used by the ABS for the collection and dissemination of geographically classified statistics. In the NATSIHS, data are available at the State/Territory level and also by Remoteness Area categories: Major Cities of Australia; Inner Regional Australia; Outer Regional Australia; Remote Australia; and Very Remote Australia. These categories are based on the Accessibility/Remoteness Index of Australia (ARIA) which measures the remoteness of a point based on the physical road distance to the nearest Urban Centre.

The 2004-05 NATSIHS publication presents a number of tables dissected by remote and non-remote categories, which are based on the remoteness categories in the ASGC. Remote is comprised of Remote Australia and Very Remote Australia, while non-remote is comprised of Major Cities of Australia, Inner Regional Australia and Outer Regional Australia.

Because of the different collection methodologies used in non-remote and remote areas, not all data items are available for the total Indigenous population. The content for the NATSIHS in remote areas is a subset (approximately 80%) of the content collected in other areas. The remote content excluded those items that were irrelevant, and those for which acceptable data quality levels could not be achieved.

Comments and / or Other Regions:

For users who wish to undertake more detailed analysis of the survey data, microdata from the 2004-05 NATSIHS is available in the form of an expanded confidentialised unit record file (CURF); which is only available via the ABS Remote Access Data Laboratory (RADL), a secure Internet-based data query service. It is accompanied by an Information Paper describing the content of the NATSIHS CURF (National Aboriginal and Torres Strait Islander Health Survey, 2004-05, Expanded Confidentialised Unit Record File, Information Paper (ABS cat. no. 4715.0.55.002)).

Collection Frequency:

Every six years.

Frequency comments:

Collection history:

Information about Indigenous hHealth has previously been collected within components of as supplements to the 1995 and 2001 National Health Surveys (NHSs) and Limited information is also available from the 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS). For more detail on issues of comparability between these surveys, see the Explanatory Notes of in the 2004-05 NATSIHS summary publication (ABS cat. no. 4715.0).

Data Availability:

A wide range of survey data are available free on the ABS web site. In addition, clients can request customised tables as a 'user pays' service.

Data Availability Comments:**Date of Last Update:**

0406/2009

Source and Reference Attributes

Name of Organisation:

Special Social Surveys Section, Australian Bureau of Statistics

Custodian Description:

Australian Bureau of Statistics

Contact

Contact Person:

Sharon Pech

Position:

Assistant Director, National Centre for Aboriginal and Torres Strait Islander Statistics

Email:

sharon.pech@abs.gov.au

Telephone:

(02) 62526301

Reference:

National Diabetes Registry

Source Details

Overview:

The National Diabetes Register (NDR) is a national incidence register of people with insulin-treated diabetes managed by AIHW. The NDR collects incident cases of insulin-treated diabetes from 1 January 1999. Examples of the information held on the NDR include name, address, date of birth, diabetes type, date of diagnosis and date of first insulin use

Purpose:

The objectives of the NDR are to:

- monitor and report on the incidence of insulin-treated diabetes
- provide a sampling frame for scientifically valid and ethically approved epidemiological and clinical studies of insulin-treated diabetes
- provide information to health service providers and planners at Commonwealth, state and local levels
- provide assistance in monitoring national diabetes indicators.

The key data outputs for the NDR are annual AIHW reports presenting the latest results from the NDR on the incidence of Type 1 diabetes. Every second year the AIHW also presents the incidence of insulin-treated Type 2 and gestational diabetes.

The AIHW are the main users of the NDR, however it is also available for researchers to access for scientifically valid and ethically approved studies. The AIHW also receives a number of ad hoc requests for information from the NDR.

Scope:

People in Australia who commenced using insulin to treat their diabetes after 1 January 1999.

Coverage:

Using the capture-recapture method with the two independent data sources, NDSS and APEG, coverage of 0-14 year olds with Type 1 diabetes during 1999 to 2006 was estimated to be 96.6%.

There is no capacity to assess the coverage in people aged 15 years and over however, the proportion of NDSS registrants consenting to be on the NDR has steadily increased from 49% in 1999 to 95% in 2006.

Method of Collection:

Administrative

Data Details

Conceptual Framework:

The NDR was established in 1999 and aims to record all new cases of people who use insulin to treat their diabetes, meaning the NDR should cover all new cases of Type 1 diabetes because they all require insulin treatment. However, only a proportion of Type 2 and GDM cases require insulin treatment so those that do not are excluded from the NDR. The decision to establish a register based on insulin-treatment rather than type of diabetes was made because a person's type of diabetes is not as easily defined as a person's insulin-using status.

The NDR is currently used to monitor the incidence of new cases of insulin-treated diabetes, that is, the number of new cases since 1999. The register is not yet used to report the prevalence of insulin-treated diabetes, but as it gets older it will be able to be used to monitor the overall prevalence of insulin-treated diabetes.

Main Outputs:

The NDR includes person-level information for each incident case. The main statistical output for the NDR is the incidence of new cases of insulin-treated diabetes from 1 January 1999. This includes all new cases of Type 1 diabetes and the insulin-treated cases of Type 2 and gestational diabetes. Data can be presented as numbers, crude rates or age-standardised rates by age, sex, year of first insulin use, state/territory, socioeconomic status and geographical location. Analyses are also carried out on mortality statistics, counting the number of people on the NDR who have died over time and investigating their causes of death.

Classifications:

Information included on the NDR enables classification by age, sex, type of diabetes, postcode of residence, year of first insulin use and other subgroups. See the latest NDR report or the website for more information.

Information can only be published or released if it meets privacy requirements and statistical quality.

Other Concepts:**Accuracy:****Coverage of new cases**

For children aged 0–14 years, the NDR has two sources of ascertainment. Coverage of children with Type 1 diabetes can therefore be assessed and has been found to be around 97% complete. The NDR has only one source of information on people aged 15 years and over and can not assess coverage in this age group.

Diabetes type

It is well known that reported diabetes type is not always reliable, particularly with people being reported to have Type 1 diabetes when they actually have insulin-treated Type 2.

The NDR, in order to obtain a more accurate measure of type of diabetes, uses an algorithm (method of calculation) which assesses and classifies registrants with reported Type 1 diabetes based on age at diagnosis and the period of time between diagnosis and date of first insulin use.

Indigenous status

For people who registered with the NDSS before 2005, if their response to the Indigenous status question was not completed on the registration form, the person's Indigenous status defaulted to non-Indigenous on the database. This may have overestimated the number of non-Indigenous registrants and underestimated the number of Indigenous registrants. In early 2005, the NDSS database was amended to add an extra value to the Indigenous status variable —Inadequate/Not stated— and this was made the default. As such, data for Indigenous status are published from 2005 only.

It should also be noted that the NDR may underestimate the number of Indigenous registrants with insulin-treated diabetes. This may be the result of a number of factors including low registration rates for the NDSS and subsequently the NDR among Indigenous Australians or possible under-reporting of their Indigenous status.

Geographical Detail:

Information at the postcode level is collected for each registrant on the NDR including both postcode of current residence and postcode at diagnosis. When data are presented, geographical data are displayed at a broader level for example state/territory or ASGC-RA in order to maintain privacy.

Comments and / or Other Regions:**Collection Frequency:**

Data are received quarterly and are reported annually.

Frequency comments:**Collection history:**

The NDR was established in 1999 and collects information on people who began to use insulin to treat their diabetes from 1 January 1999. The NDR is created on an annual basis and currently contains data up to 2007.

Past major changes to data source

Prior to 2003, for people registering with the NDSS to be included on the NDR the NDSS registration form required the NDSS registrant's signature in two separate sections. In 2003, a new NDSS registration form was introduced, to change the NDSS consent arrangements from an opt-in consent process to an opt-out consent process. Therefore, from 2003, all people registering for the NDSS on the new form who are eligible to be on the NDR are automatically included unless they specifically ask not to be. This means that once all old NDSS forms are out of circulation ascertainment for the NDR from the NDSS should approach 100%.

Data Availability:

Data are published in an AIHW publication which is available for purchase and is also available to download for free from AIHW's website.

Data are available for analysis approximately 18 months after completion of the period.

Data up to 2007 will be available by September 2009.

Data Availability Comments:**Date of Last Update:**

0307/2009

Source and Reference Attributes

Name of Organisation:

Australian Institute of Health and Welfare – Cardiovascular, Diabetes and Kidney unit

Custodian Description:

Australian Institute of Health and Welfare

Contact

Contact Person:

Position: Katherine Faulks
NDR project officer

Email: katherine.faulks@aihw.gov.au

Telephone: (02) 6244 1120

Reference: <http://www.aihw.gov.au/diabetes/ndr.cfm>

National Report on Schooling in Australia - NAPLAN

Source Details

Overview:

The NAPLAN data are collected annually (May). NAPLAN is a full cohort common test of Literacy (including separate assessment of Reading, Writing, Spelling, Grammar and Language Conventions) and Numeracy, of students in all school sectors in Years 3, 5, 7 and 9

Purpose:

Provides aggregated data for a range of reporting frameworks and accountabilities within DEECD, Victoria WoG and nationally
 Provides school and student level data to schools to assist in literacy and numeracy improvement.
 Individual student reports are provided to parents. School reports are provided to Principals
 Proposed to provide de-identified individual student level data to the Commonwealth in relation to National Partnership agreements.
 See
http://www.mceetya.edu.au/verve/_resources/PMRT_Measurement_Framework_National_KPMS.pdf
 Data outputs by state and territory, sex, geographic location LBOTE and Indigenous status, and for Australia by SES (proxy measure)

Scope:

All students in Years 3, 5, 7 and 9 in all school sectors unless exempted for disability or recently arrived (one year or less) non-English speaking migrants

Coverage:

% achieving in each domain at each band level within the test, and meeting national minimum standard. Also reported against national and state means.

Method of Collection:

Administrative

Data Details

Conceptual Framework:

MCEETYA data manual and NAPLAN report and manual provide definitions for subgroups and processes
http://www.curriculum.edu.au/verve/_resources/Protocols_for_Collection_Reporting_of_KPMS.pdf
http://www.curriculum.edu.au/verve/_resources/Data_Standards_Manual_2009.pdf
http://www.curriculum.edu.au/verve/_resources/NAPLAN2008-DefinitionsPg205.pdf

Main Outputs:

Data provided for full cohort for each year level and each domain disaggregated by state/territory, sex, LBOTE, Indigenous status, geographic location and nationally by parent education and occupation (as a proxy for SES measure).
 Includes age of students, participation rates by state/territory in each test
 For domains: Reading, Writing, Spelling, Grammar and Language Conventions and Numeracy

- Disaggregations by state/territory, average age, mean scaled score, % exempt, % below national minimum standard, % at, and at or above national minimum standard

For sex:

- Disaggregations by state/territory, mean scaled score, % exempt, % below national minimum standard, % at, and at or above national minimum standard

For indigenous:

- Disaggregated by Indigenous/non –Indigenous, by state/territory, mean scaled score, % exempt, % below national minimum standard, % at, and at or above national minimum standard

For LBOTE:

- Disaggregated by LBOTE/non–LBOTE, by state/territory, mean scaled score, % exempt, % below national minimum standard, % at, and at or above national minimum standard

For geographic location:

- For all students, disaggregated by state/territory for metro, provincial, remote and very remote, mean scaled score, % exempt, % below national minimum standard, % at, and at or above national minimum standard
- For Indigenous students disaggregated by state/territory for metro, provincial, remote and very remote, mean scaled score, % exempt, % below national minimum standard, % at, and at or above national minimum standard

For parental education

- For all students nationally disaggregated by level of education –Bachelor Degree or above, Advanced diploma/diploma, Cert I –IV, Year 12 or equivalent, Year 11 or equivalent or below, and

'not stated' by mean scaled score, % exempt, % below national minimum standard, % at, and at or above national minimum standard

For parental occupation

- For all students nationally disaggregated by four agreed occupation levels- senior manager/professional; business managers and associated professionals; tradespeople, clerks, skilled office, sales and service staff; machine operators, hospitality staff, assistants, labourers: unemployed and not stated

Classifications:

MCEETYA agreed definitions as outlined in the Data Manual are used http://www.curriculum.edu.au/verve/_resources/Data_Standards_Manual_2009.pdf

Other Concepts:

Accuracy:

- Verification of all data is undertaken by state and territory psychometricians within testing agencies either Boards of Studies or Departments of Education and checked concurrently by the testing contractor and the MCEETYA Benchmarking and Educational Measurement Unit.
- Measurement error is reported and published as 95% confidence intervals
- Full cohort sample
- Care needs to be taken interpreting Indigenous data due to error, small cohorts in some jurisdictions, participation rates and non-identification of Indigenous status
- SES data is reported at national level only due to insufficiently robust data collections in some states and territories
- Participation rates in tests need to be noted

Geographical Detail:

Geographic areas data are reported nationally against MCEETYA agreed categories: for metro, provincial, remote and very remote

State level data within Victoria may be disaggregated at the school and LGA and Education Region area if required.

NP agreement will require reporting by SES which may relate to postcode data

Comments and / or Other Regions:

Sector data is collected at the same time as government school data and processed through VCAA

Collection Frequency:

The data are collected in May annually

Frequency comments:

Collection history:

2008 was the first data collection using the common national test – NAPLAN

- No series exists currently
- The previous literacy and numeracy data collection (National Benchmark data 2001-2007) covered equated results for students in all jurisdictions in Years 3, 5 and 7.
- The National Benchmark data series cannot be compared directly with NAPLAN data as it used a different assessment instrument, was subject to significant and unreported error, and was affected by longitudinal equating drift in some jurisdictions.

Data Availability:

- Data are published on the MCEETYA website. <http://www.curriculum.edu.au/mceetya/>
- The full cohort data are published annually in September and student reports provided to schools at this time.
- The sub-group data are published annually in December
- Selected data are further reported in the National Report on Schooling in Australia, the biennial Overcoming Indigenous Disadvantage report, and the Report on Government Services

Data Availability Comments:

Date of Last Update:

3103/2009

Source and Reference Attributes

Name of Organisation:

MCEETYA

Custodian Description:

MCEETYA

Contact

Contact Person:

Susan Dennett

Position:

Group Manager

Email:

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Reference: 963 72175

On Track**Source Details****Overview:**

Provides post school education, training and employment destination data annually since 2003. All consenting Year 12 completers and early leavers who exit Victorian schools participate in the telephone surveys to provide data relating to their education, training or employment destination. Data reported on include: type of educational institution attended or attending; level and main field of education of current study level, VET and apprenticeship and trainee data, deferral and employment data.

Background information is also collected on students so that the destinations of particular sub-groups can be considered – for example early leavers who appear to be at risk of disengaging for education and training. Transition differences between regions in Victoria are also documented.

Three On Track Longitudinal Studies have also been undertaken to track specific cohorts for four years after they leave school to develop a more detailed picture of their transitions over time and to provide evidence based data relating to factors in the post compulsory years that have impact on post school destinations.

Purpose:

The project was initiated by the Victorian Government as part of its response to the Ministerial Review of Post Compulsory Education and Training Pathways in Victoria (Kirby, 2000), specifically in response to the recommendation that the Government provide a wider range of school performance data to parents, schools and students.

Scope:

The annual Year 12 completers and early leaver survey are conducted in April- May each year. The Longitudinal cohort is interviewed in May each year.

The Year 12 completer survey includes all consenting Victorian students who complete VCE, IB or VCAL Intermediate and above.

The early leaver survey includes all consenting Victorian students who do not complete year 10, 11 or year 12.

Indigenous students and students with a disability are included in On Track surveys.

Interstate and international students are not in scope.

Coverage:**Method of Collection:**

Survey

Data Details**Conceptual Framework:****Main Outputs:**

The key outputs from this survey are:

Annual destination data table, published in Melbourne print media

Annual school reports, all sectors

Annual regional director reports

Annual TAFE reports

Annual LLEN reports

Longitudinal reports annually and final reports

Annual Final Report

The published final report data tables and graphs include;

Year 12 or equivalent completers: destinations 2003 to 2008

Main destinations of Year 12 or equivalent completers (including deferrers), April-May 2008

Main destinations of Year 12 or equivalent completers, showing deferrers as separate categories, April-May 2008

Main destinations of Year 12 or equivalent completers, showing apprentices and trainees separately (and including deferrers), April-May 2008

Main destinations of Year 12 or equivalent completers (including deferrers), April-May 2008, by gender

Destinations of Year 12 or equivalent completers, April-May 2008, by quartile of GAT score

Destinations of Year 12 or equivalent completers, April-May 2008, by quartile of GAT score and gender

Destinations of Year 12 or equivalent completers, April-May 2008, by senior certificate and study strand

Destinations in April-May 2008 for students who undertook VET in their VCE, by gender

Destinations in April-May 2008 of VCAL only students, by gender

Destinations of Year 12 completers (VCE VET and non-VET students): lowest quartile of GAT score

Destinations of Year 12 completers (VCE VET and non-VET students): highest quartile of GAT score

Destinations of Year 12 or equivalent completers, April-May 2008, by Indigenous status

Destinations of Year 12 or equivalent completers, April-May 2008, by SES and gender (%)

Social background of Year 12 or equivalent completers by quartiles of GAT score

Mean tertiary application rates in all schools, grouped by SES decile

Level of study of Year 12 or equivalent completers in study or training, by gender (includes apprentices and trainees)

Study award level by quartiles of GAT achievement: Year 12 or equivalent completers in university or TAFE/VET study (excludes apprentices and trainees)

Enrolment in university, by quartiles of GAT achievement and gender (excludes apprentices and trainees)

Enrolment in higher-level VET programs (Certificate IV+), by quartiles of GAT achievement and gender (excludes apprentices and trainees)

Enrolment in TAFE/VET study, by quartiles of GAT achievement and gender (excludes apprentices and trainees)

Post-school study award level, by SES quartile for Year 12 or equivalent completers (excludes apprentices and trainees)

Enrolment at university by Year 12 or equivalent completers, by gender and SES quartile

Participation in tertiary education by Year 12 or equivalent completers, by gender and SES quartile (excludes apprentices and trainees)

Courses undertaken by Year 12 or equivalent completers engaged in university or TAFE/VET study (excludes apprentices and trainees)

Year 12 or equivalent completers in university or TAFE/VET study: course of study, by gender (excludes apprentices and trainees)

Labour force status of university and TAFE/VET enrolled Year 12 or equivalent completers (excludes apprentices and trainees)

Labour force status of university and TAFE/VET enrolled Year 12 or equivalent completers, by gender (excludes apprentices and trainees)

Year 12 or equivalent completers in university or TAFE/VET study: number of hours worked per week by gender (excludes apprentices and trainees)

Occupations of Year 12 or equivalent completers enrolled in university or TAFE/VET study (excludes apprentices and trainees)

Occupations of Year 12 or equivalent completers enrolled in university or TAFE/VET study, by gender (excludes apprentices and trainees)

Year 12 or equivalent completers in apprenticeships and traineeships, by gender Occupational

categories of apprentices and trainees – male Year 12 or equivalent completers

Occupational categories of apprentices and trainees – female Year 12 or equivalent completers
Labour force of Year 12 or equivalent completers not in education or training

Labour force of Year 12 or equivalent completers not in education or training, showing deferrers as separate categories

Labour force status destinations of Year 12 or equivalent completers not in education or training, by gender

Year 12 or equivalent completers in the labour force and not in education or training: number of hours worked per week by gender

Labour force status of Year 12 or equivalent completers not in education or training, by quartile of GAT achievement

Labour force status of Year 12 or equivalent completers not in education or training: deviations from average rates by GAT achievement level – males

Labour force status of Year 12 or equivalent completers not in education or training: deviations from average rates by GAT achievement level – females

Labour force status of Year 12 or equivalent completers not in education or training, by quartiles of SES and gender

Occupational categories of Year 12 or equivalent completers in the labour force and not enrolled in any further education or training

Occupational categories of Year 12 or equivalent completers in the labour force and not enrolled in any further education or training, by gender

Comparative GAT achievement profile of Year 12 or equivalent completers in education or training, or in the labour force, by gender

Comparative SES profile of Year 12 or equivalent completers in education or training, or in the labour force, by gender

Reasons for not studying: Year 12 or equivalent completers by gender

Reasons for not studying: Year 12 or equivalent completers, by quartiles of GAT achievement

Reasons for not studying: Year 12 or equivalent completers in the highest GAT quartile, by SES

Reasons for not studying: Year 12 or equivalent completers who deferred a tertiary place

Reasons for not studying: Year 12 or equivalent completers in the labour force and 'inactive' respondents (respondents not in education or training and not in the labour force)

Reasons for not studying among 'inactive' Year 12 or equivalent completers (respondents not in education or training and not in the labour force), by gender

VET in Schools participation rates by Year 12 or equivalent completers, by DEECD region

Destinations of VET in Schools participants among Year 12 or equivalent completers

Destinations of VET in Schools participants among Year 12 or equivalent completers by gender (deferees shown separately)

Destinations of VET in Schools participants among Year 12 or equivalent completers, by region (deferees shown separately)

Enrolment in tertiary education by Year 12 or equivalent completers, by ABS labour force region

Differences in enrolment in tertiary education by Year 12 or equivalent completers, by ABS labour force region

Enrolment in VET by Year 12 or equivalent completers, by Australian Qualifications Framework level and ABS labour force region

Year 12 or equivalent completers in the labour force and not enrolled in education or training, by ABS labour force region

Education, training and labour force activities of Year 12 or equivalent completers, by ABS labour force region

Enrolment of Year 12 or equivalent completers in further education or training, by ABS labour force region and quartiles of GAT achievement

Travel and distance cited as barriers to further education and training by Year 12 or equivalent completers, by ABS labour force region

Financial barriers to further education and training cited by Year 12 or equivalent completers, by ABS labour force region

Year 12 or equivalent completer transitions and Student Family Occupation funding index, by DEECD region

Early school leavers, by gender and year level of exit

Destinations of early school leavers, by gender

Destinations of early school leavers, by year level of exit

Destinations of early school leavers, by perceived satisfaction with school results

Early school leavers, Perceived satisfaction with school results, by year level of exit

Destinations of early school leavers, by Indigenous status

Differences in early school leaver destinations by ABS labour force region – males

Differences in early school leaver destinations by ABS labour force region – females

Most common jobs of early school leavers - males

Most common jobs of early school leavers - females

Early school leavers: reasons for not studying, by gender

Reasons for not studying: early school leavers in the labour force and 'inactive' leavers (respondents neither in education or training, nor in the labour force)

Reasons for not studying: 'inactive' early school leavers (respondents neither in study or training, nor in the labour force), by gender

Reasons given by early leavers for leaving school, by gender (percentage respondents agreeing/strongly agreeing)

Reasons given by early leavers for leaving school, by year level of exit (percentage respondents agreeing/strongly agreeing)

Factors that would have motivated early school leavers to stay at school

Referral status of Year 12 or equivalent school leavers who were not in education or training and were either working part-time or looking for work, April-May 2008

Referral status of early leavers who were not in education or training and were either working part-time or looking for work, April-May 2008

SELECTED CHARACTERISTICS

Data items collected in the survey include:

- Sex
- State/Area/Region/LLLEN/LGA/LAE/LAC/OGSE regional network
- School exited
- Year level of exit
- Curriculum completed

- Date of birth
- SES quartile
- GAT quartile
- Country of birth (SACC)
- LOTE (LSAY)
- ATSI (ABS)
- Education and training destination
- Institution and campus attending
- Course studied
- Type of attendance
- Field of trade of apprenticeship and traineeship
- Curriculum completed
- Work, hours (ABS), type, industry, labour force region
- Reasons for leaving a school
- Reasons for not studying
- Reasons for deferring a tertiary place
- Intention to complete further education and training
- Satisfaction with career advice

Classifications:

Demographics: State, Area, Region

Country of Birth: The Standard Australian Classification of Countries Type of Institution attending/attended

Occupation: Australian Standard Classification of Occupations Second Edition (ASCO SE).

Industry: Australia and New Zealand Standard Industrial Classification (ANZSIC).

Educational attainment: Australian Standard Classification of Education (ASCED). For further details see Australian Standard Classifications of Education (ASCED), 2001 (ABS Cat. no. 1272.0). Also available on the ABS web site: www.abs.gov.au

Australian Standard Geographical Classification (ASGC) Regional levels - limited cross-classifications with other data items available

Other Concepts:**Accuracy:****Geographical Detail:**

Australian Standard Geographical Classification (ASGC) Regional levels - limited cross-classifications with other data items available

Comments and / or Other Regions:**Collection Frequency:**

Annually, in April for Year 12 or equivalent completer and May for the early leaver survey.

Annually, in May for four years after exit from school, for the longitudinal survey.

Frequency comments:**Collection history:**

Year 12 or equivalent completer and early leaver destination data was first collected in 2003. The time series are unbroken.

Data Availability:

Yes

Data Availability Comments:**Date of Last Update:**

1202/2009

Source and Reference Attributes

Name of Organisation:

Data Outcomes and Evaluation Division

Custodian Description:

Department of Education and Early Childhood Development

Contact

Contact Person:

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(03) 9637-2802

Reference:

Parent Opinion Survey

Source Details

Overview:

The Parent Opinion Survey measures parents' perceptions of their child's school across a range of factors. The survey is mandatory for all Victorian government schools. Schools select a random sample of parents to participate in the survey. In 2008, approximately 60,000 parents completed the survey.

The survey has been conducted since 1996, however the survey instrument has undergone a number of revisions since then. In its current form, data exists from 2006. It is conducted in Term 3 of each year, with data for that year being available in October.

Purpose:

To assist teachers and schools in identifying differences between their parents' perceptions of school compared with others statewide, and to enable the Department to monitor parent perceptions for planning, prioritisation etc.

Scope:

Parents of students in Victorian government schools. A random sample within each schools results in around 60,000 completed questionnaires.

Coverage:

Victoria, government schools only

Method of Collection:

Survey

Data Details

Conceptual Framework:

The questionnaire is a series of statements which are grouped into 18 factors (eg Approachability, Parent Input).

Other than knowing the school number, the respondents are anonymous. Therefore, only school level data can be linked to other data sets.

Main Outputs:

The unit of data collection is the parent.

The types of statistics used to summarise the data are means and percentages of parents who gave a particular response.

As the parent-level data cannot be linked to any other data set, POS data would typically be available to external contractors at the school level.

The data fields available at the school level are shown below:

- Calyear – Year the survey was conducted
- SCHOOL_NO – DEECD school number
- campus99 - whole school = 99, otherwise campuses identified
- reason no data
- NUM_INVITED - number of parents invited to respond
- NUM_RESPONDENTS - number of parents who responded
- RESPONSE_RATE
- School Improvement mean factor score on a scale of 1 to 7
- Approachability
- Teacher Morale
- Parent Input
- Stimulating Learning
- Behaviour Management
- Reporting
- Learning Focus
- Transitions
- Extra Curricula
- Homework
- General Satisfaction
- Student Safety
- Classroom Behaviour
- Connectedness to Peers

- Student Motivation
- Social Skills
- School Connectedness
- Therapy Services mean factor score on a scale of 1 to 7, for special schools only
- Program Support Group mean factor score on a scale of 1 to 7, for special schools only

When considering whether the data can be linked to other data sets, the following should be kept in mind;

- The completed survey forms are anonymous.
- In terms of demographic or identifying information, only the parents' school is known.

Classifications:

The data can be broken down using the fields above

Other Concepts:**Accuracy:**

The Parent Opinion Survey has an overall reliability of 0.911, with individual factor reliabilities ranging from 0.716 to 0.946. Second-order factors (School Climate, Student Relationships and Student Engagement) have reliabilities of 0.945, 0.475 and 0.851, respectively.

Geographical Detail:**Comments and / or Other Regions:****Collection Frequency:**

Annual.

Frequency comments:**Collection history:**

The POS survey commenced in 1996. Comparable data using an unchanged survey instrument is available from 2006 onwards

Data Availability:

Annual

Data Availability Comments:**Date of Last Update:**

0104/2009

Source and Reference Attributes

Name of Organisation:

Data Outcomes and Evaluation Division

Custodian Description:

Department of Education and Early Childhood Development

Contact

Contact Person:

Anne O'Connell

Position:

Manager, Schools

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Telephone:

(03) 9637-2926

Reference:

Population Estimates Collection

Source Details

Overview:

As from 1971 an important change was made to the concept of what constitutes the 'population'. It had been the practice to define the population as the number of people actually present at a given time (at the census this meant the number of people actually counted and therefore included foreign tourists but excluded Australians abroad). From 1971 it was decided to define it as the number of 'residents' i.e. people who usually reside in Australia. Likewise the population of the States and Territories was to be the number of people who usually reside in those States/Territories. And so on, for cities, local government areas etc. The current population estimates, therefore, are the estimated numbers of Australian residents i.e. people who usually reside in Australia. They are based on usual resident based census counts and account is taken of the net census undercount and Australian residents who were temporarily overseas on census night. These population estimates, and the regular updates of them have been adopted as the official population series.

Purpose:

Population estimates are used by Governments in policy formulation, particularly those policies relating to service delivery. Estimates are also used to monitor existing Government programs. Population estimates are used in determining the number of seats in each State/Territory in the House of Representatives (Commonwealth Electoral Act 1918). They are also used in the allocation of Commonwealth funds for general financial assistance and hospital funding purposes, both for State/Territory governments (Federal Financial Relations Act 2009) and Medicare agreements and local governments (Local Government (Financial Assistance) Act 1995). Population estimates are widely used in the private sector for use in 'market research' and 'academic/demographic research'.

Many statistical indices and rates have a population estimate as their denominator. Population benchmarks derived from Population estimates are used to weight many ABS surveys.

Scope:

The scope of the collection includes all persons who usually reside in Australia except for diplomatic personnel of overseas governments. For more information see 3228.0.55.001 - Population Estimates: Concepts, Sources and Methods, 2009

Coverage:

Coverage: The scope has been fully included in the collection by basing all population estimates on the results of the Census of Population and Housing, with the following adjustments: Usual resident census counts are adjusted for net undercount as measured by the Post-Enumeration Survey and demographic analysis. Australian residents temporarily overseas on census night are added to the population.

Method of Collection:

Not Applicable

Data Details

Conceptual Framework:

See 3228.0.55.001 - Population Estimates: Concepts, Sources and Methods, 2009

Main Outputs:

State and Territory estimates by sex are produced and published quarterly.
 State and Territory estimates by single year of age and sex are produced quarterly and published annually as at 30 June.
 Estimates by country of birth by sex and single year of age are produced at the national level only as at 30 June each year. Commencing with 1996 these estimates are also be produced at the State level for census years.
 Estimates by marital status by sex and single year of age are produced at the national level only as at 30 June each year. Commencing with 1996 these estimates are also be produced at the State level for census years.
 Indigenous population estimates are produced following each census, as at 30 June each year for the previous intercensal period. Commencing with 1996 these estimates are also produced at the Aboriginal and Torres Strait Islander Commission (ATSIC) region and Statistical Local Area levels for census years.

Classifications:

Australian Standard Geographical Classification (ASGC)

Australian Standard Classification of Countries for Social Statistics (ASCCSS)
Age
Sex
Marital status

Other Concepts:

n.a

Accuracy:**Geographical Detail:**

GEOGRAPHIC DETAIL
Australia
New South Wales
Victoria
Queensland
South Australia
Western Australia
Tasmania
Northern Territory
ACT
Statistical Local Area
Census Collection District
Part of State Metropolitan
Part of State Extra-Metropolitan
CD Derived Postcode

Comments and / or Other Regions:

Census Collection District (CD) and CD-Derived Postcode areas are non-standard.

Prior to September quarter 1993 Jervis Bay Territory included as part of the Australian Capital Territory. From September quarter 1993 separate estimates for Jervis Bay available, estimates for Cocos (Keeling) Islands and Christmas Island also available.

Collection Frequency:

Quarterly

Frequency comments:

Annual frequency at sub-state level, birthplace, marital status and 5 yearly for experimental Aboriginal and Torres Strait Islander population

Collection history:

1921 - Introduction of annual estimates by single year of age and sex for Australia
1961 - Estimates by single year of age and sex for States and Territories introduced.
1971 - Change in concept of what constitutes 'population', from all those counted (including overseas tourists and excluding Australian residents temporarily overseas) to a 'usual resident' basis.
July 1976 - Category jumping included as part of net overseas migration.
September quarter 1993 - estimates for Cocos(Keeling) and Christmas Islands first compiled.

Data Availability:

Yes

Data Availability Comments:**Date of Last Update:**

1610/2009

Source and Reference Attributes

Name of Organisation:

Australian Bureau of Statistics

Custodian Description:

Australian Bureau of Statistics

Contact

Contact Person:

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Reference:

1. Summary Description of Population Estimates Collection

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DSSbyCollectionid/FCEF74DBECB94037CA256BD000274964?opendoc>

ument

School Enrolment Census August

Source Details

Overview:

- Mid Year (August) School Census
- Annual
- Government Schools
- Student level data
- Number of full-time equivalent enrolments, apparent retention rates and transition rates
- Schools, school types, year level, gender, geographic (e.g. region, LGA, LAE).

Purpose:

The Mid Year (August) School Census collects student enrolment data from all Victorian government schools. The compiled data are then used to provide input to specific funding allocations to Victorian government schools (e.g. equity funding). They are also used as produce output required for the National School Statistics Collection (NSSC).

The NSSC compiles data that is comparable across states and jurisdictions. Data from the NSSC is reported on by the Australian Bureau of Statistics (ABS) through the "Schools, Australia" (cat. 4221.0) publication.

Scope:

Student attending government schools who are eligible to be counted for statistical returns in accordance with the NSSC Notes, Instructions and Tabulations guide and DEECD guidelines for counting students for statistical returns.

Coverage:

The number of student enrolments, apparent retention rates, transition rates in government schools

Method of Collection:

Administrative

Data Details

Conceptual Framework:

Government School: A government school is administered by the Department of Education and Early Childhood Development (DEECD) and governed by a School Council. It has as its main activity the provision of full-time day primary and/or secondary education (which may be provided by correspondence). It has a principal or equivalent and must allow students to enrol and participate in a course of study for not less than four weeks.

Enrolments: Based on the number of full-time equivalent students enrolled in school education.

Apparent Retention Rate (ARR): There are generally two rates that are reported on regularly, Years 7 to 12 and Years 10 to 12. The rates refer to the year 12 enrolment expressed as a proportion of either the Year 7 or Year 10 enrolment five and two years earlier respectively. For example, the apparent retention rates for 2008 were calculated by using the following formulae:

$$\text{ARR 7-12} = \frac{\text{Year 12 enrolments in 2008}}{\text{Year 7 enrolments in 2003}} \times \frac{100}{1}$$

$$\text{ARR 10-12} = \frac{\text{Year 12 enrolments in 2008}}{\text{Year 10 enrolments in 2006}} \times \frac{100}{1}$$

Please note that apparent retention rates are not calculated below the region level as the data fluctuates rather significantly and can produce misleading results.

Transition Rate: Refers to the proportion of a year level that progress onto the next year level. It is the enrolments in a particular year level expressed as a proportion of the cohort enrolled in the previous year level one year earlier. For example, the transition rate for year 8 students in 2008 was calculated using the following formula:

$$\frac{\text{Year 8 enrolments in 2008}}{\text{Year 7 enrolments in 2007}} \times \frac{100}{1}$$

Main Outputs:

- Full-time equivalent enrolments, transition rates, apparent retention rates and average class sizes.
- For full-time equivalent enrolments – breakdowns by year level, gender, school type, region, LGA,

individual school and sector.

- For apparent retention rates and transition rates – breakdown by year level, gender, statewide, region and sector.
- ABS Schools, Australia publishes summary data on schools, full time students, part time students, full time equivalent enrolments, school participation rates, apparent continuation rates, apparent progression rates, apparent retention rates, student teacher ratios and teaching/non-teaching staff.

Classifications:

- SACC – ABS Standard Australian Classification of Countries.
- ASCL – ABS Australian Standard Classification of Languages.
- MCEECDYA data collection standards relating to Parental School and Non-School Education, Indigenous Status and Family Occupation.

Other Concepts:

- NSSC Notes, Instructions and Tabulations guide and DEECD guidelines for counting students for statistical returns.

Accuracy:

- Validation of enrolment information includes resolving student time fraction anomalies (including where a student is claimed by more than one school); age grade anomalies; and change in indigenous status.

Geographical Detail:

- DEECD region
- Local Government Area
- SLA/SD/SSD
- State and Federal Victorian electorates
- Postcode

Comments and / or Other Regions:

Data from Catholic and Independent schools are collected by the Commonwealth Department of Education, Employment and Workplace Relations (DEEWR). DEECD is provided with summary information for each non-government school which is then consolidated with the government school data.

Collection Frequency:

- Annual

Frequency comments:

The Mid Year (August) School Census is held on the first Friday that is a school day in August every year.

Collection history:

- Data source history/ coherence
- Information on government school students is sourced from the administration system called CASES21. The 2006 Mid Year (August) School Census was the first Mid Year (August) School Census that individual student information was captured. Prior to 2006, summary level enrolment information was captured.
- Summary enrolment information on government school student is available from 1982 while similar information on non-government schools is available from 1984.
- Information is collected in accordance with the NSSC Notes, Instructions and Tabulations guide and DEECD guidelines on counting students for statistical returns.

Data Availability:

- Data available for dissemination
 - Final data on the Mid Year (August) School Census is available from early to mid September.
 - Data from the NSSC is published by the ABS through the Schools, Australia publication. The ABS also publishes data in pivot table form. In regards to availability, for 2008 data, the ABS published preliminary data in January 2009 and final data in March 2009.
- The Mid Year (August) School Census process commences in mid July and is completed by early September when finalised enrolment data are made available. Data on non-government schools are provided by the Commonwealth Department of Education, Employment and Workplace Relations (DEEWR) in October/November.
- Availability of enrolment data on Independent Schools for external requests is subject to those requesting the information obtaining approval from the Association of Independent Schools Victoria prior to dissemination.

Data Availability Comments:

Date of Last Update:

0106/2009

Source and Reference Attributes

Name of Organisation:

Statistical Information Analysis & Reporting,
Data Outcomes & Evaluation Division,
Office for Planning, Strategy & Coordination,

Custodian Description: Department of Education and Early Childhood Development
Department of Education and Early Childhood Development

Contact

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Position: Manager, Statistical Information Analysis & Reporting
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Telephone: 9637 3224
Reference:

School Entrant Health Questionnaire (SEHQ)

Source Details

Overview:

The School Entrant Health Questionnaire (SEHQ) is a parent report instrument that records parent's concerns and observations about their child's health and wellbeing. It is also a tool for clinical practice and a point of engagement with parents and educators. The parents of all children beginning primary school in Victoria are asked to complete the SEHQ.

Analysis of the SEHQ is complementary to existing information on children's health and wellbeing such as the Burden of Disease findings.

It creates one of the largest databases available in Australia capturing parent perceptions about the health and wellbeing of children in this particular age cohort.

Purpose:

The questionnaire is designed to assist School Nurses by providing detailed information on parental concerns about children's health in areas including general health, speech, hearing, vision, development, behaviour, well-being and family stress.

In addition, data from the SEHQ provides the Department of Education and Early Childhood Development with valuable information to advise government and service providers on how well our children are faring at the point of school entry.

Findings and recommendations from SEHQ data analysis inform forward planning and potential service delivery of the Primary School Nursing Program.

Scope:

Approximately 370,000 parents completed the SEHQ from 1998 to 2004.

2000 Report contains information from over 55 000 Victorian parents.

The SEHQ information provides a rich source of baseline population data on Victorian children aged five to seven years at a local, regional and state level.

Coverage:

Data items collected in the survey include:

- Name of School
- Sex
- Living arrangements
- Country of birth
- LOTE
- ATSI
- Attended Kindergarten/daycare/preschool
- General Health (Excellent – Poor)
- Weight
- Allergies
- Asthma
- Health conditions
- Health problems
- Professional health care
- For males testicles dropped
- Oral Health
- Speech/Language difficulties
- Hearing problems
- Visual problems
- Understanding abilities
- Coordination abilities
- Behavioural abilities
- Social abilities
- Learning abilities
- Toileting
- ADHD or ADD
- Wellbeing
- Family stress

Method of Collection:

Survey

Data Details

Conceptual Framework:

General Health
 Dental Health
 Speech/Language
 Hearing
 Vision
 General Development
 Behaviour and Emotional Wellbeing
 Family Stress

Main Outputs:

The key outputs from this survey are:

A longitudinal study of SEHQ data from 1998-2004, completed in 2006

Childrens' Health: Parents' Perceptions

The published final report data tables and graphs include:

Issues that concern parents
 Parents' request to speak with school nurse about particular concerns
 Year 2000 SEHQ gender differences
 Group numbers implied by percentage differences for varying subgroup sizes
 Year 2000 preparatory enrolment numbers compared to SEHQ collections
 Population subgroup characteristics
 Regional distribution of children's overall health
 Children's overall health across demographic variables
 Percentages of children having asthma 'often' or 'sometimes' by Region
 Asthma distributions among subgroups of Victorian preparatory grade children
 Parents indicating a wish to speak with school nurse about their child's asthma
 Common health conditions of Victorian preparatory grade children as perceived by parents
 Victorian children's common health problems
 Victorian children's contact with health professionals
 Distribution of children who have visited the dentist in the last two years by region
 Ordered list of speech and language difficulties
 Regional distributions of speech therapist use by children with reported language or speech difficulty
 Regional distributions of ear, nose and throat specialist and audiologist use
 Hearing professional visits and ear infection frequency
 Regional distributions of eye doctor or optometrist use
 Children's eyesight check by region
 ADD or HD regional distributions
 Regional distribution of intellectual impairment, developmental delay or learning disability levels
 Regional distribution of learning disability levels
 Percentage of key behaviours displayed 'usually/often' for state and regional groupings
 Health professionals visited in the past year
 Ranked incidence of stressful family events

Classifications:

The SEHQ information provides a rich source of baseline population data on Victorian children aged five to seven years at a local, regional and state level.

Other Concepts:**Accuracy:**

The Assessment Research Centre (ARC) was asked to analyse responses to the SEHQ and assess the item content of the questionnaire. Frequencies of responses to all questionnaire items will be tabulated and cross-checked against epidemiological data where available. Item Response Theory will be applied to calibrate subscales of the questionnaire and to assess test item performance. Patterns of responses for various demographic groups such as single parents, Aboriginal parents and rural parents will be analysed, and trends over time will be examined.

Geographical Detail:

The parents of all children beginning primary school in Victoria are asked to complete the SEHQ

Comments and / or Other Regions:**Collection Frequency:**

Annually

Frequency comments:**Collection history:**

Approximately 370,000 parents completed the SEHQ from 1998 to 2004.

A seven year longitudinal analysis of SEHQ data between 1998-2004 was conducted and completed in 2006 by Professor Patrick Griffin, Faculty of Education, University of Melbourne and Professor Gay Edgcombe, Nursing and Midwifery, RMIT. The report summarises the concerns of parents over this

period and provides trends over time.

Data Availability:

Data Availability Comments:

Date of Last Update:

2702/2009

Source and Reference Attributes

Name of Organisation:

Data Outcomes and Evaluation Division

Custodian Description:

Department of Education and Early Childhood Development

Contact

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Telephone:

03 9947 1852

Reference: <http://www.education.vic.gov.au/ocecd/earlychildhood/library/publications/primary/sehq.html>

<http://www.edfac.unimelb.edu.au/arc/teaching/sehq.html>

<http://www.eduweb.vic.gov.au/edulibrary/public/stuman/nursing/childrenshealth.pdf>

School Immunisation Program

Source Details

Overview:

Local Government in Victoria has historically played an important role in delivering immunisation services to the Victorian public. It currently provides approximately half of all immunisation encounters for children aged zero to six given in Victoria and contributes significantly to raising the importance of immunisation in local communities.

Local Government administers approximately 90 per cent of immunisations due at school age. Victoria's immunisation coverage has consistently been in the top three for states/territories at the key milestones of 12 and 24 months, and has been the leader in coverage measured at five years of age in Australia.

Purpose:

Health professionals use the secondary school data to monitor immunisation coverage levels and service delivery, and to identify regions at risk during disease outbreaks.

Data provided to DHS assists with assessment for incentive payments and feedback reports to eligible immunisation providers.

Scope:

The scope (or target population) is all secondary school children living in Victoria.

Coverage:

All secondary school children living in Victoria (Years 7 and 10).

Method of Collection:

Administrative

Data Details

Conceptual Framework:

See 'Overview' and 'Purpose' above.

Main Outputs:

Immunisation coverage for secondary school children at the Year 7 and 10 milestones

Classifications:

Immunisation coverage rates – the number of children immunised, expressed as a percentage of the total number of children in a given age group, in the population.

Other Concepts:

Nil.

Accuracy:

This is a manual process but the Immunisation Program has business processes in place to ensure accuracy.

Geographical Detail:

All of Victoria.

Comments and / or Other Regions:

Nil.

Collection Frequency:

Ongoing.

Frequency comments:

Nil.

Collection history:

Local Government has been providing data to DHS for at least the last 10 years.

Data Availability:
Data Availability Comments:
Date of Last Update:

2606/2009

Source and Reference Attributes

Name of Organisation:

Immunisation, Communicable Disease Prevention and Control Unit, Public Health Branch, Department of Human Services, Victoria

Custodian Description:

Department of Health, Victoria

Contact

Contact Person: Michael Batchelor
Position: Manager – Immunisation Program
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Telephone: (03) 90960369
Reference:

School Nursing Information System

Source Details

Overview:

- The objective of the School Nursing Program is to improve the health and well being of children and young people in the Primary and Secondary school system through the provision of screening services, health promotion, health education and referral to appropriate community services.

Purpose:

The Office for Children and Early Childhood Development has a requirement to monitor the School Nursing Program and report on activity. SNIS is an electronic data collection system to collect data on students and record on nurse activity when and as it happens. Nurse Managers and nurses across Victoria access SNIS.

Scope:

The target population is school aged children in both Primary and Secondary Schools. The Primary School Nursing Program is a universal service. The Secondary School Nursing System is a targeted service to the 100 most disadvantaged schools in Victoria.

Coverage:

Information can be obtained by School Level, regional level, statewide level.

Method of Collection:

Administrative

Data Details

Conceptual Framework:

Frameworks describe the concepts associated with a topic and organise them into a logical structure. Frameworks also show the key relationships, processes or flows that exist between elements.

Russell Stripp

Senior Project Officer Data & Evaluation

Early Childhood Programs Division

Department of Education & Early Childhood Development

9096 0292 or 0417 035 833

Main Outputs:

SNIS data is de-identified and sent overnight by batch process to the de-identified SNIS BI Query database. The database is then queried for reporting.

Classifications:

Classifications used by the collection including the minimum level at which estimates are calculated and published.

Other Concepts:

Definitions of other key terms and concepts relating to the data source

Accuracy:

This should include but not be restricted to:

- Sources of error e.g. processing error, coding error
- If survey, sample size, percentage of population sampled, response rate, and sampling error
- Areas where careful interpretation is required.

Geographical Detail:

Data is available for the state of Victoria.

Comments and / or Other Regions:
Collection Frequency:

Data is collected on a daily basis and entered on the nurse laptop (not networked when in schools) however information is only sent to the central SNIS on a fortnightly basis via the nurse lan-docking (replicating) in the regional office (when they log onto the DHS network).

Frequency comments:
Collection history:

SNIS has been operational since 2001.

SNIS is a Lotus Notes database developed by DHS

Collection of data comes from different sources.

In the Primary Program information is obtained through the School Entry Health Questionnaire in the first instance and then through the nurses intervention with the student. In the Secondary Program collection of data comes from the young person themselves.

Data Availability:

Data is usually downloaded into Excel and done as by needs basis. See Collection Frequency above.

Data Availability Comments:

Date of Last Update:

01/06/2009

Source and Reference Attributes

Name of Organisation:

Service Development, Office for Children & Early Childhood Development.

Custodian Description:

Department of Education and Early Childhood Development

Contact

Contact Person:

Russell Stripp

Position:

Senior Project Officer, Data & Evaluation, Early Childhood Programs Division

Email:

Telephone:

9096 0292

Reference:

Student Absence Data Collection

Source Details

Overview:

With the introduction of the Quality Assurance in Victorian Schools: An Accountability Framework in August 1994, Victorian government schools started reporting student absence data to their school community on an annual basis.

In 2005, this Framework was replaced by the School Accountability and Improvement Framework. The new framework still required schools to report student absence data to their school community on an annual basis and to provide data to the Department.

Schools record the attendance of all their students either on CASES21 or using a third party software. The data, aggregated to school level, is sent electronically from CASES21 to the centre at the end of the school year.

The student absence data collection changed in 2006 from being based on student headcount to being based on student full-time equivalent (FTE).

Purpose:

The aims of the student absence data collection are:

- To report student absence data to the school community, as part of the school's accountability requirements
- To provide the department with data which can be used for planning purposes, etc

Scope:

All Victorian government schools (and students in them).

Coverage:

Victoria, government schools only

Method of Collection:

Administrative

Data Details

Conceptual Framework:

The student absence data collection is one of several data sets schools are required to collect and report to their school community and the Department as part of the School Accountability and Improvement Framework

All Victorian government schools are required to provide the average number of absent days per student in each year level.

Main Outputs:

While schools record absences at student level either on CASES21 or a third party software, schools submit the data electronically from CASES21 to the Department aggregated to school level, by absence code, by semester and by cohort. That is, only school level data is available centrally, not student level.

Data items collected centrally include:

- calyear
- school number
- reason_no_data (where no data is provided)
- ABSENCE_TYPE (Headcount or FTE)
- ABSENCE_CODE (for FTE, see Attachment 2, for Headcount, 999 only)
- SEMESTER (for FTE, 1, 2 or 99 for whole year, for Headcount, 99 only)
- COHORT
- Prep_enrolments
- Yr_1_enrolments
- Yr_2_enrolments
- Yr_3_enrolments
- Yr_4_enrolments
- Yr_5_enrolments
- Yr_6_enrolments
- Yr_7_enrolments
- Yr_8_enrolments

- Yr_9_enrolments
- Yr_10_enrolments
- Yr_11_enrolments
- Yr_12_enrolments
- Ungraded_enrolments
- P-6_enrolments
- 7-12_enrolments
- 7-10_enrolments
- 11-12_enrolments
- P-12_enrolments
- Prep_total_abs_days
- Yr_1_total_abs_days
- Yr_2_total_abs_days
- Yr_3_total_abs_days
- Yr_4_total_abs_days
- Yr_5_total_abs_days
- Yr_6_total_abs_days
- Yr_7_total_abs_days
- Yr_8_total_abs_days
- Yr_9_total_abs_days
- Yr_10_total_abs_days
- Yr_11_total_abs_days
- Yr_12_total_abs_days
- Ungraded_total_abs_days
- P-6_total_abs_days
- 7-12_total_abs_days
- 7-10_total_abs_days
- 11-12_total_abs_days
- P-12_total_abs_days
- Prep_abs_days/student
- Yr_1_abs_days/student
- Yr_2_abs_days/student
- Yr_3_abs_days/student
- Yr_4_abs_days/student
- Yr_5_abs_days/student
- Yr_6_abs_days/student
- Yr_7_abs_days/student
- Yr_8_abs_days/student
- Yr_9_abs_days/student
- Yr_10_abs_days/student
- Yr_11_abs_days/student
- Yr_12_abs_days/student
- Ungraded_abs_days/student
- P-6_abs_days/student
- 7-12_abs_days/student
- 7-10_abs_days/student
- 11-12_abs_days/student
- P-12_abs_days/student

The formula for average student absence per student is;
 $(\text{number of FTE absent days}) / (\text{total FTE students})$

The type of statistics used include means (average absent rates per student) and percentages (percentage attendance).

When aggregating school level data up (say to LGA), absence rates should be calculated by summing the number of FTE absent days and dividing by the sum of FTE students, not getting the average of the absent days per student figures.

Classifications:

The data can be broken down using the fields above. That is, school-level data can be broken down by cohort, semester and absence code.

Other Concepts:

The absence code field, which was introduced with the FTE data collection in 2006, is described further below.

Each absence code (from 111 to 904) can be classified three ways;

1. whether that absence is a curriculum related absence or not. Curriculum absences are absences which relate to school business, for example, 606 Camp, 612 Study Leave.

2. whether that absence is approved or not. Absences are approved if either they are curriculum related (in which the school has approved) or approved by the parent. The only absences that are not approved are 208 Refusal, 300 Truancy, 500 Unexplained.

3. whether that absence is "counted" towards official absence. Absences are "counted" if they are non-curriculum absences. "Counted" absence is reported in the School Level Report and to the school community.

Absence codes 997, 998 and 999 are aggregates.

- 997 ALL UNAPPROVED is an aggregate of all unapproved absence codes
- 998 ALL APPROVED is an aggregate of all approved absence codes, and
- 999 ALL COUNTED is an aggregate of all counted absence codes.

Accuracy:

Care should be taken when using codes 111 to 904. When a student is absent, schools record the absence using code 500 Unexplained. When the student returns to school, the school is supposed to go back and re-classify the absence, perhaps under 200 Medical if the student was ill, or 804 Extended Family Holidays. Many schools do not (for whatever reason) reclassify the 500 Unexplained codes making it difficult to compare data by absence code. However, code 999 ALL COUNTED, which is an aggregate of all "counted" absence codes, is a good measure to monitor schools over time and compare schools. Note also that data for codes 111 to 904 are not available for cohorts other than YR. Data for all cohorts are only available for codes 997, 998 and 999.

Geographical Detail:

Victoria only, government schools only

Comments and / or Other Regions:

Collection Frequency:

Annual, at the end of the school year, after all absences have been recorded in CASES21

Frequency comments:

While the vast majority of schools provide data by 30 March the following year (in time for their Annual Report to the School Community), data from every schools is not available until late July.

Collection history:

Student absence data (based on headcount) was first collected statewide in 1996. It was collected annually until 2006. From 2006, and including 2006, student absence data (based FTE) was collected.

FTE data is considered more accurate as two students enrolled in a school for 6 months each are counted as 2 students in the headcount calculation, whereas they are counted as 1 FTE student in the FTE calculation.

For the FTE data collection, the following fields were introduced; Absence code (see Attachment 2), semester (1, 2 and whole year), cohort (see Attachment 1)

Data Availability:

Annual

Data Availability Comments:

Date of Last Update:

1703/2009

Source and Reference Attributes

Name of Organisation:

Data Outcomes and Evaluation Division

Custodian Description:

Department of Education and Early Childhood Development

Contact

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Reference:

Survey of Education and Work

Source Details

Overview:

Provides selected information on participation in education, highest educational attainment, transition from education to work and current labour force and demographic characteristics for the civilian population aged 15-65 years. Characteristics reported on include: type of educational institution attended or attending; level and main field of education of current study and highest level and main field of educational attainment. Information on unsuccessful enrolment and deferment of study is included for persons not studying in the survey year. Data on apprenticeships is also provided. Some of the statistical tables are presented in time series format.

Purpose:

The annual time series allows for ongoing monitoring and provides a link with the more detailed range of educational indicators available from the irregular Surveys of Education and Training.

Scope:

This survey is conducted as part of the Monthly Population Survey, which comprises the Labour Force Survey and, in most months, a supplementary survey topic.

SCOPE - Labour Force Survey

The Labour Force Survey includes all persons aged 15 years and over except:

- members of the permanent defence forces;
- certain diplomatic personnel of overseas governments, customarily excluded from census and estimated populations;
- overseas residents in Australia; and
- members of non-Australian defence forces (and their dependants) stationed in Australia.

From July 1993 Jervis Bay Territory is also excluded from the scope of the survey. Before July 1993 it was included in estimates for the Australian Capital Territory.

SCOPE - Education and Work survey

The SCOPE of this supplementary survey is further restricted to persons aged 15 to 64 years and excludes persons permanently unable to work, some patients in hospitals and sanatoriums and inmates of reformatories, gaols, etc.

From July 1997, all supplementary surveys excluded persons in remote and sparsely settled areas of Australia. The exclusion of these persons has only a minor effect on estimates for individual States or Territories.

Coverage:

COVERAGE - Labour Force Survey

In the Labour Force Survey, coverage rules are applied which aim to ensure that each person is associated with only one dwelling, and hence has only one chance of selection. The chance of a person being enumerated at two separate dwellings in the one survey is considered to be negligible. Persons who are away from their usual residence for six weeks or less at the time of interview are enumerated at their usual residence (relevant information may be obtained from other usual residents present at the time of the survey).

Method of Collection:

Survey

Data Details

Conceptual Framework:

Respondents to the Labour Force Survey who fell within the scope of this supplementary survey were asked additional questions. They were asked whether they were attending, or had attended in the previous year, an educational institution and if so, the type of educational institution and the type of course attended. If respondents were not attending an educational institution full-time at the time of interview they were asked the year they finished full-time study. Persons who had left full-time study during the previous year were asked the time of the year they had left. Persons who were not studying were asked whether they had applied to enrol for study in the current year. All persons were also asked about their highest and most recent educational qualifications.

Main Outputs:

The key outputs from this survey are included in the publication 'Education and Work, Australia' (ABS Cat. No. 6227.0) and includes the following tables:

Participation

Summary statistics of persons enrolled in a course of study

Whether enrolled in a course of study, May 1993 to current cycle, by sex

Persons enrolled for a Qualification
 Level of education of current study, by age and sex
 Main field of education of current study, by age and sex
 Level and main field of education of current study, by sex
 Level of education of current study, by labour force status and sex
 Level of education of current study, by type of institution attending
 Attainment all persons
 Summary statistics of level of highest educational attainment
 Proportion of persons with a non-school qualification, May 1991 to current cycle
 Level of highest educational attainment by main field of education and age
 Level of highest educational attainment, by main field of education and sex
 Level of highest educational attainment, by labour force status and sex
 Employed Persons
 Level of highest educational attainment, by occupation and industry
 Unemployed persons
 Level of highest educational attainment, summary statistics
 Persons with a non-school Qualification
 Level of highest non-school qualification, by highest year of school completed
 Transition
 Summary statistics of persons starting or leaving a course of study leading to a qualification, by state
 Enrolment status in previous year and current year of person aged 15 to 19 years, by labour force status
 Enrolment status in previous year and current year of person aged 20 to 24 years, by labour force status
 Characteristics of current study of persons who were starters, by age
 Characteristics of previous study of persons who were leavers, by age
 Transition from education to work of school leavers aged 15 to 24 years
 Year of school completion and level of education of current study of school leavers aged 15 to 24 years, by labour force status
 Unmet demand
 Education enrolment experience, by labour force status and age
 Apprentices
 Selected characteristics, May 1991 to current cycle
 Data items collected in the survey include:

- Sex
- State/Area/Region
- Single ages
- Labour force status
- Occupation
- Industry
- Birthplace
- Year of arrival
- Relationship in Household
- Whether attending an educational institution in previous year
- Whether attending an educational institution in May current year
- Status of course of study undertaken in previous year
- Type of Institution attending/attended
- Type of attendance
- Level of education of current and previous study
- Field of education of current and previous study
- Level and field of highest educational attainment
- Level and field of highest non-school qualification
- Type of school attending/last attended
- Age left full-time study
- Year left school
- Time of leaving full-time education
- Main reason left full-time education
- Unmet demand for educational places
- Field of trade of apprenticeship
- Year of apprenticeship
- Sector

Classifications:

Demographics: State, Area, Region, Sex, Marital Status, Relationship in Household, Period of Arrival and Age.

Country of Birth: The Standard Australian Classification of Countries (SACC).

Occupation: Australian Standard Classification of Occupations Second Edition (ASCO SE).

Industry: Australia and New Zealand Standard Industrial Classification (ANZSIC).

Educational attainment: Australian Standard Classification of Education (ASCED). For further details

see Australian Standard Classifications of Education (ASCED), 2001 (ABS Cat. no. 1272.0). Also available on the ABS web site: www.abs.gov.au

Australian Standard Geographical Classification (ASGC) Regional levels - limited cross-classifications with other data items available

Other Concepts:

In this survey the term 'Leaver' has been used to describe persons who have left full-time education regardless of whether they still attend on a part-time basis. The term was coined back in the 1960's when only full-time attendance was considered to be of importance to policy makers. Given that full-time students still have different labour force patterns to part-time students the concept still remains of some value particularly in the movements shown over such a long period of time. However, part-time students are equally relevant to today's policy makers and information on total leavers (full-time + part-time) is collected in the survey. Since the survey now also collects information on what period of the previous 16 months the respondent left full-time education, there is a range of information available relating to 'Leavers' from education.

The May 2001 publication included a new table on the characteristics of previous study (level and field of education of previous study leading to a qualification) of all "Leavers". Leavers were defined in the table as "persons who were enrolled in a course of study leading to a qualification in 2000 but who were not enrolled in a course of study leading to a qualification at May 2001. " Therefore leavers in this table cover leavers from both full-time and part-time study for a qualification. Similarly, the 2001 publication includes a new table on the characteristics of current study (level and field of education of current study leading to a qualification) for 'starters'. Starters in the new table are defined as "persons who were not enrolled in a course of study leading to a qualification in 2000 but who were enrolled in a course of study leading to a qualification at May 2001. "

Accuracy:

The Data Quality Declaration for this collection can be accessed at:

<http://www.abs.gov.au/Ausstats/abs@.nsf/0/CD2CE1EB2959AD07CA25750C000EF95F?OpenDocument>

Geographical Detail:

1. National & State/Territory\1.01 Australia
1. National & State/Territory\1.02 All States & Territories
2. Parts of State\2.12 Other Geographic Areas\2.12.03 Part of State Metropolitan
2. Parts of State\2.12 Other Geographic Areas\2.12.04 Part of State-Extra Metropolitan

Comments and / or Other Regions:

Not all data available for all areas.

Collection Frequency:

Annually

Frequency comments:

While this has always been an annual survey, the month of the survey has varied between February, May and August.

Collection history:

Data on this topic was first collected in 1964, however there have been a number of breaks in the time series since then. Until 1976 the survey was restricted to persons aged 15-24 years. From 1977 to 1980 inclusive the survey was restricted to persons aged 15-25 years. From 1981, the survey was expanded to include persons aged 15-64 years. Data on apprenticeships has been collected since 1983 and educational attainment since 1989.

The topic has variously been conducted in the months of February, May, August and back to May again. For the first 17 surveys it was titled "Survey of Leavers from Schools, Universities and Other Educational Institutions". Changes in the amount and type of data collected supported a naming change in May 1981 to the title 'Transition from Education to Work'.

Data Availability:

Yes

Data Availability Comments:

Publication Education and Work, Australia, (ABS Cat. No. 6227.0)

Date of Last Update:

1904/2002

Source and Reference Attributes

Name of Organisation:

Australian Bureau of Statistics

Custodian Description:

Australian Bureau of Statistics

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Reference:

1. Summary description of the Survey of Education and work
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DOSSbyTopic/09F494FB1EA20EC8CA256BD00026A755?OpenDocument>

Survey of Income and Housing

Source Details

Overview:

The Survey of Income and Housing (SIH) is a household survey which collects detailed information about the income and household characteristics of persons aged 15 years and over resident in private dwellings throughout Australia. In some cycles from 2003-04, information on household net worth is also collected. The survey scope covers residents of private dwellings in both urban and rural areas of Australia. The survey was conducted for most years from 1994-95 to 2003-04 (no survey was run in 1998-99 or 2001-02), from which year it is being conducted biennially.

Purpose:

The principal objective is to facilitate the analysis and monitoring of the social and economic welfare of Australian residents in private dwellings. The main users are government and other social and economic analysts involved in the development, implementation and evaluation of social and economic policies.

The major uses for the income data are poverty studies, planning income support, taxation policy and comparing the wellbeing of individuals or groups of individuals.

The major uses for the housing data are housing affordability studies, housing assistance schemes and the comparison of the costs of various types of tenure.

Scope:

The survey collects information by personal interview from usual residents of private dwellings in urban and rural areas of Australia (excluding very remote areas), covering about 97% of the people living in Australia. Private dwellings are houses, flats, home units, caravans, garages, tents and other structures that were used as places of residence at the time of interview. Long-stay caravan parks are also included. These are distinct from non-private dwellings which include hotels, boarding schools, boarding houses and institutions. Residents of non-private dwellings are excluded.

The survey also excludes:

- households which contain members of non-Australian defence forces stationed in Australia
- households which contain diplomatic personnel of overseas governments

Coverage:

Information is collected only from usual residents. Usual residents are residents who regard the dwelling as their own or main home. Others present are considered to be visitors and are not asked to participate in the survey.

Method of Collection:

Survey

Data Details

Conceptual Framework:

The Survey of Income and Housing is largely consistent with the concepts described in the following documents:

Final Report and Recommendations: Expert Group on Household Income Statistics (The Canberra Group) <http://www.lisproject.org/links/canberra/finalreport.pdf>

17th International Conference of Labour Statisticians Resolution on Household Income and Expenditure Statistics <http://www.ilo.org/public/english/bureau/stat/download/17thicls/final.pdf>

Main Outputs:

Household Income and Income Distribution, Australia (ABS cat. no. 6523.0) (previously Income Distribution, Australia)

In its current form, this publication examines the level and distribution of household income for persons in Australia.

Population units: most income data is presented with respect to numbers of persons, but with persons described in terms of their household characteristics, including household income.

Type of statistics: the main income concept used is equivalised disposable household income, presented in terms of means, medians, percentiles, income shares and Gini coefficients; the characteristics of different segments of the population are mostly described in terms of the proportion of households with the characteristics concerned.

Main breakdown categories: income quintiles, principal source of household income, household composition, age of reference person, percentage contribution of government pensions and allowances to income, dwelling tenure type, and state/territory by capital city/ balance of state.

Household Wealth and Wealth Distribution (ABS cat. no. 6554.0)

This publication presents estimates of household net worth, or wealth, classified by various characteristics, including summary measures of the distribution of household net worth in Australia..

Household net worth data was collected in respect of 2003-04 and 2005-06.

Survey of Income and Housing, Confidentialised Unit Record File (ABS cat. no. 6541.0.30.001).

This is a comprehensive full sample dataset. Data are provided for each household, income unit and person used in the final estimation (except for a very small number of unusual records that may be removed to preserve confidentiality). Data items include household and family relationship codes, demographic, labour force, income and housing data. Survey of Income and Housing-Confidentialised Unit record File, Technical Manual (ABS cat. no. 6541.0) provides information about how to use this data and data items available on the CURF files.

For 2003-04, the SIH CURF was released in conjunction with the Household Expenditure Survey CURF as ABS cat. no. 6540.0 and the technical manual was released as ABS cat. no. 6540.0.00.001.

Information Paper: Survey of Income and Housing, User Guide (ABS cat.no. 6553.0)

The publication provides more detailed information about the purpose of the survey, its concepts and contents, and the methods and procedures used to collect the data and derive the estimates.

Housing Occupancy and Costs, Australia (ABS cat. no. 4130.0.55.001)

This publication examines housing costs and compares them to household income. It also provides information about the value of owner occupied dwellings and characteristics of recent home buyers.

Classifications:

The main classifications used in the SIH are Source of Income, Principal Source of Income, Country of Birth, Marital Status, Labour Force Status, Hours Worked, Full-time/Part-time Status, Occupation, Industry, Educational Qualification, Relationship in Household, Dwelling Tenure Type, Landlord Type, Household Composition, Dwelling Structure, Income Unit Type, State, and Part of State.

Other Concepts:

Gini coefficient; equivalence scale; equivalised, or equivalent, income; gross income; disposable income; quintiles, deciles and percentiles.

These concepts are described in the explanatory notes, appendices and glossary of Household Income and Income Distribution, Australia (ABS cat. no. 6523.0) and in Household Expenditure Survey and Survey of Income and Housing: User Guide (ABS cat. no. 6503.0).

Accuracy:

Geographical Detail:

Australia
New South Wales
Victoria
Queensland
South Australia
Western Australia
Tasmania
Northern Territory
ACT
Capital City Statistical Division

Comments and / or Other Regions:

Households in collection districts defined as very remote are excluded.

Capital city/Rest of State data is collected for all States. NT estimates are produced for Capital City and Total NT, but are mainly representative of urban areas. ACT data are only compiled at the Territory level.

Collection Frequency:

2 Yearly

Frequency comments:

From 1994-95 to 2003-04, the survey was conducted in most years. (No surveys were run in 1998-99 and 2001-02). From 2003-04, it is being conducted biennially.

Collection history:

Periodic income surveys were conducted every three to four years from 1969 to 1990. These surveys were run over a 3 or 4 month period in the latter part of the year. The Survey of Income and Housing Costs (SIHC) commenced in July 1994. The survey is run throughout the financial year and has been run in most years from 1994-95 to 2003-04, from which time it is being conducted biennially. It was renamed the Survey of Income and Housing (SIH) in 2002-03.

From 1994-95 to 2002-03, the SIH was conducted as part of the Monthly Population Survey (MPS). The sample for the SIH was selected from households that had been respondents for 8 months in the MPS. Information about the demographic and labour force characteristics of the population collected in the Labour Force Survey (the main component of the MPS) was combined with information on income collected in the SIH.

From 2003-04 the SIH has been conducted as a Special Supplementary Survey. In 2003-04 the SIH was integrated with the Household Expenditure Survey (HES) - this is intended to occur each time the HES is conducted (every 6 years). The integration was achieved by selecting a subsample of the households in the SIH and asking them the additional questions required for HES purposes.

Data Availability:

Yes

Data Availability Comments:

Date of Last Update:
2010/2009

Source and Reference Attributes

Name of Organisation:
Australian Bureau of Statistics
Custodian Description:
Australian Bureau of Statistics

Contact

Contact Person:
Rajni Madan
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rajni.madan@absgov.au
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(02) 6252-7457
Reference:
1. Summary description of Survey of Income and Housing
<http://www.abs.gov.au/ausstats/abs@.nsf/DoSSbyTopic/F0CDB39ECC092711CA256BD00026C3D5?OpenDocument>
2. User Guide for 2007-08 for Survey of Income and Housing
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/44AD1E4664E8873CCA25722E001BFE63?opendocument>

The Notifiable Disease Surveillance System

Source Details

Overview:

CDPCU utilise the Notifiable Infectious Disease Surveillance (NIDS) System as a business tool that automates core Unit's business processes to provide capturing and monitoring data on notifications of infectious diseases, performing detailed statistical, validation, monitoring and reporting functions and have limited task management capabilities to organise staff business activities. The NIDS System also has geographical mapping capabilities and allows capturing of notifications electronically

Purpose:

Under the Health Act, CDPCU is responsible for the monitoring, prevention and control of infectious diseases within Victoria. The Unit aims to prevent and control the spread of infectious diseases in the community and thereby reduce as far as practicable the incidence and prevalence of infectious diseases in Victoria. The accurate and timely monitoring of these diseases allows the Unit to:

- respond to specific incidents/cases;
- respond to and control outbreaks;
- plan and implement education and prevention strategies.

The Unit also develops infectious diseases prevention, education and training strategies and standards to enable quality and accessible services to groups most at risk of infectious diseases determined by this surveillance. The Unit receives around 30 to 40,000 notifications annually, with at least two-thirds of these being notifications about new incidents.

The Unit also contributes data on infectious diseases notified within Victoria to the Australian Government Department of Health and Ageing (DoHA), as Victoria's part of the entire Communicable Disease Network Australia (CDNA).

Scope:

The scope (or target population) is persons presenting to a medical practitioner with a possible notifiable infectious disease

Coverage:

The coverage includes persons presenting to a medical practitioner with a possible notifiable infectious disease

Method of Collection:

Administrative

Data Details

Conceptual Framework:

Data are generally captured for a person (including demographics), the notifiable condition, and in some cases exposures.

Main Outputs:

See 'Data Availability' below.

Classifications:

Where applicable, DHS client data standards are applied.

Other Concepts:

Nil.

Accuracy:

Data relate to notifications received by the Department and do not necessarily reflect the true incidence of the disease.

Geographical Detail:

Comments and / or Other Regions:

Collection Frequency:

Frequency comments:

Collection history:

Data Availability:

Data Availability Comments:

Date of Last Update:

0812/2009

Source and Reference Attributes

Name of Organisation:

Communicable Disease Prevention and Control Unit, Public Health Branch, Department of Human Services, Victoria

Custodian Description:

Department of Health, Victoria

Contact

Contact Person:

Joye Gregory

Position:

Manager, Epidemiology and Surveillance Section
Communicable Disease Prevention and Control Unit

Email:

Telephone:

(03) 90965897

Reference:

The Victorian Adolescent Health and Wellbeing Survey (HowRU?)

Source Details

Overview:

HowRU? is one a series of rolling data collections that has been designed to provide outcomes data for the Victorian Adolescent Monitoring System.

HowRU? is an online survey that is designed to be completed by secondary school students in lesson time. The survey covers a variety of issues relating to the health and wellbeing of secondary school students.

Purpose:

The aims of HowRU? are to:

- Provide baseline and ongoing data that will be used to support and inform planning, implementation and evaluation of health, wellbeing, development and learning policies, services and programs throughout Victoria
- Allow comparisons of how Victorian Secondary School students are faring over time, between geographical areas, and by sex and year level.

Data will be housed in DEECD and used primarily in the annual report series to the Children's Services Coordination Report – Survey data is also expected to feed into a variety of policy and planning documents.

Scope:

The survey includes Victorian secondary schools in the government independent and Catholic Sectors. A random sample of schools, stratified by geographical area (DEECD regional level in Rural Victoria and at LGA level within Metropolitan Victoria) are selected to participate in the survey. A sample of over 10,000 secondary school students from year levels 7, 9 and 11 will be invited to participate in the survey. Within each participating school one class from each year level will be selected at random to participate.

Coverage:

HowRU? will not reach children who are not attending school or who have left school early (to attend TAFE institutions etc).

The online survey is conducted in English.

Method of Collection:

Survey

Data Details

Conceptual Framework:

Reference Evidence Manual

Main Outputs:

The state of Victoria's children report 2009 (release date 2010)

This is an annual report, written to provide evidence to the CSCB on the state of Victoria's children.

Data items collected in the survey include:

- Special health care needs
- General health status
- Asthma status
- Oral health
- Use of tobacco
- Use of alcohol
- Use of drugs
- Sexual activity
- Moods and feelings
- Nutrition
- Family relationships
- Peer relationships
- School experiences
- Neighbourhood perceptions

Classifications:

Demographics of respondents:

Area of residence (DEECD region for all and LGA for respondents in Metropolitan Victoria)

Sex

Year Level / age
ATSI status

Other Concepts:

During the selection of schools, schools are weighted according to total enrolments, thus giving every school child in the State the same likelihood of being invited to participate in the survey. The method of applying weights to the final data set is still to be determined – weights are expected to take into account each child's socio economic status and area of residence.

Accuracy:**Geographical Detail:**

Victoria only
DEECD region
LGA (Metropolitan Victorians only)

Comments and / or Other Regions:

Some comparable data may be available from 'Improving the Lives of Young Victorians' a survey of risk and protective factors. Data is housed at the Centre for Adolescent Health.

Collection Frequency:

HowRU? is intended to be repeated on a triennial basis.

Frequency comments:**Collection history:**

HowRU? will be carried out for the first time in 2009. Comparable data may be available from earlier studies conducted by the Centre for Adolescent Health.

Data Availability:

Yes

Data Availability Comments:

Data for the 09 survey will be available early- mid 2010

Date of Last Update:

1703/2009

Source and Reference Attributes

Name of Organisation:

Statewide Outcomes for Children Unit
Data, Outcomes and Evaluation Division
Department of Education and Early Childhood Development

Custodian Description:

Department of Education and Early Childhood Development

Contact

Contact Person:

Linda Hayes

Position:

Senior Program Advisor

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hayes.linda.j@edumail.vic.gov.au

Telephone:

994 71850

Reference:

The Victorian Cancer Registry

Source Details

Overview:

The Cancer Council Victoria collects details of all cancers diagnosed in Victoria. The Victorian Cancer Registry (VCR) keeps this register for the Cancer Council.

- Data has been collected for all cancers diagnosed in Victorian residents since 1982.
- It is mandatory for all hospitals & pathology laboratories to notify the VCR under the Cancer Act (1981).
- Reports of cancer incidence and mortality are produced annually. More detailed analyses are carried out periodically or on request.
- All information is kept confidential and is held under tight security.

Purpose:

The aim of the registry is to keep up-to-date and accurate information on all cancers in Victoria. This information is used to improve cancer prevention, control and treatment.

The information we collect is used to:

- Monitor the number of new cases and deaths from cancer in Victoria each year and publish regular reports.
- Publish occasional reports on particular cancers or aspects of cancer. A list of publications is available on request.
- Add Victorian figures to the national cancer database.
- Help in planning services for the control of cancer eg screening programs.
- Help in planning and improving services to care for cancer patients.
- Measure the quality and effectiveness of cancer treatments.
- Measure how well cancer control programs are working.
- Develop education programs eg sun protection for schools and Victorians working out of doors.
- Provide data for research.
- Help with studies to find out what causes cancer.

Who can access information on the Register?

Our regular reports are available to the public. They do not disclose names of cancer patients or any other identifying information.

More detailed information is given to the Victorian Department of Human Services, local government authorities, hospitals, doctors and researchers. This information does not include the names of patients.

Click on link for details of our Data Access Policy

Scope:

Every cancer diagnosed in usual residents of Victoria from 1st January 1982.

Coverage:

VCR is a tumour-based registry but can report at either tumour or person level.

Method of Collection:

Administrative

Data Details

Conceptual Framework:

Data are recorded in a 3-tier structure, being:

- Consolidated demographic information – details of the person with cancer
- Consolidated tumour information – details of specific tumour(s) for that person
- Source records – individual notifications from hospital/lab/prescribed register for a particular tumour including both demographic & tumour information. Stored as submitted to us and used to derive the best possible values from consolidated records.
- Reporting is usually from consolidated records.

Main Outputs:

- Data published in Canstat reports are at state level only and include incidence & mortality rates and counts by cancer type, age group and sex.
- Interactive statistics & reports are available from our website including incidence & mortality trends, rates, age group breakdowns, rates by region of Victoria and rates in major migrant groups.
- A compendium of prepared slides is available for downloading into presentations including cancer incidence, mortality and survival for the leading cancers in Victoria.

Classifications:

- Tumours are coded in ICDO-3 and reported in ICDO-3 or ICD-10. Most data elements are collected

according to definitions on the National Health Data Dictionary and comply with quality & validation routines of the International Agency for research on cancer (IARC).

- Geographic coding uses the Australian Bureau of Statistics ASGC classifications.
- Minimum levels at which estimates are calculated and published are usually at 3-digit rubric of ICD-10 for tumours, 5-year age groups, and the whole state. Subject to suitable approvals (see Purpose) data can be provided at much finer level of detail.

Other Concepts:

Accuracy:

VCR uses three indices of data quality as defined by IARC.

- Death certificate only rate (DCO%) - the proportion of cases for which the only information is the death certificate. A high DCO% rate suggests incomplete incidence ascertainment. Our DCO% is 2.8% suggesting very good ascertainment (which is obtained through multiple sources reporting for each tumour).
- Histological verification (HV%) - the proportion of cases registered that have histological verification. Low HV% suggests incomplete pathology reporting. VCR has HV% of 91%.
- Mortality to incidence ratio (M/I%) – ratio of deaths to new cases attributable to a particular cancer during the same period. This reflects long term survival if registration is complete. A more complete ascertainment in populations with similar survival is suggested by a lower M/I%. VCR M/I% is 38%.
- See Cancer incidence in Five Continents (IARC) for more detail.

The VCR also has a rigorous quality control program based on rules defined by IARC as well as internal checks. We are members of the Australasian Association of Cancer Registries who meet regularly to ensure data consistency between member registries and discuss issues in coding and interpretation.

Geographical Detail:

Data available for the State of Victoria. A person's place of usual residence is coded to the level of ABS ASGC Statistical Local Area and larger areas can be derived from these. Reporting is usually restricted to ASGC LGA or larger areas and to the Department of Human Services Integrated Cancer Services regions (3 metropolitan and 5 regional).

Comments and / or Other Regions:

Collection Frequency:

Data collection is ongoing. VCR receives over 100,000 notifications per year from our notifying institutions as well as death certificates from the Registrar of Births, Deaths and Marriages Registry. Mandatory notification by all Victorian hospitals, pathology labs and 'prescribed' registers (BreastScreen & Victorian Cervical Cytology Registry).

Frequency comments:

Frequency of notification varies between institutions but is monitored by VCR staff.

Collection history:

The VCR commenced data collection in 1939 with limited collection from 6 major Melbourne hospitals. Population-based collection started in 1982 with an amendment to the Cancer Act in 1988 allowing the collection of in situ as well as malignant tumours.

The implementation of a new computer system in late 2005 has allowed VCR to process electronic records and improve efficiency in data processing.

Click link for details of the history and development of VCR.

Data Availability:

Data for an incidence year is usually complete within 18 months of the end of that year.

See Main outputs above for forms of data release. VCR staff also process around 400 ad hoc requests for data each year.

Data Availability Comments:

This time is due to the time delay between the date of cancer diagnosis and receipt of all relevant notifications to the Victorian Cancer Registry, and to the considerable time spent on matching, classifying and checking of cases at the registry.

Date of Last Update:

1206/2009

Source and Reference Attributes

Name of Organisation:

Victorian Cancer registry & Cancer Epidemiology centre
Cancer Council Victoria
1 Rathdowne Street
Carlton South VIC 3053

Custodian Description:

The Cancer Council Victoria

Contact

Contact Person:

Vicki Thursfield

Position:

Cancer Control Information Manager

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vicky.thursfield@cancervic.org

Telephone:

3 9635 5162

Reference:

The Victorian Child Health and Wellbeing Survey

Source Details

Overview:

The Premier's Children's Advisory Committee (PCAC) recommended in its' report, Joining the dots, that 'the Victorian Government support and resource the development of a coordinated Statewide system of collating data on the education, health and wellbeing of Victorian children'. The Victorian Government response in the report, Putting children first...the next steps, committee the Government to identifying appropriate outcome measures and design systems 'to collect, analyse and distribute this data'.

The development of the Victorian Child and Adolescent Monitoring System, a statewide system for monitoring child outcomes, commenced when the Statewide Outcomes Division was located within the Victorian Department of Human Services. As a result of the department's Child Health and Wellbeing Flagship project 'gaps' in data were identified that would need to be filled in order to get a comprehensive picture of how children are faring in Victoria. The VCHWS was designed to address data gaps in the areas of child health, growth, asthma, nutrition (including breastfeeding), oral health, child activities, reading, injury, child behaviour, family functioning, parental health, parental mental health and health in pregnancy. Ongoing review and conduct of the survey is now managed by the Office for Planning, Strategy & Coordination, part of the Victorian Department of Education and Early Childhood Development.

Purpose:

The aims of VCHWS are to:

- Provide baseline and ongoing data that will be used to support and inform planning, implementation and evaluation of child health, wellbeing, development and learning policies, services and programs throughout Victoria
- Allow comparisons of how children are faring over time, in metropolitan and rural areas, and in major demographic groups throughout Victoria

Scope:

All private Victorian households, with a telephone, and where children (or a child) aged under 13 years usually live were considered to be 'in-scope' for the VCHWS. All data is reported by a child's parent or carer, selected as the parent or carer who knows most about the child's health and daily routine. All interviews are conducted in English.

Coverage:

A sample of telephone numbers were generated using random digit dialling. While the primary geographic stratification was by metropolitan or rural (non –metropolitan) area of residence, telephone numbers were generated at regional level to ensure an appropriate geographic distribution within the two primary strata groups. Children from rural Victoria were over-sampled to allow for the analysis of health inequalities between metropolitan and rural areas. Approximately 50 per cent of the interviews were carried out on behalf of children living in metropolitan areas and half with children living in rural Victoria. The subsequent application of population weights to the data set ensures that the survey estimates are representative of the Victorian child population.

Only one interview was conducted per household. Where there was only one child in a household, this child was automatically selected to be the subject of the interview. In households with more than one in-scope child, the interviewer listed the ages of all the children aged under 13 years, and one child was selected at random (by computer) to be the subject of the interview

Method of Collection:

Survey

Data Details

Conceptual Framework:

Reference Evidence Manual

Main Outputs:

The state of Victoria's children report 2006
The state of Victoria's children report 2008 (In press)

This is an annual report, written to provide evidence to the CSCB on the state of Victoria's children.

Data items collected in the survey include:

- Special health care needs

- General health status
- Asthma status
- Asthma management
- Exposure to tobacco smoke
- Nutrition
- Breastfeeding
- Oral health
- Child activity
- Reading
- Injury
- Sun exposure
- Sleep position in infancy
- Child behaviour
- Family functioning
- Parental social support
- Parental health
- Parental mental health
- Health in Pregnancy
- Housing

2006 Victorian Child Health and Wellbeing Survey Technical report describes in detail the available data items

Classifications:

Demographics of respondents: Region (Metropolitan/Rural), Sex, Relationship to child, Family type, Education, Employment, Home

Demographics of children (under 13 years): Sex, Age group, ATSI status, Household (mean number of children)

Other Concepts:

The survey data is weighted to reflect:

1. The probability of selection of the household
2. The child within the household
3. the age, sex and geographic distribution of Victoria's child population (0 to <13 years)

Once child is randomly selected from within each participating household,. Therefore, alone child has a greater probability of selection than a child from a household with more than one eligible child. His or her weight factor included a multiplier of all the eligible children within the household.

Households with more than one telephone line had an increased probability of selection over households with only one telephone line. The weight factor included the number of telephone lines connected to the household to calculate appropriate individual person weights.

A population benchmark component was applied to ensure the adjusted sample distribution matched the combined cross cells by age group, child's sex and area of residence.

Accuracy:

Geographical Detail:

Victoria only
Region: Metropolitan / Rural

Comments and / or Other Regions:

Related survey data is available for some local government areas.
See Local Level Child Health and Wellbeing Survey description.

Collection Frequency:

Triennial

Frequency comments:

Collection history:

The VCHWS was first completed in 2006 and will be repeated during 2009.

Data Availability:

Yes

Data Availability Comments:

Data for the 09 survey will be available early- mid 2010

Date of Last Update:

1202/2009

Source and Reference Attributes

Name of Organisation:

Statewide Outcomes Unit
Data, Outcomes and Evaluation Division

Custodian Description:

Department of Education and Early Childhood Development

Contact

Contact Person:

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Senior Program Advisor,

Email:

hayes.linda.j@edumail.vic.gov.au

Telephone:

994 71850

Reference:

Victorian Admitted Episodes Dataset (VAED)

Source Details

Overview:

All public and private acute hospitals, including acute facilities in rehabilitation and extended care institutions and day procedure centres, are required to report the relevant minimum data set of admitted patient activity.

Purpose:

To fund public hospitals equitably under the casemix system and to support health services planning, policy formulation and epidemiological research, the Department of Human Services maintains morbidity data on all admitted patient episodes of care provided in Victoria. These data must be consistent with the State's reporting obligations under the National Health Information Agreement and the Australian Health Care Agreement, and section 9 of the Victorian Health Act 1958 (General Amendment 1988) which requires the Secretary of the Department to establish a comprehensive information system on the:

- Causes, effects and nature of illness among Victorians;
- Determinants of good health and ill health; and
- Utilisation of health services in Victoria.

Scope:

The VAED comprises demographic, clinical and administrative details for every admitted episode of care occurring in Victorian acute hospitals. The VAED is compiled in financial years (July to June). A list of all data fields stored in the VAED for any given year is available from the Department of Human Services.

Coverage:

All admissions to public and private hospitals in Victoria. An admission is a process whereby the hospital accepts responsibility for the patient's care and/or treatment. Admission follows a clinical decision based upon specified criteria that a patient requires same-day or overnight [or multi-day] care or treatment. The criteria for an admission are defined in the VAED manual.

Method of Collection:

Administrative

Data Details

Conceptual Framework:

The VAED has a flat conceptual structure, with one record stored per admission, and including details of beginning and end dates (admission and separation), diagnoses, procedures and other administrative and demographic data.

Main Outputs:

This should include but not be restricted to:

- Hospital campus
 - Patient
 - Admission
 - Demographics (sex, postcode, age)
 - Morbidity data (diagnoses, procedures)
 - Funding data (casemix information, accommodation type)
- Aggregates and trends are derived as required from data.

Classifications:

All items are compatible with the

- National Health Data Dictionary – NHDD
- International Statistical Classification of Diseases and Related Health Problems, 10th Revision (Australian Modification) – ICD-10-AM
- Australian Classification of Health Interventions – ACHI
- Australian Coding Standards (with one Victorian modification)

Other Concepts:

- Funding data are based on the Australian Revision of Diagnosis Related Groups – AR-DRG
- The basic unit for casemix activity is the Weighted Inlier Equivalent Separation – WIES
- The basic unit for funding episodes of rehabilitation is the Casemix Rehabilitation and Funding Tree – CRAFT

Accuracy:

By the Hospital

- Data entry from the source ensures that optimum accuracy is achieved
- System edits provide some level of validation upon data entry

- All diagnostic and procedural information are coded in accordance with the Australian Coding Standards
- By the Department
- System edits produce rejection, warning, fatal and notifiable edits
- Formal and ad hoc data quality review processes
- Regular audits of the data (random and targeted)

Geographical Detail:

Victorian Hospital Admissions, by hospital campus and patient's local government area.

Comments and / or Other Regions:**Collection Frequency:**

Monthly, with a financial year consolidation process occurring in September.

Frequency comments:**Collection history:**

1979-80 to 1986-87

The collection started from 1 January 1979 with data from approximately 50 public hospitals, with more public hospitals gradually brought in to achieve full public hospital coverage. The availability of data from this period is limited. Data from this period may be available but only in hard copy in the form of standard reports and publications.

1987-88 and 1988-89

Annual consolidated files are available for these years in a consistent format. This period predates the episode of care concept and it is not possible to identify reliably all periods of non-acute care: in particular periods of Nursing Home Type care that occurred following periods of acute care. This may limit the usefulness of the data obtained from the VAED in this time period for certain types of analysis that require accurate counts of length of stay for acute care.

1989-90 to 1991-92

This period saw the introduction of care type as a sub-category of the patient's stay; this was achieved by a major change to the structure of the VAED with the introduction of Status Segments.

In each episode record transmitted to the VAED, there can be up to seven status segments containing different sets of account status details per episode together with a total of the patient days for that segment. For this period, each status segment held details of Account Status, Accommodation Type and Care Type together with the bed day counts. However, data extracts of the VAED will usually be provided showing only the Account Class, Accommodation Type and Care Type at separation, together with the total length of stay, omitting all status segments.

During this period, the Care Type field distinguished between four broad types of care the patient may have received during an admission:

- Nursing Home Type (NHT)
- Rehabilitation care (in a designated unit)
- Psychiatric care (in a designated unit)
- Other care - Acute

1992-93

This period saw the introduction of episodes of care as the basic unit of measurement, ahead of the 1994 National Health Data Dictionary. New episodes of care occurred when the patient was admitted to the hospital or when a change in Care Type occurred. (However, changes to 'Nursing Home Type' did not constitute a new episode of care: the NHT days were recorded as the final days of an acute episode.)

1993-94

On 1 July 1993, a number of significant revisions were made to the data collected in the VAED, to enable the introduction of casemix funding and to ensure consistency with the National Health Data Dictionary. Full details of these changes were set out in the following Departmental publications:

Circular 18/1993, Implementation of Definitions & Reporting Changes from 1 July 1993, 10 May 1993;

Final Revisions to PRS/2 and the Victorian Inpatient Minimum Database for 1 July 1993, May 1993; and

Definitions for Hospitals in Victoria, May 1993.

The criteria for the commencement of a new episode of care were extended to encompass all changes in Care Type (including changes to Nursing Home Type).

1994-95

For 1 July 1994, minor changes were implemented to reflect the development of new streams of care in geriatric centres. These were incorporated into the Care Type field. Full details of these changes were set out the following Departmental publications:

Final Revisions to PRS/2 and the Victorian Inpatient Minimum Database for 1 July 1994, March 1994; and

Circular 15/1994, Definition and Reporting Changes from 1 July 1994, 6 May 1994.

1995-96

This year saw the introduction of the reporting by public hospitals of all newborn babies on the VAED

as either 'qualified' or 'unqualified' babies; previously hospitals reported only newborns defined as qualified in the Health Insurance Act 1973. Reporting all newborns enabled casemix payments to be provided for all newborn episodes. The two neonatal Version 1 AN-DRGs were mapped to four Victoria-only DRGs, to give a more accurate representation of clinical resource utilisation for funding purposes.

New data items were introduced for all episodes with a rehabilitation Care Type. Full details of these changes are set out in the following Departmental publications:

Final Revisions to PRS/2 and the Victorian Inpatient Minimum Database for 1 July 1995, April 1995;
Final Revisions to PRS/2 and the Victorian Inpatient Minimum Database for 1 July 1996, Addendum and Errata, June 1995; and
Circular 17/1995, Definition and Reporting Changes from 1 July 1995: Newborns, 30 June 1995.

1996-97

This year saw the introduction of data items related to contracted hospital care. Full details of these changes are set out in the following Departmental publications:

Final Revisions to PRS/2 and the Victorian Inpatient Minimum Database for 1 July 1996, April 1996;
and
Final Revisions to PRS/2 and the Victorian Inpatient Minimum Database for 1 July 1996, Addendum and Errata, May 1996.

1997-98

There were no changes this year.

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1998-99

This year saw the introduction of data items on site identifier (for multi-campus hospitals), Duration of Stay in CCU and Reason for Critical Care Transfers. Full details of these changes are set out in the following Departmental publication:

Final Revisions to PRS/2 and the Victorian Inpatient Minimum Database for 1 July 1998, March 1998.

1999-00

This year saw a revised file structure, new fields for Carer Availability and Separation Referral, revised fields for contracted hospital care and changes to the format for hospital codes, representing site and for transfers and contracts. Full details of these changes are set out in the following Departmental publications:

Final Revisions to PRS/2 and the Victorian Admitted Episodes Dataset for 1 July 1999, December 1998; and
Final Revisions to PRS/2 and the Victorian Admitted Episodes Dataset for 1 July 1999, Addendum and Errata, April 1999.

2000-01

This year saw the maximum number of diagnosis and procedure codes increased to 25 for each category. The field Carer Availability was limited only to sub acute Care Types and the field Reason for Critical Care was now reported by both sending and receiving hospitals. Full details of these changes are set out in the following Departmental publication:

Specification for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset for 1 July 2000, April 2000.

2001-02

This year saw the revision of the Accommodation Type/Accommodation Type on Separation (to incorporate the concepts of NICU/SCN, Other accommodation for newborns, Short Stay Observation Units and Medical Assessment and Planning Units), Program Funding Source and Hospital Generated DRG (to incorporate AR-DRG Version 4.2) code sets. Full details of these changes are set out in the following Departmental publication:

Specification for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset for 1 July 2001, May 2001;
Specification for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset for 1 July 2001, Appendix A – New and Amended Edits, May 2001; and
Specification for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset for 1 July 2001, Appendix B – Hospital Code Table, May 2001.

2002-03

This year saw new fields for Duration of Non-Invasive Ventilation, Date of Accident and TAC Claim Number. Code Sets that were revised included Care Type (for Interim Care patients), Account Class, Account Class on Separation, Contract/Spoke Identifier, Duration of Mechanical Ventilation, Patient Identifier and Program Funding Source. Additionally, changes were made to the V2 record, to enable collection of information for the Transport Accident Commission (TAC). Full details of these changes are set out in the following Departmental publication:

Specification for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset for 1 July 2002, March 2002;

Specification for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset for 1 July 2002, Appendix A – New and Amended Edits, March 2002; and

Specification for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset for 1 July 2002, Errata 1 & 2, April 2002.

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2003-04

This year saw a revision of 23 code sets, including an extensive revision of Admission Source, Admission Type, Separation Type (now Separation Mode), Funding Arrangement, Carer Availability. The maximum number of Diagnosis and Procedure Codes increased to 40 for each category, and a new Rehabilitation Care Type was introduced. Three new data items were also introduced: ACAS Status, Preferred Language and Interpreter Required, and one data item was deleted: Program Funding Source. An extensive review of the edits was undertaken, including the implementation of edits between episodes. Full details of these changes are set out in the following Departmental publication:

Specification for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset for 1 July 2003, February 2003;

Specification for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset for 1 July 2003, Appendix A, May 2003; and

Specification for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset for 1 July 2003, Appendix B, June 2003.

2004-05

This year saw a revision of 24 data items, largely relating to 3 different areas: Admission Policy issues such as recording of Leave and Patient Days, reporting of zero versus null (affecting duration fields), and changes affecting Mental Health episodes. Diagnosis and Procedure Codes changed from ICD-10-AM Third Edition to Fourth Edition and were grouped by AR-DRG version 5.0 rather than version 4.2, seven additional Care Types were introduced, and one Care Type deleted. Four new data items were also introduced: Leave Without Permission Days Financial Year-To-Date, Leave Without Permission Days Month-To-Date, Leave Without Permission Days Financial Total, and Mental Health Statewide Patient Identifier. An extensive review of the edits was undertaken. Full details of these changes are set out in the following Departmental publications:

Specification for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset for 1 July 2004, March 2004;

Specification for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset for 1 July 2004, Appendix A, May 2004.

2005-06

This year saw the removal of the Rehabilitation in the Home (RITH) Care Type, as this was no longer considered to be within the scope of the VAED.

A new data item Palliative Care Patient Days was added.

Amendments were made to: Admission Source, Separation Mode and Separation Referral for Transition Care, to capture data related to Transition Care; Indigenous Status, with the addition of two new codes to better describe non-response; Account Class, with the addition of three new private Account Classes; Accommodation Types, to remove the reference to age less than three months for newborns; and reporting requirements for Duration of Non-Invasive Ventilation (NIV) were relaxed.

A new type of Notifiable Edit (the Fatal edit) was added.

Changes to the ICD-10-AM Library File included updated edit parameters, addition of a new concept to indicate codes that may sometimes be followed by a morphology code, and the removal of two redundant concepts.

Full details of these changes are set out in the following Departmental publications:

Specification for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset for 1 July 2005, April 2005;

Specification for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset for 1 July 2005, Appendix A, April 2005.

Section 1: Introduction, VAED Manual, 18th Edition, July 2008 1–27

2006-07

Site Identifier was changed to include both the three-digit Campus Code and the existing one-digit Site Identifier, removing the requirement for hospitals to change codes when merging or splitting from a service.

All -2 record structures became -3, i.e. E2 changed to E3, etc.

Two new data items were added: Functional Assessment Date on Admission and Functional Assessment Date on Separation, related to Barthel Index Score on Admission/Separation.

Reason for Critical Care was removed. This item was not collected in 2005-06 and related

definitions, data items, edit tables and edits were removed in 2006-07.

Intention to Readmit was moved from the diagnosis to the episode record to avoid the existing editing problems.

Version 5.1 AR-DRG introduced. Updated WIES calculations and weights.

New ICD-10-AM/ACHI/ACS library file for Fifth Edition.

Full details of these changes are set out in the following Departmental publication:

Specifications for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset for 1 July 2006, May 2006;

2007-08

Introduction of SACC Country of Birth codeset (replaces ACCSS Country of Birth codeset).

Introduction of ASCL Preferred Language codeset (replaces DHS Preferred Language codeset).

Addition of new Contract/Spoke ID codes to identify dialysis activity performed at 'satellite' sites.

Addition of new Care Type code 'P' for Paediatric Rehabilitation.

Amendment of DVA number format to disallow spaces between characters.

Amendment to Level of Insurance codeset (removal of codes 1, 3, 6, 8 and introduction of codes 2 and 4).

Change of name from 'Health Insurance Fund' to 'Hospital Insurance Fund'.

Version 5.2 AR-DRG introduced. Updated WIES calculations and weights.

Diagnosis Outstanding report made a Control Report.

WIES values printed alongside every record.

Admission weights between 100-399g no longer rounded to 400g for grouping.

Full details of these changes are set out in the following Departmental publication:

Specifications for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset for 1 July 2007, May 2007

2008-09

Introduction of Date of Birth Accuracy Code

Removal of Country of Birth Version Flag

Change to codeset for Interpreter Required

Change to codeset for Marital Status

Change to codeset for Indigenous Status

New ICD-10-AM/ACHI/ACS library file for Sixth Edition.

Updated WIES calculations and weights (WIES 15).

Full details of these changes are set out in the following Departmental publication:

Specifications for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset for 1 July 2008, January 2008

All data are comparable with other Australian jurisdictions, via reporting to the Australian Institute of Health and Welfare (AIHW).

Data Availability:

Comprehensive aggregate data are available from the Australian Institute of Health and Welfare on a yearly basis.

Detailed data are available on request from the Department of Human Services subject to Conditions of Release.

Data Availability Comments:

Date of Last Update:

1108/2009

Source and Reference Attributes

Name of Organisation:

Funding, Health and Information Policy
Department of Human Services, Victoria

Custodian Description:

Department of Health, Victoria

Contact

Contact Person:

Josephine Beer

Position:

Manager, Health Information Provision

Email:

josephine.beer@dhs.vic.gov.au

Telephone:

9096-0327

Reference:

- VAED 18th Edition User Manual
- ICD-10-AM 6th Edition
- Australian Classification of Health Interventions
- Victoria – Public Hospitals and Mental Health Services Policy and Funding Guidelines 2008-09

Victorian Perinatal Data Collection

Source Details

Overview:

The data collected via a Birth report contains information on obstetric conditions, procedures and outcomes, neonatal morbidity and birth defects relating to every birth in Victoria of at least 20 weeks gestation, or if gestation is unknown at least 400gms birth weight.

The VPDC is responsible to the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) the advisory body to the Minister for Health on maternal, perinatal and paediatric matters.

Purpose:

To collect and analyse information on and in relation to the health of mothers and babies in order to contribute to improvements in their health.

The CCOPMM reviews all maternal, perinatal and paediatric (less than 18 years old) deaths in Victoria in order to consider clinical features of each case and to assess preventability. Information provided to the CCOPMM is privileged by legislation, and (unless it is released by CCOPMM) is not accessible by any third party, including the Courts.

Recent amendments to the Health Act include:

- amending the functions of CCOPMM to enable consideration of mortality and morbidity of 15, 16 & 17 year olds (s. 162F(1)(a));
- clarifying that authority of health service providers to provide information to CCOPMM (s. 162FA);
- and
- providing for CCOPMM to disclose information to specified bodies in special circumstances (s. 162FB).

Scope:

All births in Victoria of at least 20 weeks gestation, or if gestation is unknown at least 400gms birth weight.

Coverage:

Collect information on, and in relation to, the health of mothers and babies. The data collected via the Birth Report contains information on obstetric conditions, procedures and outcomes, neonatal morbidity and birth defects relating to every birth in Victoria of 20 weeks gestation or more, or 400 grams or more birthweight.

Method of Collection:

Administrative

Data Details

Conceptual Framework:

Mother = patient	Baby = patient
Mother = episode	Baby = episode
Mother's birth event(s)	

Demographic information is collected on the mother. Specific details relating to the episode are collected. Events relating to birth are linked with the Baby episode, using the Mother's patient identifier.

Main Outputs:

Data collected is at episode level and can be broken down by the data elements contained in the collection.

Classifications:

Estimates do not occur but calculations are derived from several data items

Other Concepts:

Accuracy:

Sources of error can be processing error, coding error.

Areas where careful interpretations are required are in coding free text fields and several data item definitions

Geographical Detail:

Victoria.

Comments and / or Other Regions:

Collection Frequency:

The time interval between collection cycles is annually. Hospitals / sites submit data monthly.

Frequency comments:

Collection history:

The Victorian Perinatal Data Collection (VPDC) was established in 1982, by an amendment to the

Health Act 1958 (Vic) under the auspices of the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM). In 2009 this collection is going into electronic format and additional data items have been included.

Data Availability:

Data is available annually (calendar year), but to obtain this, approval must be sought from CCOPMM.

Data Availability Comments:

Date of Last Update:

Source and Reference Attributes

Name of Organisation:

Victorian Perinatal Data Collection Unit,
Rural and Regional Health and Aged Care Services Division, Department of Human Services

Custodian Description:

Consultative Council on Obstetric & Paediatric Mortality & Morbidity

Contact

Contact Person:

Anna Cooper

Position:

Data Manager, Victorian Perinatal Data Collection Unit

Email:

Anna.cooper@dhs.vic.gov.au

Telephone:

03 9096 2693

Reference:

Perinatal Birth Report. VPDC Manual,

Victorian Population Health Survey

Source Details

Overview:

- Statistical unit: person aged 18 years and older
- The only trends and patterns in the data that are reported are statistically significant trends and patterns. Statistical significance between point estimates has been determined by the comparison of 95% confidence intervals and trends are assessed using linear regression.

Purpose:

- To collect relevant, timely and valid health information to inform policy development, planning and decision making.
- Key data outputs are health and lifestyle information which includes asthma, diabetes, alcohol and tobacco consumption, intake of fruit and vegetables, physical activity, adult obesity, psychological distress, selected chronic diseases, community participation and social networks.
- Government departments, local government, health agencies and planners may use the findings to inform policy development and to ensure that public health programs are relevant and responsive to current and emerging health issues.

Scope:

Representative sample of persons aged 18 years and over who reside in private dwellings in Victoria.

Coverage:

Five rural and three metropolitan Department of Human Services regions cover Victoria. The survey sample is stratified by departmental region.

Method of Collection:

Survey

Data Details

Conceptual Framework:

Not applicable

Main Outputs:

- The unit of collection is persons.
- The data are disaggregated by DHS health region, age and sex.
- The only trends and patterns in the data that are reported are statistically significant trends and patterns. Statistical significance has been determined by the comparison of 95% confidence intervals.

Classifications:

The VPHS is a statewide survey however in 2008 the sample size was increased to enable estimates to be determined at the local government area level. The local government survey will be repeated every three years with the state survey conducted in the intervening years.

Other Concepts:

Definitions of other key terms and concepts relating to the data source.

Accuracy:

The VPHS obtains self-reported data from respondents. Self-reported data has been shown to underestimate certain estimates such as body mass index and alcohol consumption. However, use of the same methodology is useful for determining relative differences and trends across time. Weighting to the current Victorian population is applied to adjust for the fact that elderly females are more likely to participate. The sample size for surveys conducted between 2001 and 2007 was approximately 7500. In 2008 the sample size was approximately 33,000. The surveys prior to 2007 reported crude estimates. In 2007, data was standardised for age and presented as both crude and age-adjusted estimates. From 2008 onwards, all time series data will be analysed by linear regression and be standardised to the 2006 Victorian population. 95% confidence intervals are reported instead of standard errors as of 2008.

Geographical Detail:

The data are presented for each DHS regions and whole of state.

Comments and / or Other Regions:

Collection Frequency:

Annually

Frequency comments:

Collection history:

The first survey commenced in 2001. The survey is an annual survey and time series data are presented in the report.

Data Availability:

- Selected findings from the survey and DHS regional fact sheets are published annually on the DHS website at: www.health.vi.gov.au/healthstatus/vphs.htm
- The time period between data collection and release is approximately twelve months.

Data Availability Comments:

Date of Last Update:

1708/2009

Source and Reference Attributes

Name of Organisation:

Health Intelligence Unit, Office of the Chief Health Officer, Public Health Branch, Department of Human Services

Custodian Description:

Department of Health, Victoria

Contact

Contact Person:

Loretta Vaughan

Position:

Manager, Victorian Population Health Surveys

Email:

Loretta.Vaughan@dhs.vic.gov.au

Telephone:

9096 5286

Reference:

Appendix A – Level 1 template

Name of Data Source

Source Details

Overview:	This should include but not be restricted to: <ul style="list-style-type: none"> • The type of information produced. • Statistical unit(s) (e.g. persons, households, businesses) •
Purpose:	This should include but not be restricted to: <ul style="list-style-type: none"> • Purpose of the collection (i.e. the specific policies, issues, or actions that are being determined or assessed) • Key data outputs • Main users/uses of the data.
Scope:	The scope (or target population) is the set of units about which information is required (e.g. residents of private dwellings in all areas of Australia).
Coverage:	The coverage refers to the actual set of units about which information can be obtained or inferred.
Method of Collection	This should indicate the method of collection. Methods include: Survey, Administrative Data, Census, Registry

Data Details

Conceptual Framework:	Frameworks describe the concepts associated with a topic and organise them into a logical structure. Frameworks also show the key relationships, processes or flows that exist between elements.
Main Outputs:	This should include but not be restricted to: <ul style="list-style-type: none"> • Units of collection e.g. persons, retail establishments, transport etc • Data breakdowns - levels at which the data are to be disaggregated e.g. by state, by industry, by sex etc • Type of statistics, i.e. level or movement, totals, means, medians, proportions or indexes, seasonally adjusted or trend, constant or current prices.
Classifications:	Classifications used by the collection including the minimum level at which estimates are calculated and

<i>Other concepts (Summary):</i>	published. Definitions of other key terms and concepts relating to the data source.
Accuracy:	This should include but not be restricted to: <ul style="list-style-type: none"> • Sources of error e.g. processing error, coding error • If survey, sample size, percentage of population sampled, response rate, and sampling error • Areas where careful interpretation is required.
Geographical Detail:	Geographic areas for which data are available.
<i>Comments and / or Other Regions:</i>	
Collection Frequency:	The time interval between collection cycles (e.g. once only, monthly, quarterly, annually, 5 yearly)
<i>Frequency Comments:</i>	
Collection history:	This should include but not be restricted to: <ul style="list-style-type: none"> • The history of the data source, including the data available over time and key milestones in releasing data. • Reference Period • A list of past major changes to the data source that impact on outputs and comparability over time (e.g. changes in target population, frequency, content, collection methods, sample design, benchmarking, etc). • Comparability with other sources.
Data Availability:	This should include but not be restricted to: <ul style="list-style-type: none"> • Form of data release, i.e. paper publication, internet • The time period between collection and release (to provide an indication of the timeliness of the data).
<i>Data availability comments:</i>	
Date of last update for this document:	

Source and reference attributes

Name of Organisation:	Name of organisational unit responsible for data source
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Custodian Description:

Owner of the data source

Reference documents:

References to any materials referred in the document.

Contact

Contact Person:

Position:

Email:

Telephone:

Appendix B – Level 2 template

Indicator Name: Clearly state the indicator to avoid duplication.

Identifying and definitional attributes

Metadata item type:	The category to which the data element belongs. Options include Derived, Input, Matrix or Compound: A derived data element is one modified or calculated from one or more directly collected data elements.
Technical name:	Concise technical name derived using the object class, the property of the data element, measure/ representational class and Format. Example: <i>Infant - Exclusively breastfed 6 months, Percentage, NNN.N</i>
Registration status:	The date and registration status of this indicator on its inclusion into the VCAMS framework. An indicator may be current, proposed or superseded. E.g. VCAMS, Indicator, October 2007, Current
Standards:	Standards to which this indicator is aligned
Definition:	A concise statement that expresses the essential nature of the data element and its differentiation from other data elements, for example: <i>Percentage of children aged under 2 years whose biological mothers reported smoking cigarettes during pregnancy.</i>
Context:	A designation and/or description of the application, environment or discipline in which the definition of the data element is valid. Example: Victorian Child and Adolescent Monitoring System.
Source:	Title of data source(s) selected to support this indicator in VCAMS followed by the name of the organisation responsible for the submission of the data.
Source Denominator	Applicable only where denominator is obtained from a different source to the numerator

Value domain attributes

Representational Class:	A description of the main structure of the value domain. Options include percentage, rate, mean, count.
Data type:	A description of the data type. Options include numeric (numbers including decimals) and string (text, alphanumeric).
Format:	Format describes the presentation of the data element. Example: NNNN.N This data element is numeric, with up to five numeric characters and one decimal point.

Maximum character length:	The maximum number of digits or characters that are allowed to be used for the recorded information.
Permissible values	Description of allowed values E.g. For numeric values, the range, for codes, values used and their associated labels
Calculation	Formulas applied to derive the data element. Example: Rate calculation, showing numerator, denominator and .multiplier value.

Data source collection and usage attributes

Collection methods:	<p>Description of the collection methodology specific to this data element. This can include any specific questions asked of a respondent in a survey or in the routine collection of administrative data.</p> <p>Sampling techniques (if applicable) may also be detailed.</p>
Collection history:	<p>Frequency of collection, next expected collection, changes in data collection methodology. An important concern for the user is the comparability of data over time. Breaks in collection can be due to changes within reporting systems, a change in the format of a survey or a change in data source.</p>
Cross tabulations available:	<p>This should be limited to cross classificatory items available in the VCAMS system (not all items in the collection itself), and includes a caveat advising that cross tabulation are available as far as confidentiality issues will allow in the case of survey data.</p>
National Comparability:	<p>This should provide information on the level of national comparability of the indicator and available comparative data. The overriding aim of it is to ensure that data presented is comparable nationally.</p>
International Comparability:	<p>For international comparability, the name of the country, data source(s) and related web site(s) should be included.</p>
Comments:	<p>Any information the user should be made aware of to make an informed judgement about the suitability of the data for their purposes. Issues will differ according to individual data sources. For example, survey data will have different quality considerations than administrative data. However the following checklist should be used while writing this section.</p> <ul style="list-style-type: none">• Known quality issues• Sample size• Response rate (item specific if possible)• Blank fields• Social desirability bias• Breaks in series

Explanation of Terms:

Key terms used in the definition or collection methods are explained here. For example Live birth: The birth of an infant, regardless of maturity or birthweight, who breathes or shows any other signs of life after being born. Note that for reporting purposes, live births of ≥ 20 weeks gestation or ≥ 400 gram if gestational age unknown are used

Source and reference attributes**Steward:**

The full name of the organisation that has accepted responsibility as the authority to provide on-going maintenance and management of a metadata description, for example: Department of Education and Early Childhood Development.

Contact:

Text below will appear, to refer users to the data source contact details.

“Please refer to the level 1 description of the data source for this indicator for contact details and further information.”

Reference documents:

References used in the indicator description are listed here.

Appendix C – All Data sources

Data Source	Indicators
*Environmental Monitoring Unit, EPA	25.2, 25.3
Annual Report on Drinking Water Quality in Victoria	25.1
Assessment of Reading P-2 data collection	11.3
Attitudes to School Survey	10.6, 33.2
Australian Childhood Immunisation Registry	3.1a
Australian Early Development Index	4.1
Australian Radiation Protection and Nuclear Safety Agency	25.4
Census of Population and Housing	22.1, 22.2, 22.5, 23.4, 24.3
CHISOL	31.1, 31.3, 31.4
Client Relationship Information System (CRIS)	13.1, 13.3, 13.4, 20.1, 20.2, 20.3, 30.7, 30.8, 30.9, 30.10, 30.11, 30.12, 30.13, 34.1
Corrections Intake Files	24.4
*Dental Health Services Victoria	5.1, 5.2
Housing and Community Building	23.1, 23.2, 23.3, 23.5
Early Childhood Intervention Services (ECIS) and Client Information Relationship System (CRIS)	32.1, 32.2
Law Enforcement Assistance Program	12.3, 13.2, 21.2, 28.2
Maternal and Child Health	30.3, 30.4, 30.5

Data Source	Indicators
Maternity Services Data Unit	29.1
Monash University Accident Research Centre (from ABS Deaths Unit Record File and ABD-DURF)	12.1, 12.4
Monash University Accident Research Centre (VAED - Injury and poisoning subset held by the Victorian Injury Surveillance Unit (VISU))	10.5, 12.2, 12.5
National Aboriginal and Torres Strait Islander Health Survey	Supplementary data source
*National Aboriginal and Torres Strait Islander Social Survey (NATSISS)	Supplementary data source
National Diabetes Registry	7.1
National Report on Schooling in Australia - NAPLAN	11.1, 11.2
*New Mothers Survey	1.10, 19.1, 21.1
On Track	16.3
Parent Opinion Survey	33.3
Population Estimates Collection	Supplementary data source
School Enrolment Census August	16.1
School Entrant Health Questionnaire (SEHQ)	8.1, 10.2, 24.2, 30.1, 31.2
School Immunisation Program	3.1b
School Nursing Information System	30.6, 34.2
*Source to be determined	6.1a, 6.1b, 6.2, 14.2, 26.5
Student Absence Data Collection	33.1

Data Source	Indicators
Survey of Education and Work	16.2, 16.4
Survey of Income and Housing	22.3
The Notifiable Disease Surveillance System	3.2, 14.9
The Victorian Adolescent Health and Wellbeing Survey (HowRU?)	2.2b, 3.3, 5.3b, 7.2b, 7.3b, 7.4b, 7.8b, 9.1b, 9.2b, 10.4, 10.8, 10.9, 10.10, 14.3, 14.4, 14.5, 14.6, 14.7, 14.8, 15.1, 17.1, 22.4b, 22.6, 24.1b 25.5b 25.6b, 26.1b, 26.4, 26.6b, 26.8, 26.9b, 27.1b, 27.2b, 27.3b, 27.5, 28.1b, 35.1, 35.2, 35.3
The Victorian Cancer Registry	7.10
The Victorian Child Health and Wellbeing Survey	1.8, 1.9, 2.1, 2.2a, 5.3a, 7.2a, 7.3a, 7.4a, 7.8a, 9.1a, 9.2a, 10.1, 10.3, 17.1a, 18.1, 18.2, 18.3, 19.2b, 22.4a, 24.1a, 25.5a, 25.6a, 26.2, 26.3, 27.1a, 27.2a, 27.3a, 27.4, 28.1a
Victorian Admitted Episodes Dataset (VAED)	7.5, 7.6, 7.7, 10.7, 29.2, 30.2
Victorian Perinatal Data Collection	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 14.1
Victorian Population Health Survey	1.7, 17.2, 17.3, 17.4, 19.2a, 26.6a, 26.7, 26.9a

* Data source description are currently unavailable