State Government Victoria

Department of Education and Early Childhood Development

VCAMS Indicators

– Level 2 metadata descriptions

Contents

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, Victoria[3].

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.

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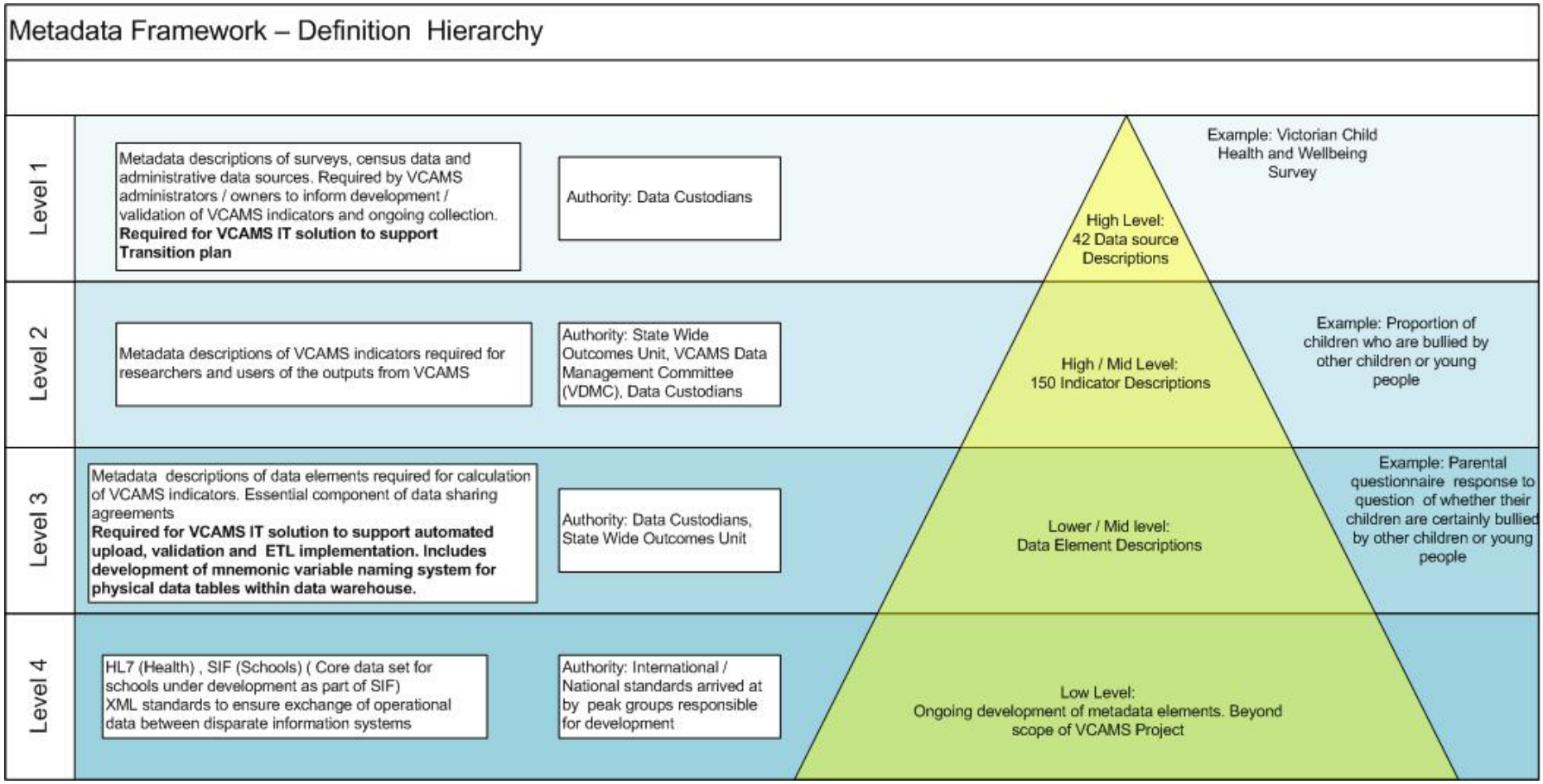
[1] National Statistical Service (NSS) Handbook, viewed on http://www.nss.gov.au/nss/home.nsf/NSS/564B8776D157C86FCA25763F000B268C?opendocument

[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



1.1 Low birth weight (Rate)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Birth - Low birth weight, Rate per 1000 live births, NNNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
WHO 1992 Health Standards 01/03/2005

Definition:
Rate of live born infants with birthweight less than 2500 grams

Context:
Victorian Child and Adolescent Monitoring System

Source:
Victorian Perinatal Data Collection, Consultative Council on Obstetric & Paediatric Mortality & Morbidity

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNNN.N

Maximum Character Length:
5

Permissible Values:
Expressed as rate per 1000 live births.
Range 0.0 to 1000.0

Calculation:

$$\frac{\text{Number of live births at 20 or more weeks' gestation or ≥400gm if gestation unknown < 2500 grams (excluding terminations of pregnancy)}}{\text{Number of live births at 20 or more weeks' gestation or ≥400gm if gestation unknown (excluding terminations of pregnancy)}} \times 1000$$

Data Source Collection And Usage Attributes

Collection Methods:
The Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) was established in 1962 under the Health Act 1958 (Vic), and is the advisory body to the Minister for Health on maternal, perinatal and paediatric deaths. CCOPMM reviews all maternal, perinatal and paediatric deaths in Victoria in order to consider clinical features of each case and to assess preventability. The Victorian Perinatal Data Collection (VPDC) was established in 1982, by an amendment to the Health Act 1958 (Vic) under the auspices of CCOPMM. The Victorian Perinatal Data Collection of CCOPMM is a population-based mandatory surveillance system designed to collect information on, and in relation to, the health of mothers and babies.

The midwife attending the birth of every baby in Victoria at 20 or more weeks gestation (or weighing at least 400 g if gestation is unknown) submits a form providing information including maternal medical conditions, complications of pregnancy, management of labour and birth, maternal and neonatal morbidity, birth defects and demographic factors. The hospital (or private practitioner in cases of homebirths) where the birth occurs is responsible for sending the data to the VPDC (Davey

et al. 2008).

Collection History:

Time series data are available from 1982.
Data are updated annually.

Cross Tabulations Available:

LGA	Aboriginality
Age	Maternal Country of Birth
Sex	

Cross tabulations are available as far as confidentiality issues will allow. CALD here refers to Maternal country of birth.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Data for this indicator can be compared across Australian states and territories. It forms part of a national data collection, collated by the National Perinatal Statistics Unit (NPSU), a collaborating unit of the Australian Institute of Health and Welfare at the University of New South Wales. The NPSU co-ordinates the National Perinatal Data Collection (NPDC), which is a national population-based cross sectional data collection of pregnancy and childbirth. The data are based on births reported to the perinatal data collection in each state and territory in Australia.

The NPSC includes elements in the Perinatal National Minimum Data Set (NMDS), which specifies perinatal data elements for mandatory collection and reporting at a national level. It includes data items relating to the mother, pregnancy and child, including birthweight (NPSU 2009). Definitions of all data elements in the Perinatal NMDS are included in the AIHW's online metadata registry, 'METeOR'. This is available at:
http://www.aihw.gov.au/npsu

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections. In particular, stillbirths may be included in both the numerator and the denominator.
The World Health Organisation and the OECD have data from several countries. These are available at:
http://www.who.int/en
http://www.oecd.org
Data from the Australian National Perinatal Data Collection are used in OECD reporting of low birth weight for Australia.

Comments:

Data submitted to VPDC are checked for completeness and accuracy. Inconsistent or incomplete data are rectified by sending a query to the hospital of birth. Data are double entered into a database that includes range and logical checks. Extensive data cleaning is carried out when all data for the calendar year have been entered (CCOPMM 2008).
In addition, the following validations occur:
1. Validation of number of births reported to the VPDC (to ensure a form is received for each birth): Each year a validation is undertaken to compare the number of births that are reported to the VPDC with the number of births recorded at each hospital in the State. The most recent study (of births in 2006) showed that 98.8% of all births in Victorian hospitals were reported to VPDC without prompting, while the remainder were submitted after the validation process identified their omission.
2. Statewide validation of perinatal data (to determine the quality and reliability of data)
Projects designed to determine the accuracy of VPDC data are undertaken regularly. These projects compare the data in the VPDC dataset with that recorded in the medical record. They have been conducted in 1984, 1985, 1992, 1998, 1999 and 2003. The most recent study found that the accuracy of most items is excellent, although some morbidity items are under-reported.

Explanation of Terms:

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, livebirths of ≥20 weeks gestation or ≥400 gram if gestational age unknown are used

Source and Reference Attributes

Steward:

Consultative Council on Obstetric & Paediatric Mortality & Morbidity (CCOPMM)

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) 2008,Annual Report for the Year 2006, incorporating the 45th Survey of Perinatal Deaths in Victoria, Melbourne.
2. Davey, M-A, Taylor, O, Oats, JJN, Riley, M. 2008, Births in Victoria 2005 and 2006, Victorian Perinatal Data Collection Unit, Statewide Quality Branch, Department of Human Services, Melbourne.
3. National Perinatal Statistics Unit 2009, National Perinatal Data Collection, viewed 20 July 2009. http://www.npsu.unsw.edu.au/NPSUweb.nsf/page/NPDC

1.2 Infant mortality (Rate)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Infant - Infant Mortality , Rate per 1000 live births, NNNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
UNICEF - The State of the World's Children 2003

Definition:
Rate of deaths of live born infants less than one year of age

Context:
Victorian Child and Adolescent Monitoring System

Source:
Victorian Perinatal Data Collection, Consultative Council on Obstetric & Paediatric Mortality & Morbidity

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNNN.N

Maximum Character Length:
5

Permissible Values:
Expressed as rate per 1000 live births.
Range 0.0 to 1000.0

Calculation:

$$\frac{\text{Number of infant deaths}}{\text{Number of live births}} \times 1000$$

Data Source Collection And Usage Attributes

Collection Methods:
The Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) was established in 1962 under the Health Act 1958 (Vic), and is the advisory body to the Minister for Health on maternal, perinatal and paediatric deaths. CCOPMM reviews all maternal, perinatal and paediatric deaths in Victoria in order to consider clinical features of each case and to assess preventability. The Victorian Perinatal Data Collection (VPDC) was established in 1982, by an amendment to the Health Act 1958 (Vic) under the auspices of CCOPMM. The Victorian Perinatal Data Collection of CCOPMM is a population-based mandatory surveillance system designed to collect information on, and in relation to, the health of mothers and babies.

CCOPMM undertakes extensive data collection on perinatal, infant, child, and maternal mortality. Data collected on Victorian deaths includes all perinatal deaths (stillbirths and neonates) from 20 weeks gestation or 400 g birth weight; all infant and child deaths up to, but not including the eighteenth birthday; and all maternal deaths. Death certificates are received from the Registry of Births, Deaths and Marriages, and case files are created. Information is then sought from many sources including the following: hospital case records, individual doctors, pathology departments, Coronial Services, and the Newborn Emergency Transport Service.

Infant deaths are classified into the following categories:
• Determined at birth: birth hypoxia, birth defects / congenital malformations, prematurity and other birth determined conditions
• Sudden Unexpected Death in Infancy (SUDI): sudden and unexpected deaths in infants < one year

of age (usually after they are placed to sleep). Sudden infant death syndrome (SIDS) refers to a subgroup of these SUDI and deaths of very young children where an autopsy fails to reveal an adequate cause of death.

• Unintentional Injury: motor vehicle accidents, drowning, fire, asphyxiation, train accidents and other unintentional injuries.

• Acquired Disease: infection, malignancy and other acquired conditions.

Undetermined deaths

• Intentional Injury: intentional trauma and suicide (Extracted from, CCOPMM 2008).

Collection History:

Time series data are available from 1985. The collection was computerised in the 1990s.

Cross Tabulations Available:

DHS region Aboriginality
Age Maternal Country of Birth
Sex

Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

National data are available at:

http://www.aihw.gov.au/npsu

However, note that there are considerable variations between jurisdictions in the way perinatal deaths are defined, ascertained and reported. The CCOPMM Annual Report for 2006 (CCOPMM 2008) reports three main problem areas:

1. Birth weight and gestational age criteria for inclusion of cases. Since 2000, CCOPMM complies with national reporting practices by including those fetuses and newborns whose gestation at birth was at least 20 weeks gestation or birth weight was ≥400g if gestation was unknown. To enable consistency for trend analysis, CCOPMM also continues to present data according to the '≥500g' definition used from 1980. It is also noted that there are increasing registrations of neonatal deaths of pre-viable infants (20–22 weeks gestation) who exhibit transient signs of life after birth following terminations of pregnancy for congenital abnormalities using vaginal misoprostol. These cases are included in the mortality statistics.

2a. Reporting of perinatal (neonatal and stillbirth) death numbers and perinatal death rates, by year of birth, not death. From 1982, the year of inception of the Victorian Perinatal Data Collection Unit, CCOPMM has tabulated data according to the year in which the birth occurred. This means a few neonatal deaths occur in the year following the birth. In contrast, the Australian Bureau of Statistics (ABS) publishes statistics according to the year when the death is registered, not the year of birth or death.

2b. Reporting of infant mortality rate by year of birth, not death.

From 1982, the year of inception of the Victorian Perinatal Data Collection Unit, CCOPMM has tabulated data according to the year in which the birth occurred. This means that many infant deaths occur in the year following the birth. Infant death numbers are counted in the year in which they occur for reporting purposes. However, the infant mortality rate is calculated for the year in which the birth occurred. In contrast, the Australian Bureau of Statistics (ABS) publishes statistics according to the year when the death is registered, not the year of birth or death.

3. Infants born in Victoria

CCOPMM receives data on all infants who die in Victoria, regardless of where they were born or where they were usually resident. CCOPMM only reports on deaths of Victorian residents which occur in Victoria. The Australian Bureau of Statistics refers to deaths occurring in Victoria, irrespective of the State, Territory, or country of birth. These definitional differences give rise to slight differences in rates reported by various agencies.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

International data are available at:

http://www.who.int/en

http://www.oecd.org

http://www.unicef.org/sowc

For international comparisions, the rate refers to all births of at least 1000 g birthweight or when the birthweight is unknown, of at least 28 weeks gestation and neonatal deaths occuring within seven days of birth (as recommended by WHO).

Comments:

Explanation of Terms:

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, livebirths of ≥20 w gestation or ≥400 gram if gestational age unknown are used

Infant death: The death of an infant occuring within one year of birth.

Infant Mortality: This includes neonatal and post-neonatal infant deaths only, not stillbirth rates.

Notified year of deaths: The year in which death occurred.

Less than one year of age: from birth(day 0) up to and including day 364.

Source and Reference Attributes

Steward:

Consultative Council on Obstetric & Paediatric Mortality & Morbidity (CCOPMM)

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) 2008, Annual Report for the Year 2006, incorporating the 45th Survey of Perinatal Deaths in Victoria, Melbourne.

1.3 Child mortality (Rate)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Child- Child mortality, Rate per 100,000 of children aged 0-17 years, NNNNNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
UNICEF - The State of the World's Children 2003

Definition:
Rate of deaths of children aged 0 to 17 years

Context:
Victorian Child and Adolescent Monitoring System

Source:
Victorian Perinatal Data Collection, Consultative Council on Obstetric & Paediatric Mortality & Morbidity

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNNNNN.N

Maximum Character Length:
7

Permissible Values:
Expressed as rate per 100,000 of children aged 0-17 years.
Range 0.0 to 100,000.0

Calculation:

$$\frac{\text{Number of deaths of children aged 0-17 years}}{\text{Estimated resident population of children aged 0-17 years}} \times 100{,}000$$

Data Source Collection And Usage Attributes

Collection Methods:

The Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) was established in 1962 under the Health Act 1958 (Vic), and is the advisory body to the Minister for Health on maternal, perinatal and paediatric deaths. CCOPMM reviews all maternal, perinatal and paediatric deaths in Victoria in order to consider clinical features of each case and to assess preventability. The Victorian Perinatal Data Collection (VPDC) was established in 1982, by an amendment to the Health Act 1958 (Vic) under the auspices of CCOPMM. The Victorian Perinatal Data Collection of CCOPMM is a population-based mandatory surveillance system designed to collect information on, and in relation to, the health of mothers and babies.

CCOPMM undertakes extensive data collection on perinatal, infant, child, and maternal mortality. Data collected on Victorian deaths includes all perinatal deaths (stillbirths and neonates) of at least 20 weeks' gestation, or if gestation is unknown at least 400gms birth weight; all infant and child deaths up to, but not including the eighteenth birthday; and all maternal deaths. Death certificates are received from the Registry of Births, Deaths and Marriages, and case files are created. Information is then sought from many sources including the following: hospital case records, individual doctors, pathology departments, Coronial Services, and the Newborn Emergency Transport Service.

Infant and child deaths are classified into the following categories:
• Determined at birth: birth hypoxia, birth defects / congenital malformations, prematurity and other conditions determined at birth

• Sudden Unexpected Death in Infancy (SUDI): sudden and unexpected deaths in infants (usually after they are placed to sleep). Sudden infant death syndrome (SIDS) refers to a subgroup of these SUDI.
• Unintentional Injury: motor vehicle accidents, drowning, fire, asphyxiation, train accidents and other unintentional injuries.
• Acquired Disease: infection, malignancy and other acquired conditions.
Undetermined deaths

• Intentional Injury: intentional injury and suicide
(Extracted from CCOPMM 2008).

Collection History:

Data are available from 1985 and is updated annually. Data for children aged 0-17 years are available from 2005, however until 2005 data were collected for children aged 0 to 14 years.

Cross Tabulations Available:

DHS region Aboriginality
Age Maternal Country of Birth
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

National mortality data are available from the Australian Institute of Health and Welfare, at:
http://www.aihw.gov.au/mortality/index.cfm

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

WHO reports child mortality data sourced from birth and death registries, community studies, and where such data is unavailable, estimates based on surveys. Unicef and the OECD also have child mortality statistics. Definitions and calculations methods may vary. Further information is available at:

http://www.who.int/en
http://www.oecd.org
http://www.unicef.org

Comments:

Deaths of children and adolescents which occur in Victoria but who are normally resident in other states/territories or countries are not reported, and usually not reported by the state or territory in which they normally reside, so there is undercounting / underreporting of deaths overall. Children and adolescents normally resident in Victoria who die interstate or overseas are not counted (CCOPMM 2008). CCOPMM only reports on deaths of Victorian residents which occur in Victoria.

Explanation of Terms:

Child death: The death of a child occuring after and including the first birthday and up to, but not including, the 18th birthday.

Source and Reference Attributes

Steward:

Consultative Council on Obstetric & Paediatric Mortality & Morbidity (CCOPMM)

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Consultative Council on Obstetric and Paediatric Mortality and Morbidity(CCOPMM) 2008, Annual Report for the Year 2006, incorporating the 45th Survey of Perinatal Deaths in Victoria. CCOPMM, Melbourne.

1.4 Perinatal mortality (Rate)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Birth - Perinatal mortality, Rate per 1000 live births (plus stillirths) NNNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
National Health Data Dictionary

Definition:
Rate of deaths due to conditions originating in the perinatal period (from 20/22* weeks gestation up until but not including the 28th day of life)

Context:
Victorian Child and Adolescent Monitoring System

Source:
Victorian Perinatal Data Collection, Consultative Council on Obstetric & Paediatric Mortality & Morbidity

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNNN.N

Maximum Character Length:
5

Permissible Values:
Expressed as rate per 1000.
Range 0.0 to 1000.0

Calculation:

$$\frac{\text{Number of stillbirths + neonatal deaths}}{\text{Number of stillbirths+live births}} \times 1000$$

Data Source Collection And Usage Attributes

Collection Methods:
The Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) was established in 1962 under the Health Act 1958 (Vic), and is the advisory body to the Minister for Health on maternal, perinatal and paediatric deaths. CCOPMM reviews all maternal, perinatal and paediatric deaths in Victoria in order to consider clinical features of each case and to assess preventability. The Victorian Perinatal Data Collection (VPDC) was established in 1982, by an amendment to the Health Act 1958 (Vic) under the auspices of CCOPMM. The Victorian Perinatal Data Collection of CCOPMM is a population-based mandatory surveillance system designed to collect information on, and in relation to, the health of mothers and babies.

The CCOPMM compiles a case file on every perinatal death, and submits selected cases to the specialist committees so that any potential issues in data management can be identified. CCOPMM relies on the co-operation of obstetricians, neonatologists, paediatricians, midwives, general practitioners and medical records personnel to assist with gaining the maximum amount of relevant information on each case. A Perinatal Death Certificate and a Confidential Medical Report on Perinatal Death is completed for both stillbirths and neonatal deaths (Extracted from CCOPMM 2008).

Collection History:
Data are available from 1985 and is updated annually. However,in 2000, CCOPMM changed from a classification of 500gms/22 weeks to 20 w/400gm 400gms/20 wks.

Cross Tabulations Available:

DHS region Aboriginality
Age Maternal Country of Birth
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

National mortality data are available from the Australian Institute of Health and Welfare, at:
http://www.aihw.gov.au/npsu

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

The WHO provides neonatal and perinatal mortality estimates by country, regional groupings and globally. For countries that do not have data, models were developed to estimate mortality. Since data on deaths come from a number of different sources, the methods used to obtain the estimates may vary; check the WHO website for further details. Country-specific estimates of stillbirth and early neonatal deaths were published only in 2006. The OECD also publishes perinatal mortality statistics. Note that both of these organisations calculate perinatal mortality using a minimum foetal weight of 1000g, as compared to the 400g used in most Victorian and Australian reporting. Data are available at:
Http://www.who.int/en
http://www.oecd.org

Comments:

For CCOPMM statistics presented in VCAMS, the perinatal mortaility rate is calculated with reference to all births of at least 20 weeks gestation, or if gestation is unknown, of birthweight of at least 400g. However, for purposes of continuity, in its annual report the CCOPMM also reports the Perinatal Mortality Rate (PMR) of infants of ≥500g or when the birthweight is unknown, of at least 22 weeks gestation. The definition of≥ 500g of birthweight and 22 weeks of gestation has certain advantages because it excludes from the calculations those mostly pre-viable live births of <500g and also the majority of cases where the pregnancy was terminted for fetal or maternal indications (Extracted from CCOPMM, 2008).

Explanation of Terms:

Stillbirth: The birth of an infant of at least 20 weeks gestation or if gestation is unknown weighing at least 400g, which shows no signs of life after birth.

Neonatal death: The death of a liveborn infant, less than 28 days after birth, of at least 20 weeks gestation or if gestation is unknown weighing at least 400g.(Extracted from CCOPMM 2008).

Source and Reference Attributes

Steward:

Consultative Council on Obstetric & Paediatric Mortality & Morbidity (CCOPMM)

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. The Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) 2008, Annual Report for the Year 2006, incorporating the 45th Survey of Perinatal Deaths in Victoria, CCOPMM, Melbourne.

1.5 Sudden Infant Death Syndrome (SIDS) for infants (Rate)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Infant - Sudden infant death syndrome, Rate per 1000 live births, NNNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
The Consultative Council on Obstetric and Paediatric Mortality and Morbidity

Definition:
Rate of deaths due to SIDS - the sudden unexpected death of an infant <1 year of age, with onset of the fatal episode apparently occurring during sleep, that remains unexplained after a thorough investigation, including performance of a complete autopsy and review of the circumstances of the death and clinical history.

Context:
Victorian Child and Adolescent Monitoring System

Source:
Victorian Perinatal Data Collection, Consultative Council on Obstetric & Paediatric Mortality & Morbidity

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNNN.N

Maximum Character Length:
5

Permissible Values:
Expressed as rate per 1000.
Range 0.0 to 1000.0

Calculation:

$$\frac{\text{Number of neonatal and post-neonatal deaths of infants classified as SIDS}}{\text{Number of live births}} \times 1000$$

Data Source Collection And Usage Attributes

Collection Methods:
The Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) was established in 1962 under the Health Act 1958 (Vic), and is the advisory body to the Minister for Health on maternal, perinatal and paediatric deaths. CCOPMM reviews all maternal, perinatal and paediatric deaths in Victoria in order to consider clinical features of each case and to assess preventability. The Victorian Perinatal Data Collection (VPDC) was established in 1982, by an amendment to the Health Act 1958 (Vic) under the auspices of CCOPMM. The Victorian Perinatal Data Collection of CCOPMM is a population-based mandatory surveillance system designed to collect information on, and in relation to, the health of mothers and babies.

CCOPMM collects information on Sudden Infant Death syndrome (SIDS) as a sub-group within the broader category of Sudden Unexpected Deaths in Infancy (SUDI), so that changes in classification practices or variations within Coronial approaches to autopsy do not obscure the broader picture of sudden and unexpected infant mortality. Any unexpected death of an infant must be reported to the Coroner, with full investigation and consideration of avoidable factors (Davey et al. 2008, CCOPMM 2009).

The causes of death for Sudden Unexpected Deaths in Infancy (SUDI) can include:(and are not limited to):

• Unexplained
– Sudden Infant Death syndrome (SIDS)
– Unclassified sudden infant death (USID), with or without autopsy
• Explained
– Suffocation whilst sleeping (including asphyxiation by bedclothes and overlaying)
– Infection, metabolic disorders, genetic disorder, etc
– Other– Non accidental injury, homicide (Extracted fromCCOPMM 2008).

Collection History:

Time series data are available from 1995. Data are collected annually.

Cross Tabulations Available:

Victoria
Age Maternal Country of Birth
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
Nationally comparable data are available from the AIHW's National Mortality Database. This is is a national collection of de-identified information for all deaths in Australia and is maintained by the AIHW. The collection is available at:
http://www.aihw.gov.au.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

SIDS is reported by WHO and the OECD under neonatal and infant mortality by cause of death. Coding-of-death and autopsy procedures vary widely internationally; therefore the comparisons should be interpreted with caution. Data are available at:
http://www.who.int/en
http://www.oecd.org

Comments:

CCOPMM does not report a SIDS rate, only total numbers of SIDS and SUDI.

Explanation of Terms:

Sudden Unexpected Deaths in Infancy (SUDI) includes death of infant (under 1 year of age) who died suddenly and unexpectedly after they are placed to sleep. Deaths where a cause of death is identified (usually at autopsy) are included in this category. SIDS is a subgroup within this category. Invesigation for SIDS includes performance of a complete autopsy and review of the circumstances of the death and the clinical history (CCOPMM 2008).

Source and Reference Attributes

Steward:

Consultative Council on Obstetric & Paediatric Mortality & Morbidity (CCOPMM)

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. The Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) 2008, Annual Report for the Year 2006, incorporating the 45th Survey of Perinatal Deaths in Victoria, CCOPMM, Melbourne2008.
2. Davey M-A, Taylor O, Oats JJN, Riley M. 2008, Births in Victoria 2005 and 2006, Victorian Perinatal Data Collection Unit, Statewide Quality Branch, Department of Human Services, Melbourne.

1.6 Birth defects (Rate)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Birth -Birth defects, Rate per 1000 births (plus termination of pregnancies), NNNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
National Health Data Dictionary; International Clearing House for Birth Defects Surveillance and Research

Definition:
Rate of birth defects among children aged 0 to 17 years

Context:
Victorian Child and Adolescent Monitoring System

Source:
Victorian Perinatal Data Collection, Consultative Council on Obstetric & Paediatric Mortality & Morbidity

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNNN.N

Maximum Character Length:
5

Permissible Values:
Expressed as rate per 1000.
Range 0.0 to 1000.0

Calculation:

$$\frac{\text{Number of birth defects}}{\text{Number of births plus termination of pregnancies <20 weeks}} \times 1000$$

Data Source Collection And Usage Attributes

Collection Methods:

The Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) was established in 1962 under the Health Act 1958 (Vic), and is the advisory body to the Minister for Health on maternal, perinatal and paediatric deaths. CCOPMM reviews all maternal, perinatal and paediatric deaths in Victoria in order to consider clinical features of each case and to assess preventability. The Victorian Perinatal Data Collection (VPDC) was established in 1982, by an amendment to the Health Act 1958 (Vic) under the auspices of CCOPMM. The Victorian Perinatal Data Collection of CCOPMM is a population-based mandatory surveillance system designed to collect information on, and in relation to, the health of mothers and babies.

One of the fundamental purposes of the VPDC, was the establishment and maintenance of a Victorian Birth Defects Register (VBDR).The VBDR collects data on all birth defects for livebirths, stillbirths and terminations of pregnancy occurring since January 1, 1982, irrespective of the age at diagnosis, up to 18 years of age (Riley and Halliday 2008).

Data are obtained from multiple sources: hospital inpatient listings from the major paediatric hospitals, VPDC, birth forms ,Perinatal death certificates, Autopsy reports, Cytogenetics reports, Maternal and child health nurses, other health professionals, and others (e.g. parent).

All notifications of birth defects (excluding terminations of pregnancy before 20 weeks gestation and

interstate births) are linked to the Perinatal birth form to obtain an obstetric history for each case. Midwives complete this form as part of the mandatory notification system to the VPDCU for every birth in Victoria. These data items are routinely maintained on the VBDR.

Collection History:

Data are updated annually.

Cross Tabulations Available:

DHS region Aboriginality
Age Maternal Country of Birth
Sex

Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Nationally comparable data are available from the AIHW's National Perinatal Statistics Unit, at: http://www.aihw.gov.au/npsu

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

The International Clearinghouse for Birth Defects Surveillance and Research brings together data from birth defect programmes from around the world, with the aim of conducting worldwide surveillance and research to prevent birth defects and to ameliorate their consequences. Information is available at:
http://www.icbdsr.org

Comments:

It is possible for one case to have two or more conditions - therefore, the number of birth defects may exceed the number of cases. To avoid misinterpretation of defects and for purposes of convenience, the birth defects are also given by four-digit code. The codes are in accordance with British Paediatric Association Classification of Diseases Supplement to ICD, 9th Revision.

Data quality: Over the years the data quality of the VBDR has been assessed by validation studies (refer to CCOPMM 2005 for references). The most recent study, completed in 2003, noted further improvement in overall notification to 88%. However, ascertainment of all terminations remains difficult.

Confidentiality: There is a strict policy in place to guide use of the data held in the VBDR for statistical and research purposes. Human Research Ethics Committee approval must be obtained for projects that use birth defect data. Identifiable data are not provided in any report.

Explanation of Terms:

Birth defect: any abnormality of prenatal origin, either present following conception or occurring before the end of pregnancy. This includes structural, functional, genetic, chromosomal and biochemical abnormalities (Riley and Halliday 2008).

Note that some other registers use the terms congenital abnoramlity, congenital malformation or congenital anamaly instead of birth defect. VPDC continue to use the term birth defects, in line with the International Clearing House for Birth Defects Surveillance and Research, to whom VPDC send data along with many registers around the world.

Source and Reference Attributes

Steward:

Consultative Council on Obstetric & Paediatric Mortality & Morbidity (CCOPMM)

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Consultative Council on Obstetric and Paediatric Mortality and Morbidity 2005, Victorian Birth Defects Bulletin No. 2 December 2005, viewed 15 September 2009, http://www.health.vic.gov.au/__data/assets/pdf_file/0019/313912/bdr_bulletindec05.pdf
2. Davey M-A, Taylor O, Oats JJN, Riley M. 2008, Births in Victoria 2005 and 2006, Victorian Perinatal Data Collection Unit, Statewide Quality Branch, Department of Human Services, Melbourne.

3. Riley, M & Halliday, J 2008, Birth Defects in Victoria 2005-2006, Victorian Perinatal Data Collection Unit, Department of Human Services, Melbourne.

1.7 Women of child bearing age who take folate supplements (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Prenatal - Child bearing age women who take folate supplements, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
National Health and Medical Research Council (NHMRC) - Nutrient Reference Values for Australia and New Zealand

Definition:
Percentage of women aged 18 to 50 years who take folate supplements daily

Context:
Victorian Child and Adolescent Monitoring System

Source:
Victorian Population Health Survey, Department of Health, Victoria

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of women of child bearing age in the population.
Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of women aged 18-50 years who reported taking a folate supplement or a multivitamin containing folate at least weekly(weighted)}}{\text{Number of women aged 18-50 years in sample (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Population Health Survey (VPHS) is a statewide survey undertaken annually to collect a wide range of information on the health of the adult Victorian population, and the determinants of health.

VPHS collects data on consumption of folate and folate awareness among females aged 18–50 years. The folate awareness questions aim to test womens' knowledge of folate and whether women see folate as important for general health, rather than as being specifically related to pregnancy.
VPHS questions on folate consumption include:
Q1) Are you currently taking a folate supplement or multivitamin containing folate?
Q2) Do you know the main reason why women in your age group might be advised to take folate or folic acid?
Q3) What is the main reason for taking folate?
Q4) Is there any particular reason why you're not taking folate?
Q5) What has been your main source of information about folate or folic acid?

Collection History:
Folate supplementation data for Q1–5 is available from 2005. Numerator for prevalence estimate based on Q1

Folate supplementation data were not collected in 2008.
Future data collection on folate supplementation may not include all of the above data items.

Cross Tabulations Available:

Metro/Rural
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
The NSW Population Health Survey includes a section on folate supplementation for mothers with babies aged 0–12 months (rather than women of childbearing age).
(http://www.health.nsw.gov.au/publichealth/chorep/mum/mum_folatetrend.asp).

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

International data collections include:
• JoCanadian Health Measures Survey (CHMS)
• Joint Canada /United States Survey of Health (JCUSH)
• New Zealand Survey programmes

Comments:

The validity of the data are dependent on womens' self-reporting and recall of folate intake. Women may not be aware if supplements they are taking contain folate. Also note that some women may try to give socially desirable answers, especially women who are pregnant or planning to to get pregnant, or who have recently given birth. To get a true sense of the outcomes of the adequacy of levels of folate consumption, NTD data should therefore also be considered.

Explanation of Terms:

Folate: Folate (also known as folic acid) is a B-group vitamin which is especially important for women of childbearing age. Folate is found naturally in some foods such as fresh vegetables and fruit, orange juice, legumes, nuts, liver, and yeast.. It is also present in fortified products such as bread and breakfast cereal, and can be taken as supplement in tablet or capsule form.
Substantial evidence shows that an adequate intake of this vitamin can reduce the chances of an infant being born with a Neural Tube Defect (NTD). Folate supplementation before pregnancy and in the first three months of pregnancy reduces the incidence of neural tube defects (such as spina bifida, anencephaly, and encephalocoele) by almost three-quarters (Lumley et al, 2009). The Royal Australian College of General Practitioners recommends taking 0.5mg of folic acid supplements daily for at least one month before pregnancy, and three months into the pregnancy to avoid NTD (Harris et al. 2009). For this reason, the NHMRC nutrient intake guidelines also recommend an elevated folate intake of 600 µg per day (0.6 mg) during pregnancy, with an additional requirement of 400 µg (0.4 mg) one month before and three months after conception (NHMRC 2005).

NTD data is collected by the Victorian Birth Defects Registry (VBDR), in the Victorian Government Department of Health (http//:www.health.vic.gov.au/perinatal/). For more details about the VBDR, refer to indicator 1.6.

Neural tube defects (NTD):The neural tube is the structure from which a baby's brain and spinal cord develop. NTD include spina bifida, encephalocoele and anencephaly, result from failure of the spinal cord or brain to develop normally during early foetal development (Lumley and et al, 2009).

Weight is numeric value, after the data collection population weights are applied to the data. VPHS data was weighted to reflect (i) the probability of selection of the respondent within the household and (ii) the age/sex/geographic distribution of the population. Although a single respondent was randomly selected from within a household, the size of any household can vary upwards from one person. To account for this variation, each respondent is treated as representing the whole household, so his/her weight factor includes a multiplier of the number of persons in the household (Department of Human Services, 2001).

Source and Reference Attributes

Steward:

Department of Health

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Harris M, Bennett J, Del Mar C, Fasher M, Foreman L, Furler J, Johnson C, Joyner B, Litt J, Mazza D, Smith J, Tomlins R, Bailey L, London J, Snowdon T, in conjunction with The Royal Australian College of General Practitioners Publications Unit 2009, Guidelines for preventive activities in general practice (7th Edition), The Royal Australian College of General Practitioners, South Melbourne.

2. Lumley J, Watson L, Watson M, Bower C 2009, 'Periconceptional supplementation with folate and/or multivitamins for preventing neural tube defects', Cochrane Database of Systematic Reviews, Issue 2; The Cochrane Collaboration. John Wiley & Sons, Melbourne.

3. National Health and Medical Research Council 2005, Nutrient Reference Values For Australia and New Zealand Including Recommended Dietary Intakes, NHMRC, Canberra.

4. Victorian Population Health Survey 2001, Department of Human Services, Victoria, 2002.Melbourne.

1.8 Children exposed to alcohol while in utero (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Prenatal -Exposure to alcohol in utero, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children aged under 2 years with mothers who reported drinking alcohol (in any quantity) during pregnancy

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged 0-1 years whose biological mothers reported drinking any amount of alcohol during pregnancy (weighted)}}{\text{Number of children aged 0-1 years where respondent is their biological mother (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey (VCHWS) is a triennial statewide telephone survey undertaken by the Department of Education and Early Childhood Development.
Within the VCHWS, biological mothers with children aged under 2 years are asked to recall alcohol consumption during pregnancy.

The following questions relate to alcohol exposure in utero:
• When you first became pregnant with (child), but before you knew you were pregnant, did you drink alcohol at all?
• Once you first knew that you were pregnant with (child), did you drink alcohol at all?
• Towards the end of you pregnancy with (child), did you drink alcohol at all?

Additional questions are used to assess whether women ever binged on alcohol during pregnancy.

Collection History:
Data collections occurred in 2006 and 2009.

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Alcohol consumption during pregnancy is not routinely monitored within surveillance systems in other states. The Longitudinal Study of Australian Children (LSAC) does include questions on alcohol consumption during pregnancy. Information is available at:
http://www.aifs.gov.au/growingup/

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

There is no universal safe limit of alcohol consumption (the effects of alcohol are mediated by food intake, drinking speed and individual characteristics), and so there is no set threshold at which infants become 'at risk' of alcohol-related harm. In 2009, the National Health and Medical Research Council (NHMRC 2009) released new guidelines advising that avoiding alcohol is the safest option for pregnant women and for women planning pregnancy.
Data are dependent on mothers' self-report and recall of drinking during pregnancy. Estimates could be considered to be conservative, given that under-reporting may occur.
Opinions on the validity of self-reported alcohol use vary. Research methods that elicit the highest reports of alcohol consumption are often considered to be the most valid. A number of studies suggest that telephone surveys produce alcohol and drug use estimates comparable, or sometimes higher, than other methods, perhaps due to increased anonymity (Midanik and Grenfield 2003). Therefore data collected through a CATI survey may be more valid than that collected during a face-to-face interview or consultation with a health professional.

Explanation of Terms:

Alcoholic drinks are measured in terms of standard drinks. A standard drink is equal to one full pot of full strength beer, one small glass of wine, or one pub sized nip of spirits.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Midanik, L, & Greenfield, T 2003, 'Telephone versus in-person interviews for alcohol use: Results of the 2000 National Alcohol Survey,' Drug and Alcohol Dependence, vol. 72, pp. 209-214.
2. National Health and Medical Research Council 2009, Australian Guidelines to Reduce Health Risks from Drinking Alcohol, NHMRC, Canberra.

1.9 Children exposed to tobacco while in utero (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Prenatal -Exposure to tobacco in utero, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children aged under 2 years whose biological mothers reported smoking cigarettes during pregnancy.

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged 0-1 year whose biological mothers reported smoking cigarettes during pregnancy (weighted)}}{\text{Number of children aged 0-1 year of age where respondent is their biological mother (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial statewide telephone survey undertaken by the Department of Education and Early Childhood Development .
Within VCHWS, the biological mothers of children aged under 2 years are asked to recall if they ever smoked cigarettes during pregnancy, using the following questions:
• Which of the following best describes you? I smoke daily; I smoke occasionally; I don't smoke but I used to; I've tried it a few times but I never smoked regularly, or; I've never smoked.
• When you first became pregnant, but before you knew that you were pregnant, on average about how many cigarettes, if any, did you smoke per day?
• Once you first knew that you were pregnant, on average about how many cigarettes, if any, did you smoke per day?
• Towards the end of your pregnancy, on average about how many cigarettes, if any, did you smoke per day?

Collection History:
Data collections occurred in 2006 and 2009

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow. Population weights are

applied to the data.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Smoking in pregnancy data are not comparable with data collected in other states.

No national prevalence data are currently collected; however data from New South Wales, Western Australia, South Australia, Northern Territory and Australian Capital Territory are reported in the AIHW Mothers and babies (Laws et al. 2007) and Smoking and Pregnancy publications (Laws et al. 2006).

Comprehensive national collection may commence in the future, as an evaluation of the Perinatal National Minimum Data Set (NMDS) conducted by the AIHW National Perinatal Statistics Unit (NPSU) recommended that smoking status during pregnancy be included in the Perinatal NMDS (Laws and Sullivan 2004).

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

This question may be subject to social desirability bias.
The Women's Hospitals Australasia (WHA) are nearing completion of a project to define a set of core maternity indicators to be collected consistently across all Australian hospitals. An indicator for smoking during pregnancy is likely to be piloted and the feasibility of collection through the National Perinatal Statistics forms will be assessed. While the feasibility of collection is still under consideration, the information will probably be obtained at the first antenatal visit (i.e. the collection can occur as a real-time entry during the first 20 weeks or as a retrospective entry should the visit take place in the second 20 weeks of pregnancy). In the future, if this nationally comparable collection commences, it become the source of data for VCAMS.

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Laws, PJ and Sullivan, EA 2004, Report on the evaluation of the Perinatal National Minimum Data Set, Perinatal Statistical Series No. 14. Cat. No. PER 27, AIHW National Perinatal Statistics Unit, Sydney.
2. Laws, PJ, Grayson, N & Sullivan, EA 2006, Smoking and pregnancy, AIHW Cat. No. PER 33. AIHW National Perinatal Statistics Unit, Sydney.
3. Laws PJ, Abeywardana S, Walker J & Sullivan EA 2007, Australia's mothers and babies 2005, Perinatal statistics series no. 20. Cat. No. PER 40. AIHW National Perinatal Statistics Unit, Sydney.

2.1 Infants breastfed (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Infant - Exclusively breastfed 6 months, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of infants, aged under 2 years, who received breast milk until at least six months, and who had not had solids, cows milk, infant formula, fruit juice or water introduced to their diet before six months of age.

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of infants who had received breast milk until at least six months, and who had not had solids, cows milk, infant formula, fruit juice or water introduced to their diet before six months of age (weighted)}}{\text{Number of infants six months to two years where the respondent was the biological mother (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial statewide telephone survey undertaken by the Department of Education and Early Childhood Development.
Within the survey, biological mothers with infants aged under 2 years are asked:
- Has (child) ever been breastfed? (breast milk, including expressed milk or milk from a wet nurse, even if only fed once).
- Since this time yesterday, has (child) been breastfed?
- What is the total time that (child) was breastfed?
- .At what age was (child) first given WATER?
- At what age was (child) first given FRUIT JUICE?
- At what age was (child) first given INFANT FORMULA?
- At what age was (child) first given MILK? (other than breastmilk)
- At what age was (child) first given SOLID or SEMI-SOLID FOOD?

Collection History:
Data collections occurred in 2006 and 2009.

Cross Tabulations Available:
Metro/Rural
Age group

Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Currently, Australia has no reliable national data collection to effectively monitor breastfeeding, and the inconsistent use of definitions and terms makes it difficult to compare studies of breastfeeding rates (AIHW 2009).

However, the importance of monitoring breastfeeding rates is recognised, and the proportion of infants exclusively breastfed at 4 months of age has been endorsed by Health, Community and Disability Services Ministers as a Headline Indicator of children's health, development and wellbeing (AIHW 2009).

Note that breastfeeding at four months has been specified as the interim national headline indicator because it is recognised that the WHO recommendation of exclusive breastfeeding up to six months of age gives rise to some measurement difficulties, as solids are often introduced to infants around the age of six months. Four months has thus been nominated as the headline indicator until such a time as reliable data can be collected on exclusive breastfeeding up to six months of age.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

The VCHWS data is calculated from biological mothers' reports of when they introduced solids and liquids to their infants' diets. Although contested by local breastfeeding experts, Webb et al. (2001) report that questions relating to the introduction of solids are subject to high recall error. The national guidelines on monitoring breastfeeding recommend against asking recall questions relating to the introduction of solids, instead suggesting mothers should report what the infant has received in the last 24 hours. However, this approach is difficult to implement in population surveys, as including only women who have breastfed in the last 24 hours is likely to lead to small number of respondents, making robust population estimates problematic.
In Australia the current National Health Medical Research Council (NHMRC) recommendations are for exclusive breastfeeding from birth until six months of age, and continuation of breastfeeding until age two or beyond with appropriate complementary feeds (NHMRC 2003).

Explanation of Terms:

Ever breastfed: ever given breast milk, even just once. This includes putting the infant to the breast to feed or giving expressed breast milk.
Breastfed: includes giving expressed breast milk
Fully breastfeeding to three months:Infants (aged 3 months to 2 years) who are still receiving breast milk, and who have not had solids, milks or infant formula introduced to their diet before 3 months.
Fully breast feeding to six months: Infants (aged 6 months to 2 years) who are still receiving breast milk, and who have not had solids, milks or infant formula introduced to their diet before 6 months.
Exclusive brest feeding to three months:
Infants aged 3 months to 2 years who are still receiving breast milk, and who have not had solids, milks, infant formula, fruit juice or water introduced to their diet before 3 months.
Exclusive brest feeding to three months:
Infants aged 6 months to 2 years who are still receiving breast milk, and who have not had soilds, milk, infant formula, fruit juice or water introduced to their diet before 6 months.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Australian Institute of Health and Welfare 2009, A picture of Australia's children 2009, AIHW Cat. no. PHE 112. AIHW: Canberra.
2. National Health Medical Research Council 2003, Dietary Guidelines for Children and Adolescents in Australia Incorporating the Infant Feeding Guidelines for Health Workers, NHMRC, Canberra.
3.Webb, K, Marks, GC, Lund-Adams, M, Rutishauser, IHE, Abraham, B 2001, Towards a National System for Breastfeeding in Australia, Food and Nutrition Monitoring Unit and Department of Health and Aged Care, Canberra.

2.2 a Children who eat the minimum daily recommended serves of fruit and vegetable every day (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Child - Children (4 to 12 years) who eat minimum daily recommended serves of fruit and vegetables, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
NHMRC guidelines for daily fruit and vegetable intake in children

Definition:
Percentage of children, aged 4 to 12 years, who eat the minimum daily recommended serves of fruit and vegetables

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0.

Calculation:

$$\frac{\text{Number of children aged 4 - 12 years who eat the minimum daily recommended serves of fruit and vegetables (weighted)}}{\text{Number of children aged 4 - 12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial statewide telephone survey undertaken by the Department of Education and Early Childhood Development.
Two questions in the survey are relate to childrens' fruit and vegetable intake:
• How many serves of fruit does (child) usually eat each day? (a serve is one medium piece or two small pieces of fruit, or one cup of diced pieces. This also includes dried fruit - equivalent to one tablespoon).
• How many serves of vegetables does (child) usually eat each day? (A serve is half a cup of cooked vegetables or one cup of salad vegetables).

Collection History:
The survey was undertaken in 2006 and 2009.

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must

be taken as there may be definitional and structural variations in other data collections.

The questions used to ask about fruit and vegetable intake are originally from the National Nutrition Survey. The questions have been recommended by the National CATI reference group and are widely used in Australia, offering good comparability with other surveys, including Queensland's Child Health Survey and the NSW Child Health Survey. The questions have been validity tested with a variety of age groups.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

The Dietary Guidelines for Children and Adolescents in Australia (NHMRC 2003) recommend the minimum daily serves of fruit and vegetables are: for children aged 4 to 7 years (1 fruit serve, 2 vegetable serves), 8 to 11 years (1 fruit serve, 3 vegetable serves), 12 to 18 years (3 fruit serves, 3 vegetable serves).

Explanation of Terms:

Vegetables: includes all leafy green vegetables (for example, spinach, lettuce,silver beet and bok choi), members of the crucifer family (for example, broccoli, cabbages and brussels sprouts), all root and tuber vegetables (for example, carrots, yams and potatoes), edible plant stems (for example, celery and asparagus), gourd vegetables (for example, pumpkin and cucumber), allium vegetables (for example onion, garlic and shallot) and corn, although this last food is usually regarded as a cereal. Some vegetables are eaten raw; others are best cooked because this makes them more palatable and digestible (NHMRC 2003).
Fruits: The term fruit generally applies to the sweet, fleshy edible portion of a plant that arises from the base of the flower and surrounds the seeds; apples, oranges, plums, berries, tomatoes and avocados are examples. Most fruit is eaten raw, although in some cases cooking can offer a tasty alternative (NHMRC 2003).

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. National Health Medical Research Council 2003, Dietary Guidelines for Children and Adolescents in Australia Incorporating the Infant Feeding Guidelines for Health Workers. NHMRC, Canberra.

3.1 a Children who are fully vaccinated (<6 Years) (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Child - Children (<6 years) fully vaccinated, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
NHMRC guidelines for Australian children's Immunisation schedule
(Not Sure)
http://www.health.vic.gov.au/__data/assets/pdf_file/0018/272034/vic_imm_2009-12_2.pdf

Definition:
Percentage of children under the age of 6 years who are fully vaccinated

Context:
Victorian Child and Adolescent Monitoring System

Source:
Australian Childhood Immunisation Registry, Department of Health, Victoria

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as percentage
Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children on the ACIR who are fully immunised at 12-15 months, 20-24 months and 72-75 months of age}}{\text{Number of children on the ACIR who are aged 12-15months, 20-24 months and 72-75 months}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Australian Childhood Immunisation Register (ACIR) is the national data base that holds information on the vaccination status of children aged less than six years.
ACIR provides information about vaccine coverage at the three key milestones of 12 months, 24 months and 6 years of age. Coverage is measured three months after the last cut-off date for the cohort for completion of each milestone, to allow for delayed notification to the ACIR. Fully immunised children are those who have received all the standard immunisations appropriate to their age.Children are routinely immunised free of charge, as part of the National Immunisation Program, against hepatitisB, rotavirus, diphtheria, tetanus, pertussis (whooping cough), polio, pneumococcal, haemophilus influenza type B(Hib), measles, mumps, rubella, meningococcal C and varicella(Extracted from, Department of Education and Early Childhood Development 2008).

Collection History:
Data is updated quarterly. Time series data is available from 1996.

Cross Tabulations Available:

LGA	Aboriginality
Age	CALD

Sex
Cross tabulations are available as far as confidentiality issues will allow. Data available for children who are aged 12-15months, 20-24 months and 72-75 months

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

The ACIR is a national register administered by Medicare Australia that records details of vaccinations given to children under six years of age who live in Australia.
ttp://www.medicareaustralia.gov.au/public/services/acir/index.jsp

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

The international data on immunisationvaccination f is available on respective countries health/ public health related websites.
http://www.immunisation.nhs.uk/Vaccines
http://www.cdc.gov/vaccines/
http://www.phac-aspc.gc.ca/im/i

Comments:

The 12-month milestone measures vaccinations due at six months of age, and includes only vaccinations administered before the child turns 12 months old. The 24-month milestone includes vaccinations due at 12 months of age and administered before the second birthday. The six-year milestone includes vaccinations due at 4 years of age and administered before
the sixth birthday

Limitations to the ACIR data, as an estimate for vaccination coverage, include under-reporting, and the fact that records are only held for children up to 7 years of age and that coverage is calculated only for children registered with Medicare (
Hull et al. 1999; Yohannes et al. 2004 in Department of Education and Early Childhood Development 2008).

There are varying estimates of the level of coverage among Indigenous children. There are issues around the identification of Indigenous children on the ACIR. This means that estimates of immunisation coverage by Indigenous status may not be representative of the general population of Indigenous children (Extracted from, Department of Education and Early Childhood Development 2007).

Explanation of Terms:

Socio Economic Status: Unless stated otherwise, the SEIFA index used in these tables is the 2006 SEIFA Index of Relative Socioeconomic Disadvantage (IRSD) developed by the ABS for use at the Statistical Local Area level. Lowest SES corresponds to the most disadvantaged SEIFA quintile and highest SES corresponds to the least disadvantaged SEIFA quintile.

Source and Reference Attributes

Steward:

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Deapartment of Education and Early Childhood Development 2008, The State of Victoris/s children, Melbourne.
2. Deapartment of Education and Early Childhood Development 2007, Catalogue of Evidence for Indicators, melbourne.

4.1 Children who are developmentally vulnerable (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Child- Developmentally vulnerable as measured within AEDI domains, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
Australian Early Development Index (AEDI) has been adapted from the Canadian Early Development Instrument (EDI)

Definition:
Percentage of children who are developmentally vulnerable as measured within AEDI domains

Context:
Victorian Child and Adolescent Monitoring System

Source:
Australian Early Development Index, Centre for Child and Community Health

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
5

Permissible Values:
Expressed as a percentage.
Range 0.0 to 100.0
% Children Physical health and wellbeing Social competence Emotional maturity Language and cognitive skills Communication skills and general knowledge
Developmentally vulnerable
Performing well

Calculation:

$$\frac{\text{Number of children developmentally vulnerable on the: Australian early development index (AEDI)}}{\text{Number of children in the geographic area of study}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The AEDI is a population measure of children's development as they enter school. School entry is the first time point where data can be systematically collected on all children in a population. Teachers complete the AEDI checklist for each eligible child using a simple and secure web-based data entry system. Teachers complete the AEDI Checklists based on their knowledge and observations of the children in their class. Children are not required to be present.
For the purpose of reporting against this indicator within VCAMS, children who are devlopmentally vulnerable on one or more of the following domains of early childhood development are reported:
Physical health and wellbeing
Social competence
Emotional maturity
Language and cognitive skills
Communication skills and general knowledge

Collection History:

Data is collected annually. Between 2004 and 2007, 60 geographic areas across all Australian states and territories (with the exception of the Northern Territory) have been involved in the AEDI. Within these AEDI communities 2,157 teachers from 1,012 schools (both government and non-government) completed the AEDI checklist for 37,420 children in the first year of full-time school.

Cross Tabulations Available:

LGA Aboriginality
Age
Sex
Disabled

Cross tabulations are available as far as confidentiality issues will allow.Age is usually 5-6 years. As children as in the first year of full-time schooling within a community or a geographic area are reported.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
AEDI has good national comparability.The national implementation of the AEDI provides an opportunity or every community across Australia to obtain a comprehensive picture of their early childhood development outcomes.
http://www.rch.org.au/australianedi/about.cfm?doc_id=6258
http://www.ichr.uwa.edu.au/

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
The EDI checklist was originally developed in Canada.

http://www.offordcentre.com/

Comments:

The Canadian EDI has been adapted and validated for Australia (Brinkman et al., 2004, Brinkman et al., 2006, Brinkman et al., 2007). The AEDI is a population measure of young children's development from a teacher-completed checklist, which measures five developmental domains:

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

The Victorian Government has committed to using the AEDI as a progress measure against the COAG indicative Outcomes for Early Childhood

The AEDI is used to report on all individuals within a defined population. In the case of the AEDI, the defined population is all children in the first year of full-time schooling within a community or a geographic area.

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1.Sally Brinkman, Dr Bret Hart and Sally Blackmore from the North Metropolitan Health Service, Sixth Biennial ECIA Conference held in Melbourne July 25-27, 2004.

2.Sally Brinkman, Dr Magdalnea Janus, Rob Raos, Dr Bret Hart, Sally Blackmore.Poster presented at the 19th Biennial Meeting - International Society for the Study of Behavioural Development ISSBD Conference, Melbourne 2-6 July, 2006.

3. Silburn S.R. Brinkman S.A. Lawrence D, Sayers M, Goldfeld S, Oberklaid F. (2007) Establishing the construct and predictive validity of the Australian Early Development Index (AEDI).

5.3 a Children who brush their teeth twice a day (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Child - Children aged 2-12 years brushing teeth twice or more each day, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children, aged 2-12 years, who are reported to brush their teeth with toothpaste twice a day or more

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0.

Calculation:

$$\frac{\text{Number of children aged 2-12 years who are reported to brush their teeth with toothpaste twice a day or more (weighted)}}{\text{Number of children aged 2-12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial statewide telephone survey undertaken by the Department of Education and Early Childhood Development. All data is reported by the child's main caregiver.
With regards to this indicator, the respondent is asked:
• How often does (child) use toothpaste (now)?

Collection History:
The survey was undertaken in 2006 and 2009.

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):
This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

The Oral Health Guidelines for Victorians (DHS 2003) recommend that people to brush their teeth at least twice day.

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Department of Human Services 2003, Oral Health Guidelines for Victorians, Victorian Oral Health Promotion Strategy Partnership Group Messages Subcommittee on behalf of the Victorian Oral Health Promotion Strategy Partnership Group, viewed 19 August 2009. http://www.dhs.vic.gov.au/phd/oral/guidelines_oralhealth.htm.

7.2 a Children with special health care needs (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Child - Children (0-12 years)with special health care needs, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children, aged 0 to 12 years, who are reported either to be dependent on medication, to have special service needs and/or to have functional limitations due to a health, medical or behavioural condition, that has lasted or is expected to last for at least 12 months

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0.

Calculation:

$$\frac{\text{Number of children aged 0-12 years who are reported to have at least one special health care need (weighted)}}{\text{Number of children aged 0-12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial, statewide telephone survey undertaken by the Department of Education and Early Childhood Development. All data are reported by the child's main care giver.
VCHWS uses the Children with Special Health Care Needs Screener (Bethell et al. 2002) to identify children who are reported either to be dependent on medication, to have special service needs and/or to have functional limitations due to a health, medical or behavioural condition, that has lasted or is expected to last for at least 12 months.
The CSHCNS is under copyright, however the tool can be obtained from:
http://www.markle.org/resources/facct/doclibFiles/documentFile_446.pdf.

Collection History:
The survey was undertaken in 2006 and 2009.

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Selected questions from the Children with Special Health Care Needs Screener are included in the Longitudinal Study of Australian Children.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
The Children with Special Health Care Needs Screener has been widely used in the USA, where it was included in the National Survey of Children's Health. Data are available at:
http://nschdata.org/Content/Default.aspx

Comments:

Due to the low incidence of many childhood illnesses, and the high number of illnesses Victorian children could possibly have, disease specific questions within a population health survey are unlikely to provide useful information (Bethell et al. 2002). Instead, the CSHCNS is used to get an overall picture of Victorian children's health.

Explanation of Terms:

Special health care needs: dependent on medication, having special service needs and/or having functional limitations due to a health, medical or behavioural condition, that has lasted or is expected to last for at least 12 months.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Bethell, CD, Read, D, Stein, REK, Blumberg, SJ, Wells, N and Newacheck, PW 2002, 'Identifying Children with Special Health Care Needs: Development and Evaluation of a Screening Instrument', Ambulatory Pediatrics, vol.2, pp.38-48.

7.3 a Children with current asthma (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Child - Children aged 1 to12 years with current asthma, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
Australian Centre for Asthma Monitoring (2005) Enhancing Asthma Related Information for Population Monitoring. AIHW cat. No ACM 4. AIHW, Canberra.

Definition:
Percentage of children, aged 1-12 years, with "current" asthma - who have ever been doctor diagnosed with asthma and have experienced asthma symptoms and/or taken medication for asthma in the past 12 months

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged 1-12 years with current asthma (weighted)}}{\text{Number of children aged 1-12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial, statewide telephone survey undertaken by the Department of Education and Early Childhood Development. All data are reported by the child's main caregiver.
The following questions are used to identify children with current asthma.
• Have you ever been told by a doctor that (child) has asthma?
• During the last 12 months did (child) have any symptoms of asthma? Symptoms of asthma include coughing, wheezing, shortness of breath and chest tightness, when you don't have a cold or respiratory infection.
• During the last 12 months, did (child) take medication for asthma? This includes using an inhaler, puffer or nebuliser as well as pills or other medicines for asthma.
The questions used to collect asthma data were provided by the Australian Centre for Asthma Monitoring (ACAM, 2005).

Collection History:
The survey was undertaken in 2006 and 2009.

Cross Tabulations Available:
Metro/Rural
Age group
Sex

Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

The asthma questions are widely used in Computer Aided Telephone Interview surveys in Australia, enabling comparisons between data sets. Refer to the AIHW report Asthma in Australia 2008 (ACAM 2008) for further details.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

Diagnosis of asthma in the early years of life can be problematic. Classification errors may therefore be high in data for children of less than 3 years of age. Assessing trends over time in relation to asthma can also be problematic given changes in diagnostic criteria.
The questions used in VCHWS have good face validity and have undergone cognitive field-testing.

Explanation of Terms:

Asthma is a chronic inflammatory disease caused by narrowing of the small air passage (bronchi) of the lungs due to the air passage becoming swollen and inflamed (Department of Human Services 2005).

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Australian Centre for Asthma Monitoring 2005, Enhancing Asthma Related Information for Population Monitoring, AIHW Cat. No.ACM 4, AIHW, Canberra.
2. Australian Centre for Asthma Monitoring 2008, Asthma in Australia 2008, AIHW Series no. 3. Cat. No. ACM 14, AIHW, Canberra.
3. Department of Human Services 2005, Victorian Burden of Disease Study, Mortality and Morbidity in 2001, Public Health Group, Rural and Regional Health and Aged Care Services Division, Department of Human Services, Melbourne.

7.4 a Children with current asthma who have a written asthma plan (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Child- Children 1-12 years with current asthma with a written asthma plan, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children aged 1 to 12 years, with 'current' asthma who have an asthma action plan

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged 1-12 years with 'current' asthma who have an asthma action plan,(weighted)}}{\text{Number of children aged 1-12 years with 'current asthma' (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial, statewide telephone survey undertaken by the Department of Education and Early Childhood Development. All data are reported by a child's main caregiver.
The following questions are used to identify children with current asthma who have written asthma action plans:
• Have you ever been told by a doctor that (child) has asthma?
• During the last 12 months did (child) have any symptoms of asthma?
Symptoms of asthma include coughing, wheezing, shortness of breath and chest tightness, when you don't have a cold or respiratory infection.
• During the last 12 months, did (child) take medication for asthma? This includes using an inhaler, puffer or nebuliser as well as pills or other medicines for asthma.
• Do you have an asthma action plan, written instructions of what to do if (child's) asthma is worse or out of control?
The questions used to collect asthma data were provided by the Australian Centre for Asthma Monitoring (ACAM 2005).

Collection History:
The survey was undertaken in 2006 and 2009.

Cross Tabulations Available:
Metro/Rural
Age group

Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

The asthma questions are widely used in Computer Aided Telephone Interview surveys in Australia, enabling comparisons between data sets. Refer to the AIHW report Asthma in Australia 2008 (ACAM 2008) for further details.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

Written asthma action plans are an important component of asthma management (Gibson and Coughlan 2002). Monitoring the proportion of children with asthma action plans informs the development of interventions and supports to assist children and their families manage asthma symptoms (ACAM 2005).

Explanation of Terms:

Asthma Action Plan: written instructions of what to do a child's asthma becomes worse or out of control.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Australian Centre for Asthma Monitoring 2005, Enhancing Asthma Related Information for Population Monitoring, AIHW cat. No ACM 4. AIHW, Canberra.
2. Gibson, PG, Powell, H, Wilson, A, Abramson, MJ, Haywood, P, Bauman, A, Hensley, MJ, Walters, EH, Roberts, JJL 2002, 'Self-management education and regular practitioner review for adults with asthma', Cochrane Database of Systematic Reviews, Issue 1. Art. No.: CD001117, viewed 12 July 2009. http://www.cochrane.org/reviews/en/,ab001117.html.

7.5 Hospitalisation for asthma (Rate)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Child - Asthma hospitalisation,Rate per 100,000, NNNNNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
International Classification of Diseases, version 10, Australian Modification (ICD-10-AM)

Definition:
Hospitalisation rate of children aged 0 to 17 years, for asthma related illness

Context:
Victorian Child and Adolescent Monitoring System

Source:
Victorian Admitted Episodes Dataset (VAED), Department of Health, Victoria

Source Denominator:
Australian Bureau of Statistics, Estimated Resident Population

NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNNNNN.N

Maximum Character Length:
7

Permissible Values:
Expressed as a rate per 100,000.
Range 0.0 to 100,000.0

Calculation:

$$\frac{\text{Hospital separations for children aged 0-17 years where the principal diagnosis is asthma}}{\text{Estimated Resident Population of children aged 0-17 years}} \times 100{,}000$$

Data Source Collection And Usage Attributes

Collection Methods:
Diagnoses of patients admitted through hospitals in Victoria are systematically recorded through the Victorian Admitted Episodes Dataset (VAED), which currently uses the International Classification of Diseases, version 10, Australian Modification (ICD-10-AM).
For the purpose of reporting against this indicator within VCAMS, asthma hospitalisations have been classified as a principal diagnosis of one of the following ICD-10-AM coded conditions: J440 – COPD with acute lower respiratory infection, J441-COPD with acute exacerbation unspecified, J448-Other specified COPD, J449-COPD unspecified, J450-Predominantly allergic asthma, J451-Non allergic asthma, J458- Mixed asthma, J459 - Asthma unspecified, J46-Status asthmaticus.
COPD=Chronic Obstructive Pulmonary Disease.

Collection History:
Changes in coding standards may affect the comparability of data through time. VAED reporting changes on the basis of ICD, which is revised periodically by the World Health Organization (WHO) to accommodate new developments in the understanding and awareness of diseases.
The ICD currently in use is the ICD-10; that is, the tenth revision of the ICD. Prior to this, hospital data were coded using the Clinical Modification of IC-9 (ICD-9CM).
Data collated using the different classifications (ICD-9-CM and ICD-10-AM) may not be exactly comparable.

Cross Tabulations Available:
LGA Aboriginality

Age
Sex
Cross tabulations are available as far as confidentiality issues will allow.LGA is the LGA of the patient residence at time of admission to hospital.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

National comparative data is available from the National Hospital Morbidity Database, managed by the Australian Institute for Health and Welfare. The database is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals. State and territory health departments provide information on the characteristics, diagnoses and care of admitted patients in public and private hospitals to the AIHW for inclusion in the NHMD on an annual basis.

National asthma data is also reported separately, as each of the states and territories collects data for asthma hospital separations by providing a specified subset of these data to the AIHW. AIHW publishes reports on asthma in Australia based on principal diagnosis of asthma, reported by financial year (ACAM 2008a). Data are available at: http://www.aihw.gov.au/hospitals/datacubes

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Many countries have hospital morbidities collection systems, and it may be possible to obtain comparable asthma data from these, as ICD-10 codes are used internationally to code asthma.

However, note that relatively few countries report hospitalisations due to asthma, and that internationally, countries may choose to report any or all of the various ICD -10 codes of asthma. There may also be discrepancies in international comparisons due to differences in definitions and data collections, differences in medical practices and understandings of asthma.

US and UK data are available at:
http://www.cdc.gov/asthma/asthmadata.htm
http://www.statistics.gov.uk/children

Comments:

Validity and reliability of asthma related hospitalisation is influenced medical practitioners diagnosis of asthma. In Australia there hasn't been any recent validation for coding asthma hospitalisation, however international evidence suggest that coding for asthma is accurate especially amongst children (Krueger et al. 2001; ACAM 2008b).

Explanation of Terms:

Asthma: a chronic inflammatory disease caused by narrowing of the small air passage (bronchi) of the lungs due to the air passage becoming swollen and inflamed (Department of Human Services 2005).
Admitted Patient: "A patient who undergoes a hospital's admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in traditional hospital setting and/or in the person's home (under specified programs such as Hospital In The Home). All services provided to a patient during an admitted episode should be reported as part of the admitted episode"(AIHW, 2008; pp. 363).
Hospital separation: "The formal process by which a hospital records the completion of treatment or care for an admitted patient. The episode of care may be completed by an admitted patient's discharge, death, transfer to another hospital or change in the type of care" (AIHW, 2008; pp. 208).
ICD-10: "ICD is the international standard diagnostic classification. It is used to classify diseases and other health problems recorded on many types of health and vital records including death certificates and health records. In addition to enabling the storage and retrieval of diagnostic information for clinical, epidemiological and quality purposes, these records also provide the basis for the compilation of national mortality and morbidity statistics by WHO Member States" (WHO 2007)
ICD-10 AM: "ICD-10-AM has been developed by the National Centre for Classification in Health (NCCH) with assistance from clinicians and clinical coders to ensure that the classification is current and appropriate for Australian clinical practice. The ICD-10-AM disease component is based on the WHO ICD-10. It uses an alphanumeric coding scheme for diseases. It is structured by body system and aetiology, and comprises three, four and five character categories".
(NCCD 2002).
Non-Admitted Patient: "A patient who does not meet one of the Criteria for Admission. Patients who do not meet admission criteria must not be reported to the VAED, regardless of how the person is recorded on the service's software system, and regardless of any private billing arrangements"(AIHW 2008; pp. 363).
Principal diagnosis: "Principal diagnosis is the diagnosis established, after study, to be chiefly responsible for the patient's hospitalisation" (AIHW 2008; pp. 208).

Source and Reference Attributes

Steward:

Department of Human Services

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Australian Centre for Asthma Monitoring 2008a, Asthma in Australia 2008, AIHW Asthma Series no. 3, Cat. No. ACM 14, AIHW, Canberra.
2. Australian Centre for Asthma Monitoring 2008b, Statistical methods for monitoring asthma, AIHW Cat. No.ACM 12, AIHW, Canberra, viewed 10 July 2009. http://www.aihw.gov.au/publications/acm/smfma/smfma-20080812.pdf.
3. Australian Institute of Health and Welfare 2008, Australian hospital statistics 2006–07, Health services series no. 31, AIHW Cat. No. HSE 55, AIHW, Canberra, viewed 10 July 2009. http://www.aihw.gov.au/hospitals.
4. Department of Human Services 2005, Victorian Burden of Disease Study, Mortality and Morbidity in 2001, Public Health Group, Rural and Regional Health and Aged Care Services Division, Department of Human Services, Melbourne.
5. Krueger KP, Armstrong EP & Langley PC 2001, 'The accuracy of asthma and respiratory disease diagnostic codes in a managed care medical claims database', Disease Management, vol.4, pp. 155–61.
6. National Centre for Classification in Health 2002, The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (3rd edn), NCCH, The University of Sydney, Sydney.
7. World Health Organisaion 2007, International Statistical Classification of Diseases and Related Health Problems 10th Revision Version for 2007, viewed 15 June 2009. http://apps.who.int/classifications/apps/icd/icd10online.

7.6 Leading causes of hospitalisation (Rate)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element
Technical Name:
Child- Top five leading causes of hospitalisation , Rate per 100,000, NNNNNN.N
Registration Status:
VCAMS, Indicator, October 2007, Current
Standards:
Definition:
Top five causes of hospitalisation of children aged 0-17 years
Context:
Victorian Child and Adolescent Monitoring System
Source:
Victorian Admitted Episodes Dataset (VAED), Department of Health, Victoria
Source Denominator:
Australian Bureau of Statistics, Estimated Resident Population
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric
Format:
NNNNNN.N
Maximum Character Length:
7
Permissible Values:
Expressed as a rate per 100000.
Range 0.0 to 100000.0
Calculation:

$$\frac{\text{Top five leading causes of hospitals separations by principal diagnosis for children aged 0-17 years}}{\text{Estimated Resident Population of children aged 0-17 years}} \times 100{,}000$$

Data Source Collection And Usage Attributes

Collection Methods:
Diagnoses of patients admitted through hospitals in Victoria are systematically recorded through the Victorian Admitted Episodes Dataset (VAED), which currently uses the International Classification of Diseases, version 10, Australian Modification (ICD-10-AM).
The top five causes of hospitalisations among children aged 0-17 years in Victoria are used for reporting against this indicator within VCAMS.
Collection History:
Changes in coding standards may affect the comparability of data through time. VAED reporting changes on the basis of ICD, which is revised periodically by the World Health Organization (WHO) to accommodate new developments in the understanding and awareness of diseases.
The ICD currently in use is the ICD-10; that is, the tenth revision of the ICD. Prior to this, hospital data were coded using the Clinical Modification of IC-9 (ICD-9CM).
Data collated using the different classifications (ICD-9-CM and ICD-10-AM) may not be exactly comparable.
Cross Tabulations Available:
Metro/Rural Aboriginality
Age
Sex
Cross tabulations are available as far as confidentiality issues will allow.LGA is the LGA of the patient residence at time of admission to hospital.
Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

National comparative data is available from National Hospital Morbidity Database, managed by the Australian Institute for Health and Welfare. The database is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals.
State and territory health departments provide information on the characteristics, diagnoses and care of admitted patients in public and private hospitals to the AIHW for inclusion in the NHMD on an annual basis.

The top five causes of hospitalisation may differ between states and territories. For comparing the incidence of individual causes, data can be accesed at National Hospital Morbidity Database:

http://www.aihw.gov.au/hospitals/datacubes

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Internationally, leading causes of hospitalisation may be reported separately under different categories: for example, burden of disease, birth defects, HIV, tuberculosis, infectious diseases, and neonatal admissions.

Comments:

The data is a measure of the accuracy of the ICD-10-AM codes submitted by Victorian public hospitals, and the extent to which the codes reported are supported by the clinical documentation and allocated in accordance with contemporary reporting requirements; A measure of the impact of any code changes on Victorian-modified Diagnosis Related Groups (Vic-DRGs), and the impact of these changes, may alter the top five categories of hopitalisation reported in VCAMS.

Explanation of Terms:

Admitted Patient: "A patient who undergoes a hospital's admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in traditional hospital setting and/or in the person's home (under specified programs such as Hospital In The Home). All services provided to a patient during an admitted episode should be reported as part of the admitted episode"(AIHW, 2008; pp. 363).
Hospital separation: "The formal process by which a hospital records the completion of treatment or care for an admitted patient. The episode of care may be completed by an admitted patient's discharge, death, transfer to another hospital or change in the type of care" (AIHW, 2008; pp. 208).
ICD-10: "ICD is the international standard diagnostic classification. It is used to classify diseases and other health problems recorded on many types of health and vital records including death certificates and health records. In addition to enabling the storage and retrieval of diagnostic information for clinical, epidemiological and quality purposes, these records also provide the basis for the compilation of national mortality and morbidity statistics by WHO Member States" (WHO 2007)
ICD-10 AM: "ICD-10-AM has been developed by the National Centre for Classification in Health (NCCH) with assistance from clinicians and clinical coders to ensure that the classification is current and appropriate for Australian clinical practice. The ICD-10-AM disease component is based on the WHO ICD-10. It uses an alphanumeric coding scheme for diseases. It is structured by body system and aetiology, and comprises three, four and five character categories".
(NCCD 2002).
Non-Admitted Patient: "A patient who does not meet one of the Criteria for Admission. Patients who do not meet admission criteria must not be reported to the VAED, regardless of how the person is recorded on the service's software system, and regardless of any private billing arrangements"(AIHW 2008; pp. 363).
Principal diagnosis: "Principal diagnosis is the diagnosis established, after study, to be chiefly responsible for the patient's hospitalisation" (AIHW 2008; pp. 208).

Source and Reference Attributes

Steward:

Department of Human Services

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Australian Institute of Health and Welfare 2008, Australian hospital statistics 2006–07, Health services series no. 31. AIHW Cat. No. HSE 55, AIHW, Canberra, viewed 10 July 2009. http://www.aihw.gov.au/hospitals.
2. National Centre for Classification in Health 2002, The International Statistical Classification of

Diseases and Related Health Problems, Tenth Revision, Australian Modification (3rd edn), NCCH, The University of Sydney, Sydney.
3. World Health Organisaion 2007, International Statistical Classification of Diseases and Related Health Problems, Tenth Revision Version for 2007, viewed 15 June 2009. http://apps.who.int/classifications/apps/icd/icd10online.

7.7 Hospitalisation for Anaphylaxis (Rate)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element
Technical Name:
Child- Anaphylaxis hospitalisation, Rate per 100,000, NNNNNN.N
Registration Status:
VCAMS, Indicator, October 2007, Current
Standards:
Definition:
Hospitalisation rate of children aged 0 to 17 years, for anaphylaxis related illness.
Context:
Victorian Child and Adolescent Monitoring System
Source:
Victorian Admitted Episodes Dataset (VAED), Department of Health, Victoria
Source Denominator:
Australian Bureau of Statistics, Estimated Resident Population
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric
Format:
NNNNNN.N
Maximum Character Length:
7
Permissible Values:
Expressed as a rate per 100000.
Range 0.0 to 100000.0
Calculation:

$$\frac{\text{Number of hospital separations for children aged 0-17 years with a diagnosis of anaphylaxis}}{\text{Estimated Resident Population of children aged 0-17 years}} \times 100{,}000$$

Data Source Collection And Usage Attributes

Collection Methods:
Diagnoses of patients admitted through hospitals in Victoria are systematically recorded through the Victorian Admitted Episodes Dataset (VAED) which currently uses the International Classification of Diseases, version 10, Australian Modification (ICD-10-AM).
For the purpose of reporting against this indicator within VCAMS, anaphylaxis hospitalisations have been classified as a principal diagnosis of one of the following ICD-10-AM coded conditions: T 780- Anaphylactic shock due to adverse food reaction; T782- Anaphylactic shock unspecified; T805- Anaphylactic shock due to serum; T886- Anaphylactic shock due to adverse effect of correct drug or medicament properly administered.
Collection History:
Changes in coding standards may affect the comparability of data through time. VAED reporting changes on the basis of ICD, which is revised periodically by the World Health Organization (WHO) to accommodate new developments in the understanding and awareness of diseases.
The ICD currently in use is the ICD-10; that is, the tenth revision of the ICD. Prior to this, hospital data were coded using the Clinical Modification of IC-9 (ICD-9CM).
Data collated using the different classifications (ICD-9-CM and ICD-10-AM) may not be exactly comparable.
Cross Tabulations Available:
LGA Aboriginality
Age
Sex

Cross tabulations are available as far as confidentiality issues will allow.LGA is the LGA of the patient residence at time of admission to hospital.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

National comparative data is available from National Hospital Morbidity Database (NHMD), managed by the Australian Institute for Health and Welfare (AIHW). The database is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals. State and territory health departments provide information on the characteristics, diagnoses and care of admitted patients in public and private hospitals to the AIHW for inclusion in the NHMD on an annual basis.

Anaphylxis data is available online from the interactive National Hospital Morbidity Database: http://www.aihw.gov.au/hospitals/nhm_database.cfm

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Many countries have hospital morbidities collection systems, and comparable anaphylaxis data may be obtained from them as ICD-10 codes are used internationally.

Comments:

Explanation of Terms:

Anaphylaxis: "It is the most sudden and severe form of immediate allergic reaction. It can be fatal if left untreated"(American Academy of Allergy and Immunology 1994).

Admitted Patient: "A patient who undergoes a hospital's admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in traditional hospital setting and/or in the person's home (under specified programs such as Hospital In The Home). All services provided to a patient during an admitted episode should be reported as part of the admitted episode"(AIHW, 2008; pp. 363).

Hospital separation: "The formal process by which a hospital records the completion of treatment or care for an admitted patient. The episode of care may be completed by an admitted patient's discharge, death, transfer to another hospital or change in the type of care" (AIHW 2008; pp. 208).

ICD-10: "ICD is the international standard diagnostic classification. It is used to classify diseases and other health problems recorded on many types of health and vital records including death certificates and health records. In addition to enabling the storage and retrieval of diagnostic information for clinical, epidemiological and quality purposes, these records also provide the basis for the compilation of national mortality and morbidity statistics by WHO Member States" (WHO 2007)

ICD-10 AM: "ICD-10-AM has been developed by the National Centre for Classification in Health (NCCH) with assistance from clinicians and clinical coders to ensure that the classification is current and appropriate for Australian clinical practice. The ICD-10-AM disease component is based on the WHO ICD-10. It uses an alphanumeric coding scheme for diseases. It is structured by body system and aetiology, and comprises three, four and five character categories".
(NCCD 2002).

Non-Admitted Patient: "A patient who does not meet one of the Criteria for Admission. Patients who do not meet admission criteria must not be reported to the VAED, regardless of how the person is recorded on the service's software system, and regardless of any private billing arrangements"(AIHW 2008; pp. 363).

Principal diagnosis: "Principal diagnosis is the diagnosis established, after study, to be chiefly responsible for the patient's hospitalisation" (AIHW 2008; pp. 208).

Source and Reference Attributes

Steward:

Department of Human Services

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. American Academy of Allergy and Immunology 1994, 'The use of epinephrine in the treatment of

anaphylaxis', Journal of Allergy and Clinical Immunology, vol.94, pp. 666-668.
2. Australian Institute of Health and Welfare 2008, Australian hospital statistics 2006–07, Health services series no. 31, AIHW Cat. No. HSE 55, AIHW, Canberra. Viewed 10 July 2009, http://www.aihw.gov.au/hospitals.
3. National Centre for Classification in Health 2002, The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (3rd edn), NCCH, The University of Sydney, Sydney.
4. World Health Organisaion 2007, International Statistical Classification of Diseases and Related Health Problems 10th Revision Version for 2007, viewed 15 June 2009. http://apps.who.int/classifications/apps/icd/icd10online.

7.8 a Children with good health (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Child-Children (0-12 years) in good health, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children, aged 0-12 years, who are reported to be in excellent or very good health

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:

NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged 0-12 years who are reported to be in very good or excellent health (weighted)}}{\text{Number of children aged 0-12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial statewide telephone survey undertaken by the Department of Education and Early Childhood Development. All data are reported by the child's main caregiver.

In VCHWS, the respondent is asked to report on their child's general health.
• In general, would you say (child's) health is; 1) Excellent 2)Very Good 3) Good 4) Fair or 5) Poor
The question originates from the Short Form 36 (SF-36).

Collection History:
The survey was undertaken in 2006 and 2009.

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

The general health status item is widely used in child health surveys in Australia, offering excellent comparability across surveys.

Comparability (International):
This section provides information on the general level of international comparability. However, care

must be taken as there may be definitional and structural variations in other data collections. An international comparative measure has yet to be identified for this indicator.

Comments:

Self-reported health ratings provide an important global measure of health status, and these assessments are also powerful predictors of future health care use and mortality (DEECD 2009).

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Department of Education and Early Childhood Development 2009, The State of Victoria's Children 2008: a report on how children and young people in Victoria are faring, Data Outcomes and Evaluation Division, DEECD, Melbourne.

8.1 Children entering school with basic skills for life and learning (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Child - Parental concern with child speech or language on school entry, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children entering primary school with the basic skills for life and learning

Context:
Victorian Child and Adolescent Monitoring System

Source:
School Entrant Health Questionnaire (SEHQ), Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as a percentage.
Range 0.0 to 100.0.

Calculation:

$$\frac{\text{Number of children whose parent reported one or more concerns with child speech or language on entry to primary school}}{\text{Number of children at entry to primary school whose parents complete the SEHQ}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
Parents of all children beginning primary school in Victoria are asked to complete the School Entrant Health Questionairre (SEHQ). The questionairre is distributed as part of the Victorian Primary School Nursing Program, which offers health assessments to all children in their first year of primary school, first year at an English Learning Centre school or who have newly arrived from overseas.
This indicator is calculated using responses to the following question:
Does your child have any difficulties with speech or language?

Collection History:
Data are available from 1998. This question has been included each year, with no changes in wording.

Cross Tabulations Available:

LGA	Aboriginality
Age	Linguistic Background
Sex	
Disability Status	

In 2003 the method of recording children's age was changed from age at the time of assessment to date of birth, so age is not directly comparable across all the years. Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must

be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

There is a growing body of evidence showing that early childhood development sets the trajectory for later outcomes in adult life (AIHW 2009). Children entering school with basic skills for life and learning are more likely to experience a successful transition to primary school, and in turn, children who make a successful transition to school have higher levels of social competence and academic achievement, compared with those who experience difficulty making this transition (AIHW 2009; Shepard & Smith 1989).

Explanation of Terms:

As at 2009, VCAMS is using an assessment of speech and language difficulties as a proxy measure for children having the 'basic skills for life and learning' at school entry (DEECD 2009).
However, note that 'children entering school with basic skills for life and learning' has been listed as a National Headline Indicator (AIHW 2009). The definition and measurement of 'basic skills for life and learning' for this purpose has not yet been agreed and there may be changes to data definitions and sources in the future in line with national agreements regarding the headline indicator.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Australian Institute of Health and Welfare 2009, A Picture of Australia's Children 2009, AIHW cat. no. PHE 112, AIHW, Canberra.
2. Department of Education and Early Childhood Development 2009, The State of Victoria's Children 2008: a report on how children and young people in Victoria are faring, Statewide Outcomes for Children, DEECD, Melbourne.
3. Shepard, L & Smith, M 1989, Flunking grades: Research and policies on retention, Falmer Press, New York.

9.1 a Children who do the recommended amount of physical activity every day (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Child-Children (5 to12 years) who are physically active 60 minutes or more each day, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
Australian Physical Activity Recommendations for 5-12 year olds

Definition:
Percentage of children aged 5 to 12 years, who are physically active for 60 minutes or more every day

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged 5-12 years who are reported to be physically active for 60 minutes or more every day (weighted)}}{\text{Number of children aged 5 -12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial statewide telephone survey undertaken by the Department of Education and Early Childhood Development. All data are reported by a child's main caregiver.
This indicator is calculated using responses to the following question:
• In the past week how often has (child) been physically active for a total time of at least 60 minutes.

Collection History:
The survey was undertaken in 2006 and 2009.

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

The Australian Physical Activity Recommendations for 5-12 year olds recommend that children do a minimum of 60 minutes of physical activity per day (DOHA 2004).
Ideally, objective measurements of children's physical activity would be taken. However, given the logistical difficulties and expense associated with objectively measuring physical activity in large population-based studies, proxy responses may be the only viable approach to monitoring physical activity levels in children aged under 10 years (Trost, 2007).

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Department of Health and Ageing 2004, Australia's Physical Activity Recommendations for 5-12 year olds, DOHA, Canberra.
2. Trost, S 2007, 'Measurement of Physical Activity in Children and Adolescents', American Journal of Lifestyle Medicine, vol. 1, pp. 299-314.

9.2 a Children who use electronic media for more than two hours per day (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Child- Children(5 to12 years) who use electronic media more than two hours per day, Percentage, NNN.N.

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
South Australian Monitoring and Surveillance System (SAMSS)

Definition:
Percentage of children, aged 5-12 years, who spend more than 2 hours a day with electronic media

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged 5-12 years who spend more than two hours a day with electronic media (weighted)}}{\text{Number of children aged 5-12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial, statewide, telephone survey undertaken by the Department of Education and Early Childhood Development .
All data are reported by a child's main caregiver.
The following question is used to elicit time spent with electronic media:
• On average, on how many hours per day or per week does (child) spend watching TV, videos, DVDs or using the computer?

Collection History:
The survey was undertaken in 2006 and 2009.

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

The question on the use of electronic media was drawn from the South Australian Monitoring and Surveillance System. Comparable data are therefore available from this source.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

Explanation of Terms:

Electronic media: includes TV, videos, DVDs and/or computers.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

10.1 Children with emotional or behavioural difficulties (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Child-Children (4 to 12 years) with emotional or behaviour difficulties, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children aged 4 to 12 years, with emotional or behavioural problems that are rated as being "of concern" using the Strengths and Difficulties Questionnaire

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged 4-12 years who scored 17 or above on the total difficulties scale of the SDQ (weighted)}}{\text{The number of children aged 4-12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial, statewide telephone survey undertaken by the Department of Education and Early Childhood Development. All data are reported by a child's main caregiver.
Within the VCHWS telephone interview, parents are asked to complete the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 2001). The SDQ is a brief behavioural screening tool with moderate to strong internal reliability and sound internal and external reliability. Twenty items from the 25 item SDQ are scored to provide a total difficulties scale, which can then be categorised to identify children with clinically significant symptoms. Children were assigned one of the following categories, based on their total difficulties score: 'normal' 0-13, 'borderline' 14 -16, and 'of concern' 17 - 40.
Further information on scoring the SDQ and copies of the questions can be obtained from: www.sdqinfo.com

Collection History:
The survey was undertaken in 2006 and 2009.

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

The SDQ is very widely used (including in the New South Wales Child Health Survey and LSAC within Australia and in population health surveys in the US, UK and Germany), so it offers excellent comparability with data collections elsewhere. Differences in data collection methods should be taken into account when comparing data.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
The SDQ is very widely used (including by the NSW Child Health Survey and LSAC within Australia and in population health surveys in the US, UK and Germany), so it offers excellent comparability with data collections elsewhere. Differences in data collection methods should be taken into account when comparing data.

Comments:

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1.Goodman R, 2001, 'Psychometric Properties of the Strengths and Difficulties Questionnaire: A Research Note', Journal of Child Psychiatry, vol. 38, pp. 1337-1345.

10.2 Children whose parents are concerned with their behaviour (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Child- Parents with concern for their child's behaviour or emotional wellbeing on school entry, Percentaqe, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children entering primary school whose parents report one or more concerns with their behaviour

Context:
Victorian Child and Adolescent Monitoring System

Source:
School Entrant Health Questionnaire (SEHQ), Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as a percentage.
Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children whose parents report one or more concerns with child behaviour and emotional wellbeing at school entry}}{\text{Total number of children whose parents complete the SEHQ}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
Parents of all children beginning primary school in Victoria are asked to complete the School Entrant Health Questionairre (SEHQ). The questionnaire is distributed as part of the Victorian Primary School Nursing Program, which offers health assessments to all children in their first year of primary school, first year at an English Learning Centre school or who have newly arrived from overseas.

The SEHQ includes a section on behaviour, which asks parents whether they have any concerns about their child's behaviour, including:

- temper tantrums
- trouble paying attention or completing an activity
- sleeping well
- general happiness
- aggressive behaviour
- playing well with other children
- looking forward to going to school
- any other concerns about behaviour and/or emotional wellbeing

Collection History:

Data is available from 1998. There have not been any significant changes in the wording of questions related to this indicator.

Cross Tabulations Available:

LGA
Age
Sex
Disability Status
Aboriginality
Cultural and linguistic diversity

In 2003 the method of recording children's age was changed from age at the time of assessment to date of birth, so age is not directly comparable across all the years. Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

The School Entrant Health Questionnaire (SEHQ) was developed as a parent questionnaire focusing on parents' concerns about their children's health and wellbeing. It does not claim to report medical diagnoses or opinions of health professionals . The SEHQ is designed to assist parents and school nurses to identify health concerns, to encourage parents and school nurses to work together, and to aid school nurses in assessing the health and wellbeing of each preparatory grade child (DHS 2003). These assessments are delivered through the Victorian School Nursing Program.

Explanation of Terms:

Concerns with children's behaviour listed in the SEHQ include:
- temper tantrums
- trouble playing attention or completing an activity
- sleeping well
- general happiness
- aggressive behaviour
- playing well with other children
- looking forward to going to school
- any other concerns about behaviour and/or emotional wellbeing

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1.Department of Human Services 2003, Children's health: Parents' views on the health and wellbeing of Victorian preparatory grade children, School Entrant Health Questionnaire (SEHQ) 2000 report, Rural and Regional Health and Aged Care Services Division, DHS, Melbourne.

10.3 Children who are bullied (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Child- Children (4 to12years) who are bullied by other children, Percentage,NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
Strengths and Difficulties Questionnaire

Definition:
Percentage of children, aged 4 to 12 years, with parents who report that it is 'certainly true' that their child is picked on or bullied by other children

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged 4-12 years with parents who reported that it is 'certainly true' that their child is picked on or bullied by other children or young people (weighted)}}{\text{Number of children aged 4-12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial, statewide telephone survey undertaken by the Department of Education and Early Childhood Development. All data are reported by the child's main caregiver.

One question (which varies according to the child's age) from the Strengths and Difficulties Questionnaire (Goodman et al. 2001) is used to determine if children are bullied:
A. (child) is picked on or bullied by other children. Is that…
Not true/somewhat true/certainly true
B. (child) is picked on or bullied by other young people. Is that…
Not true/ somewhat true/ certainly true

Collection History:
The survey was undertaken in 2006 and 2009.

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1.Goodman R, 2001, 'Psychometric Properties of the Strengths and Difficulties Questionnaire: A Research Note', Journal of Child Psychiatry, vol. 38, pp. 1337-1345.

10.6 Students who report feeling connected with their school (Mean)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Student-reporting school connectedness, Code, N.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Mean score for students' perception of their connectedness to school, as measured on a scale of 1-5, where 5 is the best possible score.

Context:
Victorian Child and Adolescent Monitoring System

Source:
Attitudes to School Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
N.N

Maximum Character Length:
4

Permissible Values:
Range 1.0-5.0

Calculation:

Mean survey score for Year 5-6 and Year 7-9 students reporting their perception of connectedness to school on a 1-5 scale, where 5 is the best possible score

Data Source Collection And Usage Attributes

Collection Methods:
A hard-copy questionnaire is administered to students in the classroom.

The survey is optional at the school level but if a school participates, all students in Years 5-12 usually complete the survey. In 2008 over 98% of government schools participated.

In order to measure connectedness to school, students are asked to rate how far they agree with the following statements on a 5-point Likert scale:

- I feel good about being a student at this school
- I like school this year
- I am happy to be at this school
- I feel I belong to this school
- I look forward to going to school

Collection History:
The survey has been conducted since 2003. However, there have been changes to the survey instrument, which has been in its current form since 2006. Care must be taken comparing data from earlier years.

Information regarding Aboriginality has only been collected from 2009.

Cross Tabulations Available:
Aboriginality
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

No comparable data are currently available.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

No comparable data are currently available.

Comments:

While VCAMS reports only the mean scores for Year 5-6 students (combined) and Year 7-9 students (combined), data is collected and available by year level for students in Years 5-12.

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

10.7 Psychiatric hospitalisation for children (Rate)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element
Technical Name:
Child- Psychiatric hospitalisation (0-17 years), Rate per 100000, NNNNNN.N
Registration Status:
VCAMS, Indicator, October 2007, Current
Standards:
Definition:
Hospitalisation rate of children, aged 0 to 17 years, for psychiatric related illness.
Context:
Victorian Child and Adolescent Monitoring System
Source:
Victorian Admitted Episodes Dataset (VAED), Department of Health, Victoria
Source Denominator:
ABS Estimated Resident Population
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric
Format:
NNNNNN.N
Maximum Character Length:
7
Permissible Values:
Expressed as a rate per 100,000.
Range 0.0 to 100,000.0
Calculation:

$$\frac{\text{Number of hospital separations for children aged 0-17 years with a psychiatric diagnosis}}{\text{Estimated Resident Population of children aged 0-17 years}} \times 100{,}000$$

Data Source Collection And Usage Attributes

Collection Methods:
Diagnoses of patients admitted through hospitals in Victoria are systematically recorded through the Victorian Admitted Episodes Dataset (VAED), which currently uses the International Classification of Diseases, version 10, Australian Modification (ICD-10-AM).

For the purpose of reporting against this indicator within VCAMS, psychiatric hospitalisations have been classified where any diagnosis (not just the principal diagnosis) is listed as one of the following ICD-10-AM coded conditions, in the category of mental and behavioural disorders (F00–F99):

(F00–F09): Organic, including symptomatic, mental disorders;
(F10–F19): Mental and behavioural disorders due to psychoactive substance use;
(F20–F29): Schizophrenia, schizotypal and delusional disorders;
(F30–F39): Mood [affective] disorders;
(F40–F48):Neurotic, stress-related and somatoform disorders;
(F50–F59): Behavioural syndromes associated with physiological disturbances and physical factors;
(F60–F69):Disorders of adult personality and behaviour;
(F70–F79) Mental retardation;
(F80–F89): Disorders of psychological development;
(F90–F98): Behavioural and emotional disorders with onset usually occurring in childhood and adolescence;
(F99): Unspecified mental disorder.

Collection History:

Changes in coding standards may affect the comparability of data through time. VAED reporting changes on the basis of ICD, which is revised periodically by the World Health Organization (WHO) to accommodate new developments in the understanding and awareness of diseases.

The ICD currently in use is the ICD-10; that is, the tenth revision of the ICD. Prior to this, hospital data were coded using the Clinical Modification of IC-9 (ICD-9CM).

Data collated using the different classifications (ICD-9-CM and ICD-10-AM) may not be exactly comparable.

Cross Tabulations Available:

LGA Aboriginality
Age
Sex
LGA is the LGA of the patient residence at time of admission to hospital. Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

National comparative data is available from National Hospital Morbidity Database (NHMD), managed by the Australian Institute of Health and Welfare (AIHW). The NHMD is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals. State and territory health departments provide information on the characteristics, diagnoses and care of admitted patients in public and private hospitals to the AIHW for inclusion in the database on an annual basis.

National data on psychiatric hospitalisations are available on AIHW website:
http://www.aihw.gov.au/hospitals/datacubes

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Many countries have hospital morbidities collection systems, and it may be possible to obtain comparable data from these, as ICD-10 codes are used internationally.

In addition, the WHO reports data relating to psychiatric hospitalisations, such as the number of beds in psychiatric hospitals and the number of days admitted in psychiatric or related hospitals for mental health related treatment. These can act as a proxy for hospitalisations.

Data are available from:
http://apps.who.int

Comments:

Explanation of Terms:

Admitted Patient: "A patient who undergoes a hospital's admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in traditional hospital setting and/or in the person's home (under specified programs such as Hospital In The Home). All services provided to a patient during an admitted episode should be reported as part of the admitted episode"(AIHW 2008).

Hospital separation: "The formal process by which a hospital records the completion of treatment or care for an admitted patient. The episode of care may be completed by an admitted patient's discharge, death, transfer to another hospital or change in the type of care" (AIHW 2008).

ICD-10: "ICD is the international standard diagnostic classification. It is used to classify diseases and other health problems recorded on many types of health and vital records including death certificates and health records. In addition to enabling the storage and retrieval of diagnostic information for clinical, epidemiological and quality purposes, these records also provide the basis for the compilation of national mortality and morbidity statistics by WHO Member States' (WHO 2007)

ICD-10 AM: "ICD-10-AM has been developed by the National Centre for Classification in Health (NCCH) with assistance from clinicians and clinical coders to ensure that the classification is current and appropriate for Australian clinical practice. The ICD-10-AM disease component is based on the WHO ICD-10. It uses an alphanumeric coding scheme for diseases. It is structured by body system and aetiology, and comprises three, four and five character categories".
(NCCD 2002).

Non-Admitted Patient: "A patient who does not meet one of the Criteria for Admission. Patients who do not meet admission criteria must not be reported to the VAED, regardless of how the person is recorded on the service's software system, and regardless of any private billing arrangements"(AIHW 2008).

Principal diagnosis: "Principal diagnosis is the diagnosis established, after study, to be chiefly responsible for the patient's hospitalisation" (AIHW 2008).

Source and Reference Attributes

Steward:

Department of Human Services

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Australian Institute of Health and Welfare 2008. Australian hospital statistics 2006–07, Health services series no. 31. AIHW Cat. No. HSE 55, AIHW, Canberra.
2. National Centre for Classification in Health 2002, The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (3rd edn), NCCH, The University of Sydney, Sydney.
3. World Health Organisaion 2007, International Statistical Classification of Diseases and Related Health Problems 10th Revision Version for 2007, viewed 15 June 2009. http://apps.who.int/classifications/apps/icd/icd10online.

11.1 Students achieving national minimum standards in literacy (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Student-Achieving at or above the national minimum standard in literacy, Percentage,NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
MCEETYA Data Standards Manual (MCEETYA 2009a) - this includes Australian Standard Classification of Languages (ASCL) and Standard Australian Classification of Countries (SACC);

National Protocols for Test Administration (MCEETYA 2009b, MCEETYA 2009c)

Definition:
Percentage of Year 3, 5, 7 and 9 students who achieved at or above the national minimum standards for reading, writing, spelling, and grammar and punctuation in the NAPLAN test

Context:
Victorian Child and Adolescent Monitoring System

Source:
National Report on Schooling in Australia - NAPLAN, MCEETYA

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
Percentage NNN.N

Maximum Character Length:
5

Permissible Values:
Expressed as percentage of students.
Range 0.0 to 100.0.

Calculation:

$$\frac{\text{Number of students in Years 3, 5, 7 and 9 who meet or exceed the national minimum standards for reading, writing, spelling, and grammar and punctuation}}{\text{Number of students in Years 3, 5, 7 and 9 who participated in testing or were officially exempted}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
A full cohort test of students in Years 3,5,7 and 9 is administered in all schools. Students with a language background other than English who arrived from overseas less than a year before the tests, and students with significant intellectual disabilities may be exempted and such students are considered not to have met the standard.

Separate tests are administered for the various aspects of literacy (reading, writing, spelling and grammar and punctiation).

The Test Administation Authority for Victoria is the VCAA.

Collection History:
Annual collection commencing in 2008. Tests are conducted in early May.
Between 2001-2007 National Benchmark data was collected using equated results for students in all juridictions. This cannot be compared directly with NAPLAN data as it used a different assessment instrument and subject to significant and unreported error.

Cross Tabulations Available:

LGA Aboriginality
Year Level LBOTE
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Direct national comparisons are possible as the same test is administered in all States and Territories.

See note in 'Collection History' regarding comparability with 2001-2007 National Benchmark data.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Comments:

The Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA) superseded MCEETYA on 1 July 2009 following agreement of the Council of Australian Governments (COAG).

Results of student performance in literacy and numeracy are presented in the annual 'National Report on Schooling in Australia,' published by MCEETYA in line with the Adelaide Declaration (MCEETYA 1999), and since 2009, the 'Melbourne Declaration' (MCEETYA 2008).

Note that measurement error may be significant in the case of Indigenous students, given the small size of the cohort.

Recent changes to the design and administration of the national literacy tests aim to increase:

•comparability of results across the states and territories
•consistency of data collection, analysis and reporting
•effectiveness in the recording of sex, Indigenous status, language background, geographic location and socioeconomic backgrounds of children.

Explanation of Terms:

In the past, national literacy and numeracy testing used 'national benchmarks' for reading and writing that represented minimum standards of performance for Years 3, 5 and 7 students.

Since 2008, these have been replaced by 'national minimum standards,' which apply to Years 3, 5, 7 and 9.
Results from 2008 onwards cannot be directly compared to results from 2001-2007, since the assessment tools and standards are different.

Source and Reference Attributes

Steward:

MCEEDYA

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. MCEETYA 1999, The Adelaide Declaration on National Goals for Schooling in the Twenty-first Century, MCEETYA, Adelaide, viewed 19 September 2009. http://www.mceecdya.edu.au/mceecdya/default.asp?id=28298
2. MCEETYA 2008, The Melbourne Declaration on Education Goals for Young Australians, MCEETYA, Melbourne.
3. MCEETYA 2009a, Data Standards Manual, viewed 15 September 2009. http://www.mceecdya.edu.au/mceecdya/data_standards_manual_2009,26299.html.
4. MCEEYA 2009b, Test Administration Guidelines - Years 3-5, MCEETYA, Canberra.
5. MCEEYA 2009c, Test Administration Guidelines - Years 7-9, MCEETYA, Canberra

11.2 Students achieving national minimum standard in numeracy (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Student-Achieving at or above the national minimum standard in numeracy, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
MCEETYA Data Standards Manual (MCEETYA 2009a) - this includes Australian Standard Classification of Languages (ASCL) and Standard Australian Classification of Countries (SACC);

National Protocols for Test Administration (MCEETYA 2009b, MCEETYA 2009c)

Definition:
Percentage of Year 3, 5 and 7 students who achieved at or above the national minimum standard for numeracy in the NAPLAN test

Context:
Victorian Child and Adolescent Monitoring System

Source:
National Report on Schooling in Australia - NAPLAN, MCEETYA

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
5

Permissible Values:
Expressed as a percentage of students.
Range 0.00-100.0

Calculation:

$$\frac{\text{Number of students in Years 3, 5, and 7 and 9 who meet or exceed the national minimum standards for numeracy}}{\text{Number of students in Years 3, 5, 7 and 9 who participated in testing or were officially exempted}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
A full cohort test of students in Years 3, 5, 7 and 9 is administered in all schools. Students with a language background other than English who arrived from overseas less than a year before the tests, and students with significant intellectual disabilities may be exempted, such students are considered not to have met the standard.

The Test Administration Authority for Victoria is the VCAA.

Collection History:
Annual collection commenced in 2008. Tests are conducted in early May.

Between 2001-2007, National Benchmark data was collected using equated results for students in all states and territories. This cannot be compared directly with the NAPLAN data as it used a different assessment instrument and was subject to significant and unreported error.

Cross Tabulations Available:

LGA	Aboriginality
Year Level	LBOTE

Sex
Cross-tabulations are available as far as confidentiality issues allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Direct national comparisons are possible as the same test is administered in all States and Territories.

See note in 'Collection History' regarding comparability with 2001-2007 National Benchmark data.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

The Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA) superseded MCEETYA on 1 July 2009 following agreement of the Council of Australian Governments (COAG).

Results of student performance in literacy and numeracy are presented in the annual 'National Report on Schooling in Australia,' published by MCEETYA in line with the Adelaide Declaration (MCEETYA 1999), and since 2009, the 'Melbourne Declaration' (MCEETYA 2008).

Note that measurement error may be significant in the case of Indigenous students, given the small size of the cohort.

Recent changes to the design and administration of numeracy testing aim to increase:

•comparability of results across the states and territories
•consistency of data collection, analysis and reporting
•effectiveness in the recording of sex, Indigenous status, language background, geographic location and socioeconomic backgrounds of children.

Explanation of Terms:

In the past, national literacy and numeracy testing used 'national benchmarks' for reading and writing that represented minimum standards of performance for Years 3, 5 and 7 students.

Since 2008, these have been replaced by 'national minimum standards,' which apply to Years 3, 5, 7 and 9.
Results from 2008 onwards cannot be directly compared to results from 2001-2007, since the assessment tools and standards are different.

Source and Reference Attributes

Steward:

MCEEDYA

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. MCEETYA 1999, The Adelaide Declaration on National Goals for Schooling in the Twenty-first Century, MCEETYA, Adelaide, viewed 19 September 2009. http://www.mceecdya.edu.au/mceecdya/default.asp?id=28298
2. MCEETYA 2008, The Melbourne Declaration on Education Goals for Young Australians, MCEETYA, Melbourne.
3. MCEETYA 2009a, Data Standards Manual, viewed 15 September 2009. http://www.mceecdya.edu.au/mceecdya/data_standards_manual_2009,26299.html.
4. MCEEYA 2009b, Test Administration Guidelines - Years 3-5, MCEETYA, Canberra.
5. MCEEYA 2009c, Test Administration Guidelines - Years 7-9, MCEETYA, Canberra.

11.3 Student attainment at the designated text level at the end of the designated year level in reading (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Student-attainment at the designated text level at the end of the designated year level in reading, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
Tests are based on DEECD standard text levels prescribed for Years Prep-2

Definition:
Percentage of students in Government schools in years Prep, 1 and 2 attaining the designated text level at the end of the designated year level

Context:
Victorian Child and Adolescent Monitoring System

Source:
Assessment of Reading P-2 data collection, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as a percentage.
Range 0.0 to 100.0

Calculation:

$$\frac{\text{The number of students at the designated year level in Government schools who read text at the designated level with at least 90\% accuracy. The designated text levels reported against for VCAMS are Level 5 for Prep, Level 15 for Year 1 and Level 20 for Ye}}{\text{The number of students at the designated year levels in Government schools who were assessed.}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
Assessments are conducted in the classroom in all Victorian Government primary or primary/secondary schools.

Students read texts at standard DEECD levels. Schools mark the texts, with the assessors counting the number of errors. Each student's accuracy is recorded as 100%, 90-99%, 80-89%, 51-79% or 50% or below. The school records the number of students at each year level reading each text level at the various levels of accuracy. The data is collected via a web form.

Prep students read text levels 1 and 5, Year 1 students read text levels 1, 5 and 15 and Year 2 students read text levels 5, 15 and 20. This VCAMS indicator reports against attainment (considered as ≥90% accuracy) at level 5 for Prep, Level 15 for Year 1 and Level 20 for Year 2.

Collection History:
Annual collection since 1998.
Gender and Indigenous status have only been collected since 2000.

The collection will be replaced with the English Online Interview (EOI) from 2009. Data from this collection will not be comparable with data from the Assessment of Reading P-2 data collction.

Cross Tabulations Available:

LGA Aboriginality
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

All students in Victorian Government primary and primary/secondary schools participate. Participation by special schools is optional. Students are deemed not capable if their assessment is below the minimum standard and they meet one of the following criteria:
- insufficient English
- disability that affects reading
- insufficient attendance
- referred to Reading Recovery (for Year 1 students only)

Explanation of Terms:

Attainment: a student is considered to have attained the text level if their accuracy is at or above 90%.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

12.3 Crime where the victim was a child or young person (Rate)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element
Technical Name:
Child - Crime where victim was aged 0-17 years, Rate per 100,000, NNNNNN.N
Registration Status:
VCAMS, Indicator, October 2007, Current
Standards:
Definition:
Crime where the victim was a child or young person aged 0-17 years
Context:
Victorian Child and Adolescent Monitoring System
Source:
Law Enforcement Assistance Program, Victoria Police
Source Denominator:
Estimated Resident Population; Australian Bureau of Statistics
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric
Format:
NNNNNN.N
Maximum Character Length:
7
Permissible Values:
Expressed as a rate per 100,000.0
Range 0.0 to 100,000.
Calculation:

$$\frac{\text{Number of crimes where the victim was a child or young person aged 0-17 years}}{\text{Estimated resident population of children aged 0-17 years}} \times 100{,}000$$

Data Source Collection And Usage Attributes

Collection Methods:
Crimes in Victoria are recorded through the Law Enforcement Assistance Program (LEAP), which is a database for case management and data storage.

Reporting for this indicator within VCAMS includes all crimes where the victim was a child or young person aged 0-17 years.

Counting Rules (Victoria Police 2009)

Victoria Police uses three methods of counting crime depending on the particular offence:

- For all crime against the person, and most crime against property, the counting unit is the number of principal victims for each separate occurrence of the offence (e.g. if two person are assaulted but there are three offenders, two offences of assault are recorded).
- For offences against statue such as possess and use drugs, the number of alleged offenders is the counting unit (e.g. if three offenders are found in possession of cannabis, three offences of possess cannabis are counted).
- For a small number of infrequent offences, such as piracy, the event itself becomes the counting unit - ie. one offence is counted for each incident of piracy.

Only the most serious offence which best describes a distinct course of criminal conduct is recorded

in official crime statistics, even though an offender may be charged with other offences resulting from one incident (e.g. if an offender carrying a firearm commits an armed robbery,nly the offence of armed robbery is recorded although the offender would also be charged with armed robbery and possession of fire arm).

The number of distinct courses of criminal conduct occurring within an incident will generally be one unless there is a break in time and/or location. For example, if an offender presents three valueless cheques to a teller only one offence would be recorded but if the three cheques were presented at different times or at different branches then three offences would be recorded.

Collection History:

Care should be exercised in comparing post-1993/94 crime statistics with previous years. Contact the data provider for information regarding any changes prior to 2000.

Cross Tabulations Available:

LGA
Age
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

The Australian Bureau of Statistics and the Australian Institute of Criminology collate national crime statistics, including data relating to victims. These statistics are complied from data submitted by each state and territory, and the ABS has developed a number of standards, classifications and counting rules since the inception of this collection to improve national comparability. However, over time significant changes in the business rules, procedures, systems, policies and recording practices of police agencies across Australia have resulted in some discrepancies in data between states and territories for some offence types (ABS 2002, ABS 2008).

Data are available at:
www.abs.gov.au
www.aic.gov.au

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Differences in legal and police systems throughout the world may lead to differences in the counting and classification of crimes. However, international data are available from:
http://www.europeansourcebook.org
http://www.interpol.int

Comments:

Due to the dynamic nature of LEAP, statistics produced at different times from the same data may vary. For example, an offence of burglary may be counted as unsolved in statistics produced at the end of January because no offender has yet been processed. However, if an offender was processed in April for this offence, statistics reproduced in May for the month of January would differ to those previously produced in January.

Because of the above, statistics produced in a given publication for previous financial years will differ slightly from those previously published for those years.

Recorded crime consists of those offences recorded on LEAP during the reporting period, regardless of when the offence occurred or when it was reported to police.

Explanation of Terms:

Crimes against property: includes arson, property damage, burglary (aggravated/residential and other), deception, handling stolen goods, and theft (from motor vehicle, shops, of motor vehicle, of bicycle, other).

Crimes against the person: includes homicide, rape, sex (non-rape), robbery, assault and abduction/kidnapping. Other crimes include going equipped to steal, justice procedures, regulated public order, weapons/explosives, harassment, behaviour in public and other crime.

Victims of crime: Victims of crime are classified as either persons, businesses, statute or other depending on the nature of the offence. Victim profiles presented in VCAMS are based on those victims recorded as persons only. Victims who are victimised on more than one occasion are counted for each occasion.

Source and Reference Attributes

Steward:

Victoria Police

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Australian Bureau of Statistics 2002, Information Paper: Measuring Crime Victimisation, Australia — The Impact of Different Collection Methodologies, cat. no. 4522.0.55.001, viewed 19 July 2009. http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/C7A5DB6A3C9F49BACA256E30007C91E2.
2. Australian Bureau of Statistics 2008, Recorded Crime - Victims, Australia, 2008, cat. No. 4510.0, viewed 10 September 2009. http://www.abs.gov.au/ausstats/abs@.nsf/mf/4510.0/
3. Victoria Police 2009, Victorian Crime Statistics 2008-09, Victoria Police, Melbourne, viewed 19 September 2009. http://www.police.vic.gov.au/content.asp?Document_ID=782.

13.2 Crime where the offender was a child or young person (Rate)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element
Technical Name:
Child- Crime where the offender was aged 0-17 years, Rate per 100,000, NNNNNN.N
Registration Status:
VCAMS, Indicator, October 2007, Current
Standards:
Definition:
Rate of crime where the offender was a child or young person aged 0-17 years
Context:
Victorian Child and Adolescent Monitoring System
Source:
Law Enforcement Assistance Program, Victoria Police
Source Denominator:
Estimated Resident Population; Australian Bureau of Statistics
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric
Format:
NNNNNN.N
Maximum Character Length:
7
Permissible Values:
Expressed as a rate per 100,000.0
Range 0.0 to 100,00.0
Calculation:

$$\frac{\text{Number of crimes where the offenders was a child or young person aged 0-17 years.}}{\text{Estimated resident population of children and young people aged 0-17 years.}} \times 100{,}000$$

Data Source Collection And Usage Attributes

Collection Methods:
Crimes in Victoria are recorded through the Law Enforcement Assistance Program (LEAP), which is a database for case management and data storage.

Reporting for this indicator within VCAMS includes all crimes where the offender was a child or young person aged 0-17 years.

Counting Rules (Victoria Police 2009)

Victoria Police uses three methods of counting crime depending on the particular offence:

- For all crime against the person, and most crime against property, the counting unit is the number of principal victims for each separate occurrence of the offence (e.g. if two person are assaulted but there are three offenders, two offences of assault are recorded).
- For offences against statue such as possess and use drugs, the number of alleged offenders is the counting unit (e.g. if three offenders are found in possession of cannabis, three offences of possess cannabis are counted).
- For a small number of infrequent offences, such as piracy, the event itself becomes the counting unit - ie. one offence is counted for each incident of piracy.

Only the most serious offence which best describes a distinct course of criminal conduct is recorded

in official crime statistics, even though an offender may be charged with other offences resulting from one incident (e.g. if an offender carrying a firearm commits an armed robbery,nly the offence of armed robbery is recorded although the offender would also be charged with armed robbery and possession of fire arm).

The number of distinct courses of criminal conduct occurring within an incident will generally be one unless there is a break in time and/or location. For example, if an offender presents three valueless cheques to a teller only one offence would be recorded but if the three cheques were presented at different times or at different branches then three offences would be recorded.

Collection History:

Care should be exercised in comparing post-1993/94 crime statistics with previous years. For information regarding any changes prior to 2000, contact the data provider.

Cross Tabulations Available:

LGA
Age
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

The Australian Bureau of Statistics and the Australian Institute of Criminology collate national crime statistics, including data relating to offenders. These statistics are complied from data submitted by each state and territory, and the ABS has developed a number of standards, classifications and counting rules since the inception of this collection to improve national comparability. However, over time significant changes in the business rules, procedures, systems, policies and recording practices of police agencies across Australia have resulted in some discrepancies in data between states and territories for some offence types (ABS 2008, ABS 2009).

Data are available at:
www.abs.gov.au
www.aic.gov.au

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Differences in legal and police systems throughout the world may lead to differences in the counting and classification of crimes. However, international data are available from:

http://www.europeansourcebook.org
http://www.interpol.int

Comments:

Due to the dynamic nature of LEAP, statistics produced at different times from the same data may vary. For example, an offence of burglary may be counted as unsolved in statistics produced at the end of January because no offender has yet been processed. However, if an offender was processed in April for this offence, statistics reproduced in May for the month of January would differ to those previously produced in January.

Because of the above, statistics produced in a given publication for previous financial years will differ slightly from those previously published for those years.

Recorded crime consists of those offences recorded on LEAP during the reporting period, regardless of when the offence occurred or when it was reported to police.

Explanation of Terms:

Alleged offenders: Alleged offenders are persons who have allegedly committed a criminal offence and have been processed for that offence by either arrest, summons, caution or warrant of apprehension during the corresponding financial year, regardless of when the offence occurred. Those persons who for legal or other reasons were apprehended but were not charged are also included. Persons are counted on each occasion they are processed and for each offence counted in recorded offences (e.g. a person processed on three occasions will be counted three times). Only the offence in recorded offences for which the offender has been processed is included.

Crimes against property: includes arson, property damage, burglary (aggravated/residential and other), deception, handling stolen goods, and theft (from motor vehicle, shops, of motor vehicle, of bicycle, other).

Crimes against the person: includes homicide, rape, sex (non-rape), robbery, assault and abduction / kidnap.

Other crimes: includes going equipped to steal, justice procedures, regulated public order, weapons/explosives, harassment, behaviour in public and other crime.

Source and Reference Attributes

Steward:

Victoria Police

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Australian Bureau of Statistics 2008, Recorded Crime - Victims, Australia, 2008, cat. No. 4510.0, viewed 10 September 2009. http://www.abs.gov.au/ausstats/abs@.nsf/mf/4510.0/

2. Australian Bureau of Statistics 2008, Recorded Crime - Offenders, Selected states and territories, 2007-08, cat. No. 4519.0, viewed 27 September 2009. http://www.abs.gov.au/ausstats/abs@.nsf/Products/6C0F70E9D333974FCA25761E0023D104?opendocument.

3. Victoria Police 2009, Victorian Crime Statistics 2008-09, Victoria Police, Melbourne, viewed 19 September 2009. http://www.police.vic.gov.au/content.asp?Document_ID=782.

16.1 Apparent Retention Rate Years 10-12 (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Student - Apparent Retention Rate, Years 10-12, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
- National Schools Statistics Collection Notes, Instructions and Tabulations guide
- DEECD guidelines on counting students for statistical returns

Definition:
The number of Year 12 full time equivalent student enrolments expressed as a percentage of the number of Year 10 full time equivalent student enrolments two years earlier

Context:
Victorian Child and Adolescent Monitoring System

Source:
School Enrolment Census August, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as a percentage of full time equivalent enrolments.
Range 0.0 to 100.0.

Calculation:

$$\frac{\text{Number of full time equivalent enrolments in Year 12 in the reference year}}{\text{Number of full time equivalent enrolments in Year 10 in the year 2 years prior to the reference year}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
Information is collected from government schools via the CASES21 administrative system. This includes data on full time equivalent student enrolments, used to calculate this indicator.
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 History:
Summary enrolment information on government school students is available from 1982, while similar information on non-government schools is available from 1984.

Cross Tabulations Available:
DHS region Aboriginality
Sex
Government, Catholic and Independent
Cross tabulation by sector is also available. Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

No comparable data available. However, note that nationally comparable data for the Apparent Retention Rate is available from the National Schools Statistics Collection (NSSC). This calculation uses full time student enrolments only, as opposed to full time equivalent enrolments. Data from the NSSC are available for all States, in the ABS Schools Australia publication (ABS 2009).

Comparability (International):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

This data collection is based on full time equivalent enrolments. This contrasts with the Apparent Retention Rate calculated from the National Schools Statistics Collection, which uses full time enrolments only.

Explanation of Terms:

The term 'Apparent Retention Rate' acknowledges the crude nature of the measure, which does not account for factors such as students who move sectors or inter-state, who repeat, or who return to education after having left.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Australian Bureau of Statistics 2009, Schools, Australia, 2008, cat. No. 4221.0, viewed 15 July 2009.

16.3 Early school leavers who are unemployed six months after leaving school (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Child-early school leavers who are unemployed six months after leaving school

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of students who leave school before attaining Year 12 or equivalent who are unemployed six months after leaving school

Context:
Victorian Child and Adolescent Monitoring System

Source:
On Track, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as a percentage of respondents. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of early school leavers reporting they are not in education or training and are looking for work}}{\text{Number of early school leavers contacted}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
Early leavers are surveyed by telephone. The sample is drawn from the Victorian Curriculum and Assessment Authority database of non-Year 12 completer early leavers in year 10, 11 and 12 who have consented to take part in On Track. The consent process for On Track is managed through the VCAA enrolment system.
Data for this indicator is collected by asking respondents their education, training or employment destination at the time of the survey (April-May the year after they leave school).

Collection History:
Annual data collection since 2003 with no time series breaks. Data collection methodology has been consistent and there have been no changes to questions relating to this indicator.

Cross Tabulations Available:
LGA Aboriginality
Age
Sex
Disengaged
All (Incl. TAFE and ACE) IRSED
The age cross-tabulation refers to year level of exit. Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

The data is comparable with Queensland's Next Step Early Leavers Survey (from 2007).

The ACT's School Movement Surveys provides less detailed data and relies on parent interviews.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

When interpreting the data, note that changes in factors such as macroeconomic conditions and youth labour market conditions may affect year to year comparisons.
The survey response rate is lowered the difficulty of obtaining student contact details current at the time of the survey.
International students are not within the scope of the survey.

Explanation of Terms:

The definition of 'unemployed' is based on the ABS definition - 'looking for work and working less than 1 hour per week.'
Year 12 or equivalent completers are defined as those who completed a Victorian Certificate of Education (VCE), International Baccalaureate (IB) or Victorian Certificate of Applied Learning (VCAL, Senior or Intermediate).
Early leavers are defined as those students in Years 10, 11 and 12 who had registered their details with the Victorian Curriculum and Assessment Authority (VCAA) by enrolling in a VCE or VCAL unit and who left school before completing Year 10, 11 or 12.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development
Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

17.1 a Children exposed to tobacco smoke in the home (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Family - Children exposed to tobacco smoke in the home, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children, aged 0-12 years, who live with one or more smokers

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:

NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population.
Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged birth to 12 years who live in a household where one or more regular smokers reside (weighted)}}{\text{Number of children aged 0 to 12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial, statewide, telephone survey undertaken by the Department of Education and Early Childhood Development. All data are reported by the main caregiver of the child.

Data for this indicator is collected using the following question:
Counting yourself, how many people in your household are regular smokers?

Collection History:
Collected in 2006 and 2009

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):
This section provides information on the general level of international comparability. However, care

must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

Children can be exposed to environmental tobacco smoke in a range of settings. However, the most widely used indicator of children's exposure relates to children living in a household where adults smoke inside.
As a result of the significant impact on children's health, children's exposure to tobacco smoke is included in most sets of indicators of children's health and wellbeing. These include the key national indicators of children's health and wellbeing (AIHW, 2009).

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Australian Institute of Health and Welfare 2009, Key national indicators of children's health, development and wellbeing: Indicator framework for A picture of Australia's children 2009. AIHW, Canberra.

17.2 Parents who report risky drinking (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Family - Parents reporting risky drinking, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
National Health and Medical Research Council (NHMRC), 2001, Australian Alcohol Guidelines: Health Risks and Benefits.
National Health and Medical Research Council (NHMRC) , 2009; Australian Alcohol Guidelines, To Reduce Health Risks from Drinking Alcohol.

Definition:
Percentage of parents of children aged 0 to 17 years, who report risky drinking as defined by the Australian Alcohol Guidelines.

Context:
Victorian Child and Adolescent Monitoring System

Source:
Victorian Population Health Survey, Department of Health, Victoria

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of parents with children in the population.
Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of parents with children aged 0-17 years who report short term or long term risky drinking (weighted)}}{\text{Number of parents with children aged 0-17 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Population Health Survey is an annual statewide survey which collects a wide range of information on the health of the adult Victorian population and the determinants of health.
For the purpose of reporting against this indicator within VCAMS, only parents of children aged 0-17 years in sample are included in the analysis.

Consistent with the emphasis of the NHMRC guidelines, the VPHS collected data on the concept of drinking patterns refering to aspects of drinking behaviour rather than the level of drinking, including the context or circumstances of drinking (when, where and with whom the drinking behaviour occurs), the type of drinks consumed, the number of heavy drinking occasions, their characteristics, and the norms associated with drinking behaviour.

Between 2002 and 2008 the VPHS collected four data items relating to alcohol consumption:
- Q1) Whether a respondent had had an alcoholic drink of any kind in past 12 months;
- Q2) Frequency of having an alcoholic drink of any kind (frequency categories of days per month)
- Q3) Number of standard drinks consumed on a day when respondent drinks alcohol (quantity)
- Q4) How frequently the respondent had more than 4 (female)/6 (male) drinks in a day?

Q1 identifies abstainers. Based on Q2 and Q3, the quantity/frequency method is used to estimate the proportion of the population consuming alcohol at long-term risky or high risk levels. This method combines information on how often respondents usually had an alcoholic drink of any kind with information on the number of standard drinks that respondents usually had on a day when consuming an alcoholic drink. Q4 is used to assess the proportion of the population that consumes alcohol at levels regarded as low risk or risky or high risk (yearly/monthly/weekly) in the short–term. Thus VPHS data can be provide estimates of the proportion of the population who are: (1) abstainers, (2) reported alcohol consumption at lower levels than those deemed to be risky or high risk level (3) at risk of harm from alcohol consumption. Separate estimates are generated for short and long-term harm due to alcohol consumption.

Collection History:

Data on alcohol consumption is collected annually but the questions have changed to reflect the evolution of national guidelines. Alcohol data were first collected in 1999 (VPHS demonstration) and 2001 using questions drawn from the National Drug Strategy Alcohol Survey. In 2002 the alcohol questions were changed to allow the prevalence of drinking at levels associated with short– and long–term risks of harm (as defined in the 2001 NHMRC guidelines) to be assessed. These are the questions that were used in the VPHS LGA–level survey in 2008. New questions will be used in 2009 to capture the prevalence of drinking at above recommended levels based on the new 2009 guidelines.

Cross Tabulations Available:

Metro/Rural
Age
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must taken as there may be definitional and structural variations in other data collections.
The surveys questions vary, the links are provided for general comparability for alcohol behaviour in the community , also these survey may or may not collect data on parents with children.
The Community Alcohol Action Network (CANN)www.caan.adf.org.au/
2007 National Drug Strategy Household Survey: state and territory
http://www.aihw.gov.au/publications/index.cfm/title/1067

Comparability (International):

This section provides information on the general level of international comparability. However, care must taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

Refer to collection history for the first set of comments provides background to the changes in the data series.

Regular excessive consumption of alcohol over time places people at increased risk of chronic ill health and premature death, and episodes of heavy drinking may place the drinker (and others) at risk of injury or death. The consequences of heavy, regular use of alcohol may include cirrhosis of the liver, cognitive impairment, heart and blood disorders, ulcers, cancers and damage to the pancreas.
The 2001 Australian Alcohol Guidelines: Health Risks and Benefits (NHMRC, 2001), which were current when the VPHS 2008 was in the field, emphasise patterns of drinking as opposed to levels of consumption (the average amount consumed). The concept of drinking patterns refers to aspects of drinking behaviour other than the level of drinking, including the context or circumstances of drinking (when, where and with whom the drinking behaviour occurs), the type of drinks consumed, the number of heavy drinking occasions, their characteristics, and the norms associated with drinking behaviour. The 2001 guidelines identified two main patterns of drinking behaviour as creating a risk to an individual's health:
excessive alcohol intake on a particular occasion; and
consistent high level intake over months and years.

The 2001 guidelines specified the risks for various drinking levels for males and females of average or larger than average body size (60+ kilograms for males and 50+ kilograms for females) in the short-term and long-term for the whole population. The guidelines categorised risk according to three levels:
low risk – a level of drinking at which the risk of harm is minimal and there are possible benefits for some of the population;
risky – a level of drinking at which the risk of harm outweighs any possible benefit; and

high risk – a level of drinking at which there is substantial risk of serious harm and above which risk increases rapidly.

In March, 2009 the NHMRC introduced a new set of guidelines, based on the most current and best available scientific research and evidence. The 2009 guidelines were formulated based on a process that included: a systematic search and analysis of the research on the health effects and risks of alcohol consumption published between 2001 and 2007; public comment on draft guidelines; and formal consideration of final draft guidelines by the Council of NHMRC.

The new guidelines that apply to adults aged 18 years and over are summarised below. The new guidelines indicate that there is no level of drinking alcohol that can be guaranteed to be completely 'safe' or 'no risk'. Hence, the guidelines set out advice on the level of drinking alcohol that will enable healthy adults to keep their risk of alcohol-related accidents, injuries, diseases and death low both in the short and long term (NHMRC, 2009).
2009 Australian alcohol guidelines for persons aged 18 years and over

Guideline Rationale

For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury. The lifetime risk(a) of harm(b) from drinking alcohol increases with the amount of alcohol consumed.

For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol related injury arising from that occasion. On a single occasion(c) of drinking, the risk of alcohol‑related injury increases with the amount of alcohol consumed.

For women who are pregnant or planning a pregnancy, not drinking is the safest option.

For women who are breastfeeding, not drinking is the safest option. Maternal alcohol consumption can harm the developing fetus or breastfeeding baby.
Notes:
(a) Lifetime risk is defined as 'the accumulated risk from drinking either on many drinking occasions, or on a regular (e.g., daily) basis over a lifetime' (NHMRC, 2009).
(b) Harm is

Explanation of Terms:

VPHS use the epidemiological definition of risk, which is similar to, but more precise than, the everyday use of the word. In epidemiology, a person's risk of experiencing an adverse health outcome is defined as the probability of the person developing that outcome in a specified time period. The specified time period may be short (e.g. a few hours after drinking) or long (e.g. after five years or over a lifetime) (NHMRC, 2009).
Immediate effects" are defined as 'the effects of drinking either during or after an occasion of drinking, lasting until the blood alcohol concentration returns to zero', in contradistinction to "cumulative effects," which are defined as 'the effects of many drinking occasions over time' (NHMRC, 2009).

Regular drinking is defined as 'repeated drinking occasions over a period of time' — for example, drinking daily, or every weekend, over many years.

Explanation of terms are based on NHMRC Alcohol Guidelines 2001.
The guidelines specify the risks for various drinking levels for males and females of average or larger than average body size (60+ kilograms for males and 50+ kilograms for females) in the short-term and long-term for the whole population. Risk is categorised according to three levels:
low risk – a level of drinking at which the risk of harm is minimal and there are possible benefits for some of the population;
risky – a level of drinking at which the risk of harm outweighs any possible benefit; and
high risk – a level of drinking at which there is substantial risk of serious harm and above which risk increases rapidly.
Short–term risk is the risk of harm (particularly injury or death) in the short term associated with given levels of drinking on any one occasion.
Long–term risk is associated with regular daily patterns of drinking and defined by the average daily intake of alcohol over the seven days of the reference week (ABS, 2006).
2001 Australian alcohol guidelines for risk to health in the long-term:
For males an average daily consumption of up to four standard drinks is considered 'low risk', five to six 'risky' and seven or more 'high risk';
For females, an average daily consumption of up to two standard drinks is considered 'low risk', three

to four 'risky' and five or more 'high risk'.

2001 Australian alcohol guidelines for risk to health in the short-term:
Risk levels are defined in terms of the number of standard drinks per drinking occasion (subject to qualifications for specific population groups) and differ for males and females.
For males, the risk categories are:
a) low risk – less than six standard drinks per day,
b) risky – seven to 10 standard drinks per day, and
c) high risk – 11 or more standard drinks per day.
2. For females the corresponding thresholds are:
a) low risk – less than four standard drinks per day,
b) risky – five to six standard drinks per day, and
c) high risk – seven or more standard drinks per day.

Explanation of terms are based on NHMRC Alcohol Guidelines 2009.
To be advised.

Standard drink: Alcoholic drinks are measured in terms of a 'standard drink'. A standard drink, containing 10 grams or 125 milliliteres of alcohol, is equal to 1 pot of full–strength beer, 1 small glass of wine or 1 pub–sized nip of spirits.

Weight is numeric value, after the data collection population weights are applied to the data. VPHS data was weighted to reflect (i) the probability of selection of the respondent within the household and (ii) the age/sex/geographic distribution of the population. Although a single respondent was randomly selected from within a household, the size of any household can vary upwards from one person. To account for this variation, each respondent is treated as representing the whole household, so his/her weight factor includes a multiplier of the number of persons in the household (Department of Human Services, 2001).

Source and Reference Attributes

Steward:

Department of Health

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Australian Bureau of Statistics 2006 - Alcohol Consumption in Australia: A Snapshot, 2004-05, cat. no.4832.0.55.00, ABS, Canberra.
2. National Health and Medical Research Council, NHMRC, 2001; Australian Alcohol Guidelines. Health Risks and Benefits Canberra.
3. National Health and Medical Research Council, NHMRC , 2009; Australian Alcohol Guidelines, To Reduce Health Risks from Drinking Alcohol, AusInfo, Canberra.
4.4. Victorian Population Health Survey 2001, Department of Human Services, Victoria, 2002.Melbourne

17.3 Parents meeting recommended physical activity levels (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Family-Parents' meeting recommended physical activity levels, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
The National Physical Activity Guidelines for Australians (DoHA, 1999)

Definition:
Percentage of parents of children, aged 0-17 years, meeting the recommended physical activity levels under the National Physical Activity Guidelines

Context:
Victorian Child and Adolescent Monitoring System

Source:
Victorian Population Health Survey, Department of Health, Victoria

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of parents with children in population.
Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of parents with children aged 0-17 years engaging in at least 30 minutes of moderate intensity activity on at least five days per week (weighted)}}{\text{Number of parents with children aged 0-17 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Population Health Survey is an annual statewide survey that the Department of Health undertakes annually to collect a wide range of information on the health of the adult Victorian population and the determinants of that health.

For purpose of reporting against this indicator within VCAMS, only parents of with children aged 0–17 years in sample are included in the analysis.

To measure the extent to which the population is engaging in sufficient physical activity to achieve health benefits, against current national guidelines, information is collected on three types of physical activity during the previous week:
time spent walking (for more than 10 minutes at a time) for recreation or exercise, or to get to and from places;
time spent doing vigorous household chores (excluding gardening); and,
time spent doing vigorous activities other than household chores and gardening (for example, tennis, jogging, cycling or keep-fit exercises).
Data are collected on the number of sessions and the duration of each type of physical activity. The questions are from the Active Australia Survey and are intended to measure participation in leisure–

time physical activity. The questions were developed and intended for use with persons aged 18–75 years.

Data are analysed according to the AIHW manual (2003) for reporting on these data. This involves truncating the time for a single activity at 840 minutes then applying a 1680 minutes truncation criterion to all 3 activity types (to avoid errors due to over–reporting) and weighting vigourous activities relative to moderate–intensity activities. Specifically, total activity time is calculated by adding the time spent in walking and moderate activity and twice the time spend on vigourous activity (not including gardening and yardwork which cannot be reliably categorised as one or the other). The time spent in vigourous activity is doubled because vigorous activity is more intense and infers greater health benefits than moderate activity.

The preferred indicator of 'sufficient' activity for health under the national guidelines includes both the time and number of sessions of activity. A person who satisfies both criteria (time and number of sessions) is classified as doing 'sufficient' physical activity to achieve health benefits. For those who achieve an adequate baseline level of fitness, extra health benefits may be gained by undertaking at least 30 minutes of regular vigorous exercise on three to four days per week.

The sum of the proportions of adults who undertake only vigorous physical activity or walking and vigorous activity sets the upper limit for the proportion of the population who may satisfy both the health benefit and health fitness criteria to meet the guidelines on physical activity (DoHA, 1999). The actual proportion of adults who fulfil both criteria is reduced to the extent that individuals do not spend sufficient time on physical activity and/or do not participate in physical activity regularly.

Collection History:

Between 2001 and 2007 the VPHS reported on the prevalence of sedentary/insufficient/sufficient physical activity, applying the 1999 national physical activity guidelines for adults have been applied to all respondents (persons aged 18 years and over). Subsequently, the Australian government has established physical activity recommendations for children aged 12–18 years and devised recommendations on physical activity for health for older adults (persons aged 65 years and over, and Aboriginal and Torres Strait Islanders aged over 55 years). Whereas the latter set of recommendations were developed to complement the existing National Physical Activity Guidelines, the recommendations for children pertain to both undertaking physical activity and limiting time spent on non–educational activities that involve sitting still for long period (e.g., watching TV, videos or DVDs, surfing the net or playing computer games).The VPHS 2008 reports these data for persons aged 19 years and over because the national physical activity guidelines for children includes 18 year olds. This is unlikely to have an impact on the VCAMS indicator.

Cross Tabulations Available:

Metro/Rural
Age
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

This section provides information on the general level of national comparability. However, care must taken as there may be definitional and structural variations in other data collections.

The guide and manual for implementation, analysis and reporting of the Active Australia Survey questions published by the AIHW (see references) has contributed to the consistency in reporting for this measure of leisure–time physical activity.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

Estimates of the proportion of persons who are sedentary or undertake insufficient or sufficient physical activity are derived from responses to 6 questions (time and number of sessions for each of three types of activity). Respondents who provide incomplete data are not classified. Hence, estimates may be sensitive to interviewer quality and the extent of interviewer probing.

The questions ask about the number of times that the respondent has undertaken each type of activity in the past week but the guidelines refer to the number of days on which physical activity is undertaken. There is potential for respondents to base their answers literally on the number of times an activity was undertaken (and activities like walking can be undertaken multiple times per day). Interviewer–respondent interaction often corrects this misapprehension.

Explanation of Terms:

The National Physical Activity Guidelines for Australians (DoHA, 1999). The level of health benefit

achieved from physical activity partly depends on the intensity of the activity. In general, to obtain a health benefit from physical activity requires participation in moderate intensity activities (at least). Accruing 150 or more minutes of moderate intensity physical activity (such as walking) on a regular basis over one week is believed to be 'sufficient' for health benefits and this the recommended threshold of physical activity.

Participation in regular physical activity: to the regularity of physical activity refers to the number of days per week an individual participates in physical activity. The national guidelines indicate individuals should undertake physical activity on five – preferably seven – days per week, and they should accrue 150 or more minutes of at least moderate intensity physical activity in 'instalments' of at least 30 minutes per day.

Sufficient physical activity: The 'sufficient time and sessions' measure of physical activity is regarded as the preferred indicator of the adequacy of physical activity for a health benefit because it addresses the regularity of the activity undertaken (150 minutes or more and five or more sessions). For this indicator, sufficient physical activity involves the accumulation of at least 150 minutes of moderate–intensity physical activity and at least 5 sessions of activity per week. (Earlier reporting that pre–dated the AIHW manual sometimes defined 'sufficient' activity for health as the accumulation of a sufficient amount (i.e. number of miniutes) of activity over a week).
Insufficient physical activity: Individuals if they reported undertaking physical activity during the week before the survey, but did not accrue 150 minutes and/or did fewer than five sessions. (less than 150 minutes or 150 or more minutes but fewer than five sessions).

Sedentary: Individuals if they reported no physical activity for the relevant time period. (0 minutes)
Weight is numeric value, after the data collection population weights are applied to the data. VPHS data was weighted to reflect (i) the probability of selection of the respondent within the household and (ii) the age/sex/geographic distribution of the population. Although a single respondent was randomly selected from within a household, the size of any household can vary upwards from one person. To account for this variation, each respondent is treated as representing the whole household, so his/her weight factor includes a multiplier of the number of persons in the household (Department of Human Services, 2001)

Source and Reference Attributes

Steward:

Department of Health

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

4. Victorian Population Health Survey 2001, Department of Human Services, Victoria, 2002.Melbourne
Australian Institute of Health and Welfare (AIHW) 2003. The Active Australia Survey: a guide and manual for implementation, analysis and reporting. Canberra: AIHW.
DoHA (Department of Health and Ageing) 1999. National Physical Activity Guidelines for Australians. Canberra: DoHA.
DoHA, Get out and get active. Australia's physical activity recommendations for 12–18 year olds. Canberra, Commonwealth of Australia, 2004.
DoHA, Recommendations on physical activity for health for older Australians. (http://www.health.gov.au/internet/main/Publishing.nsf/Content/ECBF57CB49827C0BCA2575820004650C/$File/pa-guidelines.pdf; accessed 07-10-2009).

17.4 Parents who eat the minimum recommended serves of fruit and vegetable every day (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Family - Parents who eat minimum recommended serves of fruit and vegetables, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
Dietary Guidelines for Australian Adults

Definition:
Percentage of parents of children, aged 0-17 years, who eat the minimum recommended serves of fruit and vegetables per day under the Dietary Guidelines for Australian Adults

Context:
Victorian Child and Adolescent Monitoring System

Source:
Victorian Population Health Survey, Department of Health, Victoria

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of parents with children in population.
Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of parents with children aged 0- 17 years who meet the guidelines for consumption of fruit and vegetables (weighted)}}{\text{Number of parents with children aged 0- 17 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Population Health Survey is an annual statewide survey that the Department of Health undertakes annually to collect a wide range of information on the health of the adult Victorian population and the determinants of that health.

For purpose of reporting against this indicator within VCAMS, only parents of with children aged 0-17 years in sample are included in the analysis. VPHS collects three data items relating to fruit and vegetable intake:
Data is reported against the guidelines for the recommended daily intake of fruit and vegetables consumption: Guidelines are applied to each age group in the sample (persons aged 18 years and persons aged 19 years and over) to give a population–level estimate for the adults. The age–specific guidelines are as follows:
Recommended daily intake of fruit and vegetables

Guideline Age group(a) Recommended daily intake

Fruit Persons aged 12–18 years
Persons aged 19 years or over Three serves
Two serves

Vegetables Persons aged 12–18 years
Persons aged 19 years or over Four serves
Five serves

Source: Australian Department of Health and Family Services, 1998, The Australian Guide to Healthy Living, Canberra.
(a) Excludes pregnant or breastfeeding women.

Collection History:

Data is available from 2001.
Data is updated annually.

Cross Tabulations Available:

Metro/Rural
Age
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
This indicator is widely used in Australia, thus offering good comparability with other surveys.
National Nutrition Survey
http://www.abs.gov.au/ausstats/abs@.nsf/productsbytitle/95E87FE64B144FA3CA2568A9001393C0?OpenDocument

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

Respondents do not necessarily identify/define fruit and vegetables in the same way as the guidelines. There is an argument that estimates are deflated by having to consider fruit and vegetables separately rather than simply adding together the number of serves of fruit and vegetables consumed per day.

A weight is a numeric value, applied to the data after data collection. VPHS data was weighted to reflect (i) the probability of selection of the respondent within the household and (ii) the age/sex/geographic distribution of the population. Although a single respondent was randomly selected from within a household, the size of any household can vary upwards from one person. To account for this variation, each respondent is treated as representing the whole household, so his/her weight factor includes a multiplier of the number of persons in the household (VPHS, 2001).

Explanation of Terms:

Vegetables: A serve is a quarter of a cup of cooked vegetables or half a cup of salad vegetables. Fruit: A serve is one medium piece or two small pieces of fruit, or one cup of diced pieces. This also includes dried fruit - equivalent to one tablespoon.
Australian dietary guidelines for fruit and vegetables are age–group specific and specify the minimum number of serves per day. For persons aged 18 years the recommendations for both fruit and vegetables involves eating 3 (or more) serves of fruit and 4 (or more) serves of vegetables per day. For persons aged 19 years and over, the guidelines involve and intake of 2 (or more) serves of fruit and 5 (or more) serves of vegetables.

Source and Reference Attributes

Steward:

Department of Health

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

Victorian Population Health Survey 2001, Department of Human Services, Victoria, 2002.Melbourne
NHMRC (National Health and Medical Research Council). 2003a. Dietary Guidelines for Australian Adults. Canberra: AusInfo.
NHMRC 2003b. Dietary Guidelines for Children and Adolescents in Australia Incorporating the Infant Feeding Guidelines for Health Workers. Canberra: AusInfo.

18.1 Children who are read to by a family member every day (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Family - Children (6 months-12 years) read to by a family member, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children, aged 6 months to 12 years, who are read to almost every day (6 or 7 days a week) from a book by a family member

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged 6 months-12 years who are read to almost everyday (6 or 7 days a week) from a book by a family member (weighted)}}{\text{Number of children aged 6 months-12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial, statewide, telephone survey undertaken by the Department of Education and Early Childhood Development. All data are reported by a child's primary caregiver.
The data is collected for this indicator by asking the following question:
In the past week, on how many days have you or someone in your family read to (child) from a book?

Collection History:
Collected in 2006 and 2009

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):
This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

18.2 Infants put on their back to sleep from birth (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Family-Infant put on their back to sleep from birth, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of infants aged under 1 year who are reported to be put on their back to sleep since birth

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:

NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of infants aged under one year who were put on their backs to sleep from birth (weighted)}}{\text{Number of infants aged under one year (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial statewide telephone survey undertaken by the Department of Education and Early Childhood Development. All data are reported by a child's main caregiver. The following question was provided by SIDS and Kids:

What position did you put (child) to sleep in from birth? Was it:
On (his/her) back; On (his/her) side; On (his/her) tummy; or any other position (specify); (Don't know); or (Refused).

Collection History:
Collected in 2006 and 2009

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
Comparable data are collected in New South Wales. http://www.nursesreg.health.nsw.gov.au/pubs/2008/pdf/childreport0506.pdf

Comparability (International):
This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

Current data collection relates to sleep position since birth. However, there is evidence that the 'back to sleep' message needs to be reinforced throughout infancy, as parents are most likely to switch their child to a prone sleeping position at two to four months (Ottolini et al., 1999).

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Mary C. Ottolini, MD, MPH; B. Ellen Davis, MD; Kantilal Patel, PhD; Hari C. Sachs; Naomi B. 4. Gershon; Rachel Y. Moon, MD Prone Infant Sleeping Despite the Back to Sleep Campaign Arch Pediatr Adolesc Med. 1999;153:512-517.

18.3 Parents aware of sun protection (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Family - Parental awareness of sun protection, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of parents who report attempting to protect their child from the sun everyday during Summer

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:

NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of parents of children aged 0-12 years who report attempting to protect their child from the sun every day in summer (weighted)}}{\text{Number of parents of children aged 0-12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey (VCHWS) is a triennial, statewide telephone survey undertaken by the Department of Education and Early Childhood Development.
All data are reported by a child's main caregiver.
Data for this indicator is collected by asking the following question:
During the summer months, how often would you try to protect (child) from the sun on days when he/she is outside? Additional questions are used to assess awareness of different types of sun protection.

Collection History:
Collected in 2006 and 2009

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Comparability: Questions are based on those in the Longitudinal Study of Australian Children.

Existing indicators (in other states) tend to relate to types of sun protection. An indicator relating to sun protection is included in the Best Start Indicator set.
National telephone survey interviews take place on Mondays and Tuesdays during summer and ask about behaviour over the previous weekend. Victorian children are included in this survey but not in sufficient numbers to warrant reporting by State.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

Monitoring the use of sun protection is problematic for the following reasons: Parental reports of sun behaviour have reasonable validity but both child and parental reports are subject to social desirability bias (Dixon et al 1999). The season during which data are collected (February to June) is also likely to influence reporting. It is almost impossible to define 'appropriate use' of sun protection given that the need for sun protection can be determined by multiple factors including UV levels, the season, altitude, activities an individual is engaged in (for example, swimming), and an individual's personal characteristics (such as skin type).

The Victorian Child Health and Wellbeing survey data is intended to track parental awareness of types of sun protection and is not intended to monitor actual behaviours.

Explanation of Terms:

'Aware of sun protection' includes using sunscreen, hat, clothing, shade and sunglasses.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Dixon, H., Borland, R. and Hill, D. (1999) Sun protection and sunburn in primary school children: the influence of age, gender and colouring. Preventive Medicine, 28, 119–30.

19.2 a Children aged 0 to17 years who have parents at risk of mental health difficulties (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Family-Parents at risk of mental health difficulties (Kessler 10 > 22), Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
Kessler Psychological Distress Scale (K10)

Definition:
Parents of children aged 0 to 17 years, who are at risk of mental health difficulties

Context:
Victorian Child and Adolescent Monitoring System

Source:
Victorian Population Health Survey, Department of Health, Victoria

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of parents at risk of mental health difficulties in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of parents with children aged 0- 17 years who scored greater than 22 on the Kessler 10 (weighted)}}{\text{Number of parents with children aged 0- 17 years years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Population Health Survey is an annual statewide survey that the Department of Health undertakes annually to collect a wide range of information on the health of the adult Victorian population and the determinants of that health.

For purpose of reporting against this indicator within VCAMS , only parents of with children aged 0-17 years in sample are included in the analysis. Kessler 10 (K10), a measure of psychological distress, is included in the VPHS because there is substantial evidence to show the significance of mental health issues and their relationship to poor health,. The K10 is a set of 10 questions designed to categorise an individual's level of psychological distress over the four week period prior to the survey interview. It cannot be used to determine major illnesses but has been validated as a simple measure of anxiety, depression and worry (psychological distress).
The K10 covers the dimensions of depression and anxiety, such as nervousness, hopelessness, restlessness, sadness and worthlessness. It consists of 10 questions that have the same response categories: all of the time, most of the time, some of the time, a little of the time and none of the time (that are scored 5 through to 1). The Kessler 10 includes the following questions:
In the last four weeks, about how often …
Q1. Did you feel tired out for no good reasons?
Q2. Did you feel nervous?
Q3. Did you feel so nervous that nothing could calm you down?

Q4. Did you feel hopeless?
Q5. Did you feel restless or fidgety?
Q6. Did you feel so restless that you could not sit still?
Q7. Did you feel depressed?
Q8. Did you feel that everything was an effort?
Q9. Did you feel so sad that nothing could cheer you up?
Q10. Did you feel worthless?

'None of the time' responses to Q3 result in a skip to Q5. 'None of the time' responses to Q6 result in a skip to Q5. The ten items are summed to yield scores ranging from 10 to 50. Individuals are categorised to four levels of distress, based on their score: low (<16), moderate (16–21), high (22–29) and very high (30–50). Individuals who answer "don't know" or refuse to answer all relevant questions are excluded from the prevalence estimates for each of the levels of psychological distress.

Collection History:

Data is available from 1999.
Data is updated annually.

Cross Tabulations Available:

Victoria
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
The K10 has been used in a number of population health surveys in Australia, such as state-based CATI population surveys and the National Mental Health Survey conducted in 1997 by the Australian Bureau of Statistics
http://www.health.nsw.gov.au/public-health/chorep/ ppp_methods.htm.
South Australian Health and Wellbeing Survey, Department of Health, South Australia.
Hilda Survey
,http://www.melbourneinstitute.com/hilda/hdps/hdpsn209.pdf

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Comments:

Measurement of mental health in population studies has evolved from complex diagnostic instruments toward shorter scales. Because the psychosocial elements of an individual's experience are subjective it is possible to argue that their perceptions can provide a valid insight into their mental health status. Shorter item measures of mental health that seek to screen for the risk of mental health issues, rather than to assign a clinical diagnosis, are increasingly seen as useful to gauge population prevalence and because of the opportunities that they may provide for monitoring and targeting of mental health promotion/early intervention initiatives.

Because of the number of questions that a respondent must answer to have a K10 score calculated the prevalence estimates of K10 levels may be affected by interviewer quality, particularly their ability/willingness to probe for an answer on what is widely regarded as a sensitive topic. The preamble to this set of questions reminds respondents to advise the interviewer if they are uncomfortable with any question and that the interviewer will then move on to the next question. Accordingly, there is a risk that a respondent with a more fragile mental health status may not complete all items, and that there will be a degree of underreporting of higher levels of psychological distress.

Explanation of Terms:

The K10 was developed by Kessler and others in 1992 as a screening scale for mental disorder and as a measure of non-specific psychological distress for use in the redesigned US National Health Interview Survey (NHIS). A six–question short–form scale (known as the K10) is embedded within the 10-question screening scale. Kessler et al (2002) indicate that the 'brevity, strong psychometric properties, and ability to discriminate DSM-IV cases from non-cases make the K10 and K6 attractive for use in general-purpose health surveys. The scales are already being used in annual government health surveys in the US and Canada as well as in the WHO World Mental Health Surveys. Routine inclusion of either the K10 or K6 in clinical studies would create an important, and heretofore missing, crosswalk between community and clinical epidemiology'.

Weight is numeric value, after the data collection population weights are applied to the data. VPHS data was weighted to reflect (i) the probability of selection of the respondent within the household and (ii) the age/sex/geographic distribution of the population. Although a single respondent was randomly selected from within a household, the size of any household can vary upwards from one person. To account for this variation, each respondent is treated as representing the whole household, so his/her weight factor includes a multiplier of the number of persons in the household (VPHS, 2001).

Source and Reference Attributes

Steward:

Department of Health

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. K10 Symptom Scale. Clinical Research Unit for Anxiety and Depression. A WHO Collaborating Center. School of Psychiatry, University of NSW, 2000. [Online] Available at: http://www.crufad.unsw.edu.au/K10/k10info.htm.[Accessed: 30/3/2001]
2. G Andrews & T Slade. Interpreting scores on the Kessler population. Australian and New Zealand Journal of Psychiatry Psychological Distress Scale (K10). Australian and New Zealand Journal of Public Health 2001, 25: 494-497.
3. Furukawa TA, Kessler RC, Slade T, Andrews G. The performance of the K6 and K10 screening scales for psychological distress in the Australian National Survey of Mental Health and Well–being. Psychological Medicine (2003), 33:2:357–362.
4. Victorian Population Health Survey 2001, Department of Human Services, Victoria, 2002.Melbourne
5. Andrews G, Slade T (2001) Interpreting scores on the Kessler. Psychological Distress Scale (K10). Aust N Z J Public Health 25. (6):494–497.
6.Furukawa TA, Kessler RC, Slade T, Andrews G. The performance of the K6 and K10 screening scales for psychological distress in the Australian National Survey of Mental Health and Well–being. Psychological Medicine (2003), 33:2:357–362.

19.2 b Children aged 0-12 years who have parents with mental health difficulties (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Family - Parents with mental health difficulties, Percentage,NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children, aged 0-12 years, with a main carer who scores >19 (at risk) on the Kessler 6 Psychological Distress scale.

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged 0-12 years with parent who scores >19 on the Kessler 6 scale (weighted)}}{\text{Number of children aged 0-12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial, statewide telephone survey undertaken by the Department of Education and Early Childhood Development. All data are self reported by a child's primary caregiver.
For the following statements, respondents are provided with the following response options:strongly agree, agree, disagree or strongly disagree.

For the following questions, respondents are asked to choose one of these response options: 'All the time', 'Most','Some', 'A little' or 'None of the time'
Questions:
In the last 4 weeks, about how often did you feel nervous?
In the last 4 weeks, about how often did you feel hopeless?
In the last 4 weeks, about how often did you fell restless or fedgety?
In the last 4 weeks, about how often did you feel everything was an effort?
In the last 4 weeks, aout how oftendid you feels so sad that nothing could cheer you up?
In the last four weks, about how often did you feel workthless?

Collection History:
Collected in 2006 and 2009

Cross Tabulations Available:
Metro/Rural
Age group
Sex

Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

The Kessler 6 scale is also used to assess parental mental health in the Longitudinal Study of Australian Children.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

The VCHWS uses the Kessler 6 scale (the short form of the widely used Kessler 10) to monitor non¬specific psychological distress. The Kessler 6 is the preferred scale for screening for any DSM-IV mood or anxiety disorder as it is concise and demonstrates consistency across populations (Furukawa et al., 2003). Scores of 19 or above on the Kessler 6 indicate an individual is at risk of mental health problems. Data is self reported by one parent only – the child's primary caregiver.

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

21.2 Family violence incidents where children and young people are present (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Family - Family violence incidents where children and young people aged 0-17 years are present, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of family violence incidents where children and young people aged 0-17 years, are present

Context:
Victorian Child and Adolescent Monitoring System

Source:
Law Enforcement Assistance Program, Victoria Police

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as Percentage
Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of recorded family violence incidents where other parties are involved are children and young person aged 0- 17 years}}{\text{Total number of recorded family violence incidents}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
Crimes in Victoria are recorded through the Law Enforcement Assistance Program (LEAP), a case management and data storage database. For the purpose of reporting against this indicator within VCAMS, data is extracted from Victoria Police family violence incident reports. Victorian Police officers are required to complete a family violence report when they attend family violence incident. The report documents the parties involved in the incident including children. Apart from documenting these details it is mandatory for Victoria Police officers to do a family violence risk assessment and management report (vpform L17) to record the seriousness of the incident whether criminal charges were laid, whether a complaint for an intervention order was made, and whether the victim was advised to take action on their own behalf. (Extracted from Victoria Police 2009).

Collection History:
Victoria Police have recently revised the Family Violence Incident Report form to include a data field where the attending officers can identify family violence risk factors including category sensitive cultural issues. In addition, more information will be gathered in relation to the use of interpreters and the language spoken. These data fields are not mandatory, and information generally will be collected only if the ethnicity and/or language issues are apparent to the officer or disclosed by one of the parties present. This updated form came into widespread use in January 2005 and has since undergone several revisions (Extracted from, Victorian Police 2009).

Cross Tabulations Available:
LGA

Age
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Counting and classification of offences and the way crimes is classified and counted may differ.
Www.abs.gov.au (cat. No. 4509.0)
www.aic.gov.au

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Differing laws and police systems throughout the world may impact counting and classification of crimes and the way crimes are counted may differ.
Http://www.europeansourcebook.org

Comments:

Due to the dynamic nature of LEAP, statistics produced at different times from the same data may vary. For example, an offence of burglary may be counted as unsolved in statistics produced at the end of January because no offender has yet been processed. However, if an offender was processed in April for this offence, statistics reproduced in May for the month of January would differ to those previously produced in January.
Because of this, the statistics produced in this publication for previous financial years will differ slightly from those previously published. The percentage changes in crime over time that are included in this publication are also based on data taken from the LEAP database on 18 July, 2008, and may differ slightly to those calculated from previously published data.

Victoria Police counts every incident of family violence as one victim. However victim may have sought police assistance more than once in a reference year. Data cannot be obtained on how many incidents of family violence were recorded by the same victim. (Victorian Family Violence Database, 2008)

Victoria Police include data fields to identify ATSI classification on their FamilyViolence Incident Report. These data fields are not mandatory, and information generally will be collected only if disclosed by the victim or perpetrator.

Explanation of Terms:

Aggrieved family member: Victims are referred as aggrieved family member during recording a family violence incident.
Children present: Victoria Police records children aged (0-17) years as 'present' at a family violence incident; include them as victims of family violence.
Family incident; Victoria Police is required to complete a family violence incident report if officers attend any form of conflict between parties who are related (as per the Crimes (Family Violence) Act 1987) (Extracted from Department of Justice, 2008).
Intervention order: An order made by the Magistrates' or Children's Courts of Victoria that restricts a person's behaviour in relation to another person, or prohibits a person from undertaking specific activities.
Other party: The person involved in a family violence incident as recorded by police, other than victim.
Recorded crime consists of those offences recorded on LEAP during the reporting period, regardless of when the offence occurred or when it was reported to police.
Victims of crime: Victims of crime are classified as either persons, businesses, statute or other depending on the nature of the offence. Victim profiles presented in VCAMS are based on those victims recorded as persons only. Victims who are victimised on more than one occasion are counted for each occasion.

Source and Reference Attributes

Steward:

Victoria Police

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Australian Bureau of Statistics, 2002, Information Paper: Measuring Crime Victimisation, Australia

— The Impact of Different Collection Methodologies, (cat. no. 4522.0.55.001).
2. Department of Justice, 2008, The Victorian Family Violence Database (Volume3): Seven-Year Report
3. Victoria Police 2004, Victoria Police Code of Practice for the Investigation of Family Violence, Victoria Police, Victorian State Government, Australia.
4. Victorian Law Reform Commission 2004, Defences to Homicide Options Paper, Melbourne Australia.
5. Victoria Police, 2009; Victorian Crime Statistics 2007-08.

22.4 a Children from families that ran out of food and could not afford to buy more (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Income- Food insecure families, Percentage NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
http://www.vichealth.vic.gov.au/Content.aspx?topicID=151

Definition:
Percentage of children, 0 to 12 years, from households where the main caregiver reported that he/ she ran out of food in the last 12 months and couldn't afford to buy more

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population.
Range 0.0 to 100.0

Calculation:

$$\frac{\text{The number of parents of children aged 0-12 years reporting that their household ran out of food in the last 12 months and could not afford to buy more (weighted)}}{\text{Number of parents of children aged 0-12 years in the sample(weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial, statewide, telephone survey undertaken by the Department of Education and Early Childhood Development. Data are reported by a child's primary care giver.
The following question is used to assess food security within the child's household.
In the last 12 months, were there times that you ran out of food, and couldn't afford to buy more?
Additional questions are used to assess how families with children cope when they do run out of food.

Collection History:
Collected in 2006 and 2009

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must

taken as there may be definitional and structural variations in other data collections.
The food insecurity question also appears in the Victorian Population Health Survey and some population surveys conducted interstate.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
Comparability: the food insecurity question also appears in the VPHS and some population surveys conducted interstate.

Comments:

The current data collection concentrates on the economic aspects of food security, however food security is also determined by physical accessibility to food supplies and the availability of foods that are culturally appropriate, safe and sustainable.

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Booth S, Smith A. Food security and poverty in Australia –. Challenges for dieticians. Australian Journal of Nutrition. And Dietetics 2001; 58(3): 150–6

24.1 a Children living in families with healthy family functioning (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Family - Children (0 to 12 years)living in families with healthy family functioning, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children aged 0 to 12 years, living in families scoring 2 or below on the General Functioning Scale of the McMaster Family Assessment Device indicating healthy family functioning

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged 0-12 years from families that score above 2 on the FAD (weighted)}}{\text{Number of children aged 0-12 years in the sample (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial, statewide telephone survey undertaken by the Department of Education and Early Childhood Development. All data are reported by a child's primary care giver.
Within a broader questionnaire, respondents are asked to complete the General Functioning Scale of the McMaster Family Assessment Device.
For the following statements, respondents are provided with the following response options: strongly agree, agree, disagree or strongly disagree.

1)We are able to make decisions about how to solve problems
2)In times of crisis we can turn to each other for support
3)Individuals, in the family, are accepted for what they are
4)We avoid discussing our fears and concerns
5)We express our feelings to each other
6)There are lots of bad feelings in our family
7)We feel accepted for what we are
8)Making decisions is a problem for our family
9)We don't get along well together
10)We cannot talk to each other about the sadness that we feel
11)Planning family activities is difficult because we misunderstand each other
12)We confide in each other.

Families scoring above 2 or above are regarded as having unhealthy family functioning.

Collection History:

Collected in 2006 and 2009

Cross Tabulations Available:

Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
The McMaster Family Assessment Device is also included in the NSW Child Health Survey http://www.health.nsw.gov.au/publichealth/surveys/

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

Explanation of Terms:

A reference to family in the Victorian Child Health and Wellbeing Survey is a reference to the respondent's definition of family.

FAD: McMaster Family Assessment Device. It is regarded as one of the most researched family assessment tools available.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

24.2 Children with high levels of family stress (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Family- Children entering primary school affected by high levels of family stress, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children entering primary school whose parents report that their child has been affected by family stress

Context:
Victorian Child and Adolescent Monitoring System

Source:
School Entrant Health Questionnaire (SEHQ), Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as a percentage in a reference year.
Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children at school entry whose parents report that their child has been affected by one or more types of family stress (weighted)}}{\text{Number of children at school entry whose parents completed the SEHQ (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
Parents of all children beginning primary school in Victoria are asked to complete the School Entrant Health Questionnaire (SEHQ). The questionairre is distributed as part of the Victorian Primary School Nursing Program, which offers health assessments to all children in their first year of primary school, first year at an English Learning Centre school or who have newly arrived from overseas.
The SEHQ includes a family stress section, which asks parents whether their child has been affected by any of 17 stressors, which include:
- move to a new house
- recent separation/divorce of parents
- parent's loss of job
- gambling problem in the family
- death of a relative or friend
- new baby in the house
- serious illness of parents

Collection History:
Data from the School Entrant Health Questionairre is available from 1998. This question has been included each year, with no significant changes.

Cross Tabulations Available:
LGA Aboriginality

Age Linguistic Background
Sex
Disability Status
In 2003 the method of recording children's age was changed from age at the time of assessment to date of birth, so age is not directly comparable across all the years. Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

A relatively high level of non-response for this question is expected due to the sensitive nature of this topic.

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

25.1 Exceedances of water quality standards for E.Coli (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Environment - Water quality exceedances for Escherichia coli (E.Coli), Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
Victorian Safe Drinking Water Act 2003

Definition:
Percentage of water sampling localities where there are exceedances of water quality standards for E.Coli

Context:
Victorian Child and Adolescent Monitoring System

Source:
Annual Report on Drinking Water Quality in Victoria, Department of Health, Victoria

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as percentage.
Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of water sampling localities meeting water quality standards for E.Coli}}{\text{Total number of water sampling localities where samples are collected on a weekly basis}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
Under the Safe Drinking Water Act 2003, water authorities collect and report on this indicator to the Environmental Health Unit of the Department of Health. All drinking water sampling localities are monitored weekly for the presence of Escherichia coli (E. coli).

E. coli is a type of coliform bacteria that is almost exclusively found only human and animal faeces. Therefore, the presence of E. coli in drinking water in an indicator of recent faecal contamination. The state's water quality standard for E.coli states that 98 per cent of samples collected over any 12-month period should contain no E.coli per 100mL of drinking water.

Collection History:

Data is reported annually, by - Drinking Water Regulation Unit, Department of Health, Victoria.

Cross Tabulations Available:

Metro/Rural

Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Drinking water in Australia must comply with the Australian drinking water guidelines. All the States and Territories in Australia regularly publishes annual reports on water quality monitoring.
http://soer.justice.tas.gov.au/2003/indicator/89/index.php#Data
http://www.envcomm.act.gov.au/soe/soe2004/Tumut/drinkingwaterquality.htm#int
http://www.sca.nsw.gov.au/publications/publications/2007-2008-annual-water-quality-monitoring-report

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

The World Health Organisation reports regularly on water quality of different countries.
http://www.who.int/whosis/en/index.html

Comments:

The data collected under the Safe Drinking Water Act 2003 only relates to town supplies that are managed by the state's water corporations. There are approximately 300 public schools in Victoria which source their drinking water from self-managed tank water supplies. The quality of these water supplies is likely to vary markedly across the state and poorly maintained supplies may present a risk to health.

Explanation of Terms:

E. coli is a type of coliform bacteria that is almost exclusively found only human and animal faeces. Therefore, the presence of E. coli in drinking water in an indicator of recent faecal contamination. Under risk-based water quality management systems, the absence of pathogenic micro-organisms from the drinking water supply is of the utmost importance and must never be compromised. Whilst E. coli is not a perfect indicator, it is currently the best available indicator of faecal contamination. The Victorian water quality standard for E.coli states that 98 per cent of samples collected over any 12-month period should contain no E.coli per 100mL of drinking water.

Source and Reference Attributes

Steward:

Department of Human Services, Victoria

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. NHMRC-NRMMC (National Health and Medical Research Council and Natural Resource Management Ministerial Council) (2004) Australian Drinking Water Guidelines, NHMRC and NRMMC, Canberra.
2. World Health Organization 2004, Guidelines for drinking water quality, Volume 1,Recommendations, 3rd edn, World Health Organization, Geneva.

25.5 a Children living in clean neighbourhoods (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Neighbourhood - Children (0 to 12 years) living in clean neighbourhoods Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children, aged 0-12 years, with a parent who strongly agreed or agreed that they live in a clean neighbourhood.

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged 0-12 years with a parent who strongly agreed or agreed that their neighbourhood is clean}}{\text{Number of children aged 0-12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial, statewide, telephone survey undertaken by the Department of Education and Early Childhood Development. All data are reported by a child's main caregiver.
There is one data items relating to perceived neighbourhood cleanliness which is taken from the Longitudinal Study of Australian Children . http://www.aifs.gov.au/growingup/data/datadictionary.html
The interviewer provides the respondents with options which include: Strongly agree; agree; disagree; strongly disgree;and reads the following statement.
1. This is a clean neighbourhood

Collection History:
Collected in 2006 and 2009

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

The question is also included in the Longitudinal Study of Australian Children

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

Explanation of Terms:

A reference to clean neighbourhood is a reference to the respondent's definition of clean neighbourhood.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

25.6 a Children living in neighbourhoods with heavy traffic (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Neighbourhood - Children (0-12 years) living in neighbourhoods with heavy traffic, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children, aged 0-12 years, with a parent who strongly agreed or agreed that there is heavy traffic on their street or road.

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:

NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged 0-12 years with parents who report heavy traffic on their street or road (weighted)}}{\text{Number of children aged 0-12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial, statewide telephone survey undertaken by the Department of Education and Early Childhood Development.
All data are reported by a child's main caregiver. There is one data question relating to neighbourhood traffic that comes from the Longitudinal Study of Australian Children.
The interviewer provides the respondents with options which include: Strongly agree; agree; disagree; strongly disgree; and reads the following statement.
1. There is heavy traffic on my street or road.

Collection History:
Collected in 2006 and 2009

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

26.1 a Children from families who are able to get support in time of crisis / when needed (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Community - Families with children (0 to 12 years) able to get support in time of crisis / when needed, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children aged 0 to 12 years, with a parent who reports that she or he could get someone to care for them or their child in an emergency.

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{The number of children aged 0-12 years in families where the parent is able to get support in time of crisis from persons living outside the household (weighted)}}{\text{Number of children aged 0-12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial, statewide telephone survey undertaken by the Department of Education and Early Childhood Development.
All data are reported by a child's main caregiver.
The respondent is asked to answer the following question:
1. Could one of your relatives or friends care for you or your children in an emergency?
Note: This refers to relatives and friends not living with the respondent.

Collection History:
Collected in 2006 and 2009

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

Department of Education and Early Childhood Development (DEECD) (2007) Evidence Manual for Indicators, Prepared by Statewide Outcomes for Children, Melbourne, Victoria.

26.2 Children from families able to raise $2000 within two days in an emergency (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Community - Children (0 to 12 years) from families able to raise $2000 within two days in an emergency, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children, aged 0 to 12 years, with a parent who reports being able to raise $2000 within two days in an emergency.

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{The number of children aged 0 -12 years with a parent who reported the ability to raise \$2000 within two days in an emergency (weighted)}}{\text{Number of children aged 0-12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial, statewide, telephone survey undertaken by the Department of Education and Early Childhood Development .
All data are reported by the child's primary caregiver.
The data is collected for this indicator by asking the respondent the following question:
1. Could you raise $2000 within 2 days in an emergency?
This includes accessing 'own' savings, borrowing money, or using credit card / bank card.

Collection History:
Collected in 2006 and 2009

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

Explanation of Terms:

"Able to raise $2000" includes options such as: accessing 'own' savings, borrowing money, or using credit card; bank card; and borrowing from friends and/or relatives.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

26.3 Children with parents who have someone to turn to for advice when having problems (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Community - Children (0 to 12 years) with a parent who has someone to turn to for advice when having problems, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children, aged 0 to 12 years, with a parent who has someone they trust to turn to for advice when having problems.

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{The number of children 0-12 years with a parent who reports that they have someone to turn to for advice when having problems (weighted)}}{\text{Number of children 0-12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial statewide telephone survey undertaken by the Department of Education and Early Childhood Development
All data are reported by a child's primary caregiver.
The data is collected for this indicator by asking the respondent the following question:
To what extent do you agree or disagree with the following statement. There is someone you trust that you would turn to for advice if you were having problems. The response options include: 1) Strongly agree 2) Agree 3) Disagree 4) Strongle disagree.

Collection History:
Collected in 2006 and 2009

Cross Tabulations Available:
Metro/Rural
Age group
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

26.6 a Parents of children who believe their community is an accepting place for people from diverse cultures and backgrounds (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Community - Parents of children (aged 0-17 years) who believe their community is an accepting place for people form diverse cultures and backgrounds, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of parents of children aged 0-17 years, who believe that their community is an accepting place for people from diverse cultures and backgrounds

Context:
Victorian Child and Adolescent Monitoring System

Source:
Victorian Population Health Survey, Department of Health, Victoria

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of parents with children in the population
Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of parents with children aged 0- 17 years who report that multiculturalism makes life in their area better (weighted)}}{\text{Number of parents of children aged 0- 17 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Population Health Survey is an annual statewide survey that the Department of Human Services undertakes annually to collect a wide range of information on the health of the adult Victorian population and the determinants of that health.
For purpose of reporting against this indicator within VCAMS, only parents of children aged 0-17 years in the sample are included in the analysis. The data is collected for this indicator by asking the respondent the following question:
Do you think multiculturalism makes life in your area better? (The question refers to the general concept of multiculturalism, not to any "government policy").

Collection History:
The VPHS collected data on social networks for the first time in 2001. The 2002 survey maintained a core group of 11 questions (determining the size of networks) from the 2001 survey, while asking additional questions on network types, community participation and the 'benefits' of social networks.
Living in a multicultural society among individuals of diverse backgrounds, interests and values presents many opportunities for community and civic engagement. Whether individuals take up opportunities for social interaction and community engagement may depend in part on the extent to which a number of conditions are fulfilled, including whether they trust casual acquaintances and

strangers, feel valued as members of society and consider that there are opportunities to be involved in different institutions and activities. The results described in the 2001 survey report represented the beginning of an exploration of appropriate population survey questions on social capital concepts, including social networks, community participation and social attitudes. The 2002 survey has further developed the social network information collected in 2001. Although there has been some evolution in the makeup of the questions, a core set has been retained and reported upon annually. The reader should refer to data provider to access previous reports in this series for information about the development and rationale for the inclusion of these questions in the survey.
Data is available from 2001.
In 2005 a "not applicable (e.g. no multiculturalism in area)" response category was introduced. This change may have an impact on the proportion of persons responding "yes, definitely" or "sometimes", and should be accounted for in any time series analysis.

Cross Tabulations Available:

Metro/Rural
Age
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
A national comparative measure has yet to be identified for this indicator.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

Explanation of Terms:

Social networks are defined as both close ties with family and friends, and broader membership of community and social groups.

Data on multiculturalism was collected on the basis of the mean general conception of multiculturalism and not the government's policies.

The survey data was weighted to reflect (i) the probability of selection of the respondent within the household and (ii) the age/sex/geographic distribution of the population. Although a single respondent was randomly selected from within a household, the size of any household can vary upwards from one person. To account for this variations, the project team treated each respondent as representing the whole household, so his or her weight factor included a multiplier of the number of persons in the household.

Source and Reference Attributes

Steward:

Department of Health

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Victorian Population Health Survey 2001, Department of Human Services, Victoria, 2002.Melbourne

26.7 Opportunities for families to participate in community, cultural and recreational activities (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Community - Families with children (0-17 years) who participate in one or more community activities, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of families with children, aged 0-17 years, who participate in one or more community activities.

Context:
Victorian Child and Adolescent Monitoring System

Source:
Victorian Population Health Survey, Department of Health, Victoria

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of parents with children in the population.
Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of parents with children aged 0- 17 years who report that they participate in one or more community activities (weighted)}}{\text{Number of parents with children aged 0- 17 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Population Health Survey is an annual statewide survey that the Department of Health undertakes annually to collect a wide range of information on the health of the adult Victorian population and the determinants of that health.

For purpose of reporting against this indicator within VCAMS , only parents of with children aged 0-17 years in sample are included in the analysis. VPHS collects two/three data items relating to community participation

Collection History:
Data available from 2002.
The indicator is a composite of a number of VPHS questions used to capture aspects of participation in local community activities:
Have you attended a local community event in the past 6 months (like a church fete, school concert, craft exhibition)?
Are you a member of a) a sports group, b) a church group, c) a school group, d) a professional group or academic society? e) or any other community or action group?
Have any of these groups you are involved with taken any local action on behalf of the community in the last 2 years?

The indicator reports the proportion of parents with children aged 0–17 years who have attended a local community event in the past 6 months or taken local action on behalf of an organised group in the last 2 years.

Cross Tabulations Available:

Metro/Rural
Age
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
A national comparative measure has yet to be identified for this indicator.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

Explanation of Terms:

Professional groups and community or action groups do not include employee action groups or trade unions.

The reference to “local” in the VPHS questions is as defined by the responent.

The survey data was weighted to reflect (i) the probability of selection of the respondent within the household and (ii) the age/sex/geographic distribution of the population. Although a single respondent was randomly selected from within a household, the size of any household can vary upwards from one person. To account for this variations, the project team treated each respondent as representing the whole household, so his or her weight factor included a multiplier of the number of persons in the household.

Source and Reference Attributes

Steward:

Department of Health

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Victorian Population Health Survey 2001, Department of Human Services, Victoria, 2002.Melbourn

26.9 a Parents who believe they have the opportunity to have a say on issues that matter to them (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Community- Parents with children (0-17 years) who believe they have the opportunity to have a say on issues that matter to them, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of parents with children, aged 0-17 years, who report that they have opportunities to have a real say on issues that are important to them

Context:
Victorian Child and Adolescent Monitoring System

Source:
Victorian Population Health Survey, Department of Health, Victoria

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of parents with children in the population.
Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of parents with children aged 0- 17 years who report that they have opportunities to have a real say on issues that are important to them (weighted)}}{\text{Number of parents with children aged 0- 17 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Population Health Survey is an annual statewide survey that the Department of Health undertakes annually to collect a wide range of information on the health of the adult Victorian population and the determinants of that health.
For purpose of reporting against this indicator within VCAMS , only parents of with children aged 0-17 years in sample are included in the analysis. VPHS collects two/three data items relating to community participation.

Collection History:
The VPHS includes a number of indicators related to social and community characteristics that have sometimes been subsumed under the rubric of social capital/social cohesion/social well–being. The data item referring to opportunities to have a real say on issues that are important to you has been included since 2002.

Cross Tabulations Available:
Metro/Rural
Age
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
A national comparative measure has yet to be identified for this indicator.

Comparability (International):

This section provides information on the general level of international comparability. However, care must taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

The data item has as its response categories “no,not at all”, “not often”, “sometimes” and “yes, definitely. Respondents may also indicate that they “don’t know” or refuse to answer. For reporting purposes, the response categories are sometimes split into 2 categories: “no, not at all/not often” and “sometimes/yes, definitely”. The “sometimes/yes, definitely” results are usually reported due to their lower relative standard errors.

Explanation of Terms:

Weight is numeric value, after the data collection population weights are applied to the data. VPHS data was weighted to reflect (i) the probability of selection of the respondent within the household and (ii) the age/sex/geographic distribution of the population. Although a single respondent was randomly selected from within a household, the size of any household can vary upwards from one person. To account for this variation, each respondent is treated as representing the whole household, so his/her weight factor includes a multiplier of the number of persons in the household (VPHS, 2001).

Source and Reference Attributes

Steward:

Department of Health

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Victorian Population Health Survey 2001, Department of Human Services, Victoria, 2002.Melbourne

27.1 a Children living in neighbourhoods with basic shopping facilities (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Community - Children (0 to 12 years) living in neighbourhoods with basic shopping facilities,Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children, aged 0 to 12 years, with a parent who agreed or strongly agreed that their neighbourhood has basic shopping facilities.

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged 0-12 years whose parents perceive that their neighbourhood has basic shopping facilities (weighted)}}{\text{Number of children aged 0-12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial, statewide telephone survey undertaken by the Department of Education and Early Childhood Development.
All data are reported by a child's main caregiver.
The data item relating to access to shopping facilities is taken from the Longitudinal Study of Australian Children . http://www.aifs.gov.au/growingup/data/datadictionary.html
Data is collected for this indicator by asking the respondent the following question: There is access to basic shopping facilities in this neghbourhood.
Respondents could reply with one of the following options: strongly agree; agree; disagree, strongly disgree;and reads the following statement.

Collection History:
Collected in 2006 and 2009

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must

be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

Explanation of Terms:

A reference to basic shopping facilities is a reference to the respondent's definition of 'basic shopping facilities'.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

27.2 a Children living in neighbourhoods with basic services (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Community - Children (0 to 12 years) living in neighbourhoods with basic services, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children, aged 0 to 12 years, with a parent who agreed or strongly agreed that they live in a neighbourhood with basic services.

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:

NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged 0-12 years of age with parents with perception that their neighbourhood has basic services (weighted)}}{\text{Number of children aged 0-12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey (CHWS) is a three yearly, statewide telephone survey undertaken by the Department of Education and Early Childhood Development.
All data is reported by a child's main caregiver.There is one data item relating to perceived neighbourhood services which is taken from the Longitudinal Study of Australian Children . http://www.aifs.gov.au/growingup/data/datadictionary.html
Data is collected for this indicator by asking respondents the following question: There is access to basic services such as banks and medical clinics in this neighbourhood
The interviewer provides the respondents with the following answer options: strongly agree; agree; strongly disagree; disagree.
Note: in 2009 this question was amended to relate specifically to health services.

Collection History:
Collected in 2006 and 2009
In 2009 this data item was amended to relate specifically to health services

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

Explanation of Terms:

Basic services inlude banks, medical centres and post office.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

27.3 a Children living in neighbourhoods with good parks, playgrounds and play-spaces (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Neighbourhood - Children (0 to 12 years) living in neighbourhoods with good parks, playgrounds and play-spaces, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children, aged 0 to 12 years, with a parent who agrees or strongly agrees that the neighbourhood has good parks, playgrounds and play-spaces.

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged 0-12 years with parents with the perception that their neighbourhood has good parks, playgrounds and play-spaces (weighted)}}{\text{Number of children aged 0-12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial statewide telephone survey undertaken by the Department of Education and Early Childhood Development.
All data are reported by a child's primary caregiver.
The data item relating to play spaces is taken from the Longitudinal Study of Australian Children . http://www.aifs.gov.au/growingup/data/datadictionary.html

Data for this indicator is collected by providing resondents with the statement 'There are good parks, playgrounds and play spaces in this neighbourhood' and providing the following response options: strongly agree; agree; strongly disgree; disagree.

Collection History:
Collected in 2006 and 2009

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must

be taken as there may be definitional and structural variations in other data collections.
A national comparative measure has yet to be identified for this indicator.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

27.4 Children living in neighbourhoods with close affordable and regular public transport (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Community - Children (0 to 12 years) living in neighbourhoods with close affordable regular public transport, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children, aged 0 to 12 years, with a parent who agrees or strongly agrees that they live in a neighbourhood with close affordable and regular public transport.

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged 0-12 years with parents with the perception that their neighbourhood has close, affordable and regular public transport (weighted)}}{\text{Number of children aged 0-12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a three-yearly statewide survey undertaken by the Department of Education and Early Childhood Development.
One data item relating to public transport that is taken from the Longitudinal Study of Australian Children . http://www.aifs.gov.au/growingup/data/datadictionary.html

The interviewer provides the respondents with options which include: strongly agree; agree; strongly disgree; and disagree, and reads the following statement: 'there is access to close, affordable, regular public transport in this neighbourhood'.

Collection History:
Collected in 2006 and 2009

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:

Reference to 'close, affordable and regular public transport', is a reference to the respondent's definition of close, affordable and regular public transport.

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

28.1 a Children who feel safe (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Neighbourhood - Parents with children (0 to 12 years) feeling safe, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
Inner City Regional Youth Affairs Network Survey

Definition:
Percentage of children, aged 0 to 12 years, with a parent who agrees or strongly agrees that their neighbourhood is safe.

Context:
Victorian Child and Adolescent Monitoring System

Source:
The Victorian Child Health and Wellbeing Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as an estimated percentage of children in the population. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged 0-12 years with a parent who agrees that their neighbourhood is safe (weighted)}}{\text{Number of children aged 0-12 years (weighted)}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
The Victorian Child Health and Wellbeing Survey is a triennial, statewide telephone survey undertaken by the Department of Education and Early Childhood Development.

The data item relating to neighbourhood safety, is taken from the Longitudinal Study of Australian Children: Http://www.aifs.gov.au/growingup/data/datadictionary.html.
The interviewer provides the respondents with options which include: strongly agree; agree; strongly disagree; and disagree, and reads the following statement: This is a safe neighbourhood.

Collection History:
Collected in 2006 and 2009

Cross Tabulations Available:
Metro/Rural
Age group
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

28.2 Recorded crimes in the community (Rate)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element
Technical Name:
Community - Recorded crime rate in the community, Rate per 100,000 NNNNNN.N
Registration Status:
VCAMS, Indicator, October 2007, Current
Standards:
Definition:
Rate of recorded crimes in the community
Context:
Victorian Child and Adolescent Monitoring System
Source:
Law Enforcement Assistance Program, Victoria Police
Source Denominator:
Estimated Resident Population;Australian Bureau of Statistics
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric
Format:
NNNNNN.N
Maximum Character Length:
7
Permissible Values:
Expressed as a rate per 100,000.0
Range 0.0 to 10000.0
Calculation:

$$\frac{\text{Number of recorded crimes in the community}}{\text{Total Estimated Resident Population}} \times 100{,}000$$

Data Source Collection And Usage Attributes

Collection Methods:
Crimes in Victoria are recorded through the Law Enforcement Assistance Program (LEAP) which is a case management and data storage database. For the purpose of reporting against this indicator within VCAMS, crime victims and offenders, irrespective of age, are reported by the type of crime.
Counting Rules: Victoria Police uses three methods of counting crime depending on the particular offence. For all crime against the person, and most crime against property, the counting unit is the number of principal victims for each separate occurrence of the offence (e.g. two person are assaulted but three offenders - two offences of assault are recorded). For offences against statue such as possess and use drugs, the number of alleged offenders is the counting unit (e.g. three offenders are found in possession of cannabis-three offences of possess cannabis are counted). For a small number of infrequent offences such as piracy the event itself becomes the counting unit that is one offence is counted for each incident of piracy. Only the most serious offences which best describe a distinct course of criminal conduct are recorded in official crime statistics, even though an offender may be charged with other offences resulting from one incident (e.g. an offender carrying a firearm commits an armed robbery - only the offence of armed robbery is recorded although the offender would be charged with armed robbery and possession of a fire arm) (Extracted from, Victorian Police 2009).
Collection History:
Care should be exercised in comparing post 1993/94 crime statistics with previous years. For information regarding any changes prior to 2000 contact the data provider.
Cross Tabulations Available:
LGA

Age
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Counting and classification of offences and the way crimes are classified and counted may differ.
Www.abs.gov.au (cat. No. 4509.0)
www.aic.gov.au

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Differing laws and police systems throughout the world may impact the counting and classification of crimes and the way crimes are counted may differ.
Http://www.europeansourcebook.org
http://www.interpol.int

Comments:

Due to the dynamic nature of LEAP, statistics produced at different times from the same data may vary. For example, an offence of burglary may be counted as unsolved in statistics produced at the end of January because no offender has yet been processed. However, if an offender was processed in April for this offence, statistics reproduced in May for the month of January would differ to those previously produced in January.
Because of the above, statistics produced in this publication for previous financial years will differ slightly from those previously published. The percentage changes in crime over time that are included in this publication are also based on data taken from the LEAP database on 18 July, 2008, and may differ slightly to those calculated from previously published data.

Explanation of Terms:

Crimes against property include arson, property damage, burglary (aggravated/residential and other), deception, handling stolen goods, and theft (from motor vehicle, shops, of motor vehicle, of bicycle, other).
Crimes against the person include homicide, rape, sex (non-rape), robbery, assault and abduction / kidnap. Other crimes include going equipped to steal, justice procedures, regulated public order, weapons/explosives, harassment, behaviour in public and other crime.
Offences recorded include crimes against the person, property, drug and other offences.
Recorded Crimes: Those offences which became known to police and for which a crime report has been completed are reported.

Source and Reference Attributes

Steward:

Victoria Police

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Australian Bureau of Statistics, 2002, Information Paper: Measuring Crime Victimisation, Australia — The Impact of Different Collection Methodologies, (cat. no. 4522.0.55.001).
2. Victoria Police, 2009; Victorian Crime Statistics 2007-08.

30.1 Children with parents concerned about their vision (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Health - Parents concerned about the vision of their children entering primary school, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children entering primary school whose parents report one or more concerns about their vision

Context:
Victorian Child and Adolescent Monitoring System

Source:
School Entrant Health Questionnaire (SEHQ), Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as a percentage in a reference year. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children whose parents express concerns about their child's vision on school entry}}{\text{Number of children whose parents completed the SEHQ}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
Parents of all children beginning primary school in Victoria are asked to complete the School Entrant Health Questionairre (SEHQ). The questionnaire is distributed as part of the Victorian Primary School Nursing Program, which offers health assessments to all children in their first year of primary school, first year at an English Learning Centre school or who have newly
arrived from overseas.

In the SEHQ, parents are asked to respond to a series of questions regarding different aspects of their child's vision, including:

- Has anyone on either side of the family had childhood eye problems for which they needed treatment?
- Does your child have, or has s/he had, a squint?
- Has your child ever seen an eye doctor or optometrist?
- Has your child ever had any treatment for eyesight problems?
- Are you concerned about your child's eyesight?

Collection History:
Data are available from 1998. There have been minor revisions to the questions relating to vision but these should not significantly affect comparability.

Cross Tabulations Available:
LGA Aboriginality

Age Linguistic Background
Sex
Disability Status
In 2003 the method of recording children's age was changed from age at the time of assessment to date of birth, so age is not directly comparable across all the years. Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

The School Entrant Health Questionnaire was developed as a parent questionnaire focusing on parents' concerns about their children's health and wellbeing. It does not claim to report medical diagnoses or opinions of health professionals. The SEHQ is designed to assist parents and school nurses to identify health concerns, to encourage parents and school nurses to work together, and to aid school nurses in assessing the health and wellbeing of each preparatory grade child. These assessments are delivered through the Victorian School Nursing Program.

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

30.2 Hospital admissions for gastroenteritis in children under one year of age (Rate)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Health - Gastroenteritis hospital admissions (Children under one year), Rate per 1000, NNNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Rate of hospital admissions for gastroenteritis in children under one year of age

Context:
Victorian Child and Adolescent Monitoring System

Source:
Victorian Admitted Episodes Dataset (VAED), Department of Health, Victoria

Source Denominator:
Australian Bureau of Statistics, Estimated Resident Population of children

NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNNN.N

Maximum Character Length:
5

Permissible Values:
Expressed as a rate per 1000. Range 0.0 to1000.0
Range 0.0 to 1000.0

Calculation:

$$\frac{\text{Number of hospital separations for children under one year where the principal diagnosis was gastroenteritis.}}{\text{Estimated Resident Population of children under one year}} \times 1000$$

Data Source Collection And Usage Attributes

Collection Methods:
Diagnoses of patients admitted through hospitals in Victoria are systematically recorded through the Victorian Admitted Episodes Dataset (VAED) which currently uses the International Classification of Diseases, version 10, Australian Modification (ICD-10-AM). For the purpose of reporting against this indicator within VCAMS, gastroenteritis hospitalisations have been classified as a principal diagnosis of one of the following ICD-10-AM coded conditions: A080-Rotaviral enteritis, A081-Acute Gastroenteropathy due to Norwalk agent, A082-Adenoviral enteritis, A083-Other viral enteritis, A084-Viral intestinal infection unspecified, A085-other specified intestinal infections, A09-Diarrhoea and gastroenteritis presumed infectious.

Collection History:

VAED reporting changes on the basis of the ICD. The ICD is revised periodically by the World Health Organization (WHO) to accommodate new developments in the understanding and awareness of diseases. The ICD currently in use is the ICD-10; that is, the tenth revision of the ICD. Prior to this hospital data were coded using Clinical Modification of IC-9 (ICD-9CM). Hence, ICD-10AM changes respectively to accomodate changes in ICD, and it will be reflected in VAED collection as well.

Cross Tabulations Available:

LGA	Aboriginality
Age	CALD
Sex	

Cross tabulations are available as far as confidentiality issues will allow.LGA is the LGA of the patient

residence at time of admission to hospital.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
National comparative data is available from the National Hospital Morbidity Database (AIHW). The National Hospital Morbidity Database is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals. Information on the characteristics, diagnoses and care of admitted patients in public and private hospitals is provided annually to the AIHW for inclusion in the National Hospital Morbidity Database (NHMD) by state and territory health departments. Gastroenteritis data is availble on online .
Http://www.aihw.gov.au/hospitals/nhm_database.cfm

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

ICD-10 Codes are used for coding Gastroenteritis hospitalisation. Gastroenteritis is a high priority for several international agencies, including the World Health Organization (WHO). Its vaccines are introduced into immunization programs as well. Gastroenteritis is not available online. However, its rate and prevalence are regularly published in reports.
Http://whqlibdoc.who.int/hq/2008/WHO_IVB_08.16_eng.pdf

Comments:

Explanation of Terms:

Gastroenteritis: "Gastroenteritis (“gastro”) is a bowel infection causing diarrhoea and sometimes vomiting. Diarrhoea means runny, watery bowel motions" (RCH, 2009).

Admitted Patient: "A patient who undergoes a hospital’s admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in traditional hospital setting and/or in the person’s home (under specified programs such as Hospital In The Home). All services provided to a patient during an admitted episode should be reported as part of the admitted episode"(AIHW, 2008c; pp. 363).

Hospital separation: "The formal process by which a hospital records the completion of treatment or care for an admitted patient. The episode of care may be completed by an admitted patient’s discharge, death, transfer to another hospital or change in the type of care" (AIHW, 2008b; pp. 208).

ICD-10: "ICD is the international standard diagnostic classification. It is used to classify diseases and other health problems recorded on many types of health and vital records including death certificates and health records. In addition to enabling the storage and retrieval of diagnostic information for clinical, epidemiological and quality purposes, these records also provide the basis for the compilation of national mortality and morbidity statistics by WHO Member States" (ICD-10, 2007).

ICD-10-AM: "ICD-10-AM has been developed by the National Centre for Classification in Health with assistance from clinicians and clinical coders to ensure that the classification is current and appropriate for Australian clinical practice. The ICD-10-AM disease component is based on the WHO ICD-10. It uses an alphanumeric coding scheme for diseases. It is structured by body system and aetiology, and comprises three, four and five character categories".
(ICD-10-AM, 2008).

Non-Admitted Patient: "A patient who does not meet one of the Criteria for Admission. Patients who do not meet admission criteria must not be reported to the VAED, regardless of how the person is recorded on the service’s software system, and regardless of any private billing arrangements"(AIHW, 2008c; pp. 363).

Principal diagnosis: "Principal diagnosis is the diagnosis established after study to be chiefly responsible for the patient’s hospitalisation" (AIHW,2008b; pp. 208).

Source and Reference Attributes

Steward:

Department of Human Services, Victoria

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Royal Children Hospital 2009 Clinical Practice Guidelines, RCH, Melbourne http://http://www.rch.org.au/clinicalguide

30.3 Infants receiving a maternal and child health service home consultation (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Health - Infants receiving a maternal and child health service home consultation, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
Maternal and Child Health Key Ages and Stages Framework

Definition:
Percentage of infants receiving a Maternal and Child Health service home consultation

Context:
Victorian Child and Adolescent Monitoring System

Source:
Maternal and Child Health, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as a percentage in a reference year. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of infants who received a home visit by a maternal and child health nurse}}{\text{Number of infant record cards of children aged 0 - 1 years}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
Maternal and Child Health services nurses create Child Record Cards for each child attending their services. This indicator is calculated from data collected on these cards and collated into an annual report.

Collection History:
Data are available from 2000/2001. Changes in LGAs have influenced the continuity of some data; however in most cases the impacts will be minor. Statewide figures will not be affected.
Data on Aboriginal participation have only been collected since 2006/2007.

Cross Tabulations Available:
LGA Aboriginality
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):
This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
An international comparative measure has yet to be identified for this indicator.

Comments:
Maternal and child health services have an important role to play in providing information and support

for parents and carers of children aged 0-4 years. There is a strong relationship between immunisation, breastfeeding and maternal and child health programs (Department of Human Services 2007).

Explanation of Terms:

The Maternal and Child Health Service (MCH) is a universal primary care service for Victorian families with children from birth to school age. The service is provided free in partnership with the Municipal Association of Victoria, local government and the DEECD and aims to promote healthy outcomes for children and their families. The service aims to provide a comprehensive approach for the promotion, prevention, early detection, and intervention of the physical, emotional or social factors affecting young children and their families.

Home visits are offered to all mothers a few days after discharge from hospital. At the home visit information is provided about further visits and services.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Strategies for Improving Outcomes for Young Children - Catalogue of Evidence Based Interventions, Department of Human Services, State of Victoria, 2007

30.4 Infants enrolled at Maternal and Child Health service (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Health - Infants enrolled at Maternal and Child Health service, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of infants, aged 0-1 month, enrolled at the Maternal and Child Health Service

Context:
Victorian Child and Adolescent Monitoring System

Source:
Maternal and Child Health, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as a percentage in a reference year. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of infants aged 0 - 1 month who are enrolled in the Maternal and Child Health service}}{\text{Number of infants aged 0-1 month whose birth was notified by the responsible agent to the child's local council}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
Maternal and Child Health Service nurses create Child Record Cards for each child attending their services. In most cases this is now done using an online system. This indicator is calculated from data collected on these cards and collated into an annual report.

Collection History:
Data are available from 2000/2001. Changes in Local Government Areas have influenced the continuity of some data; however in most cases the impacts will be minor. Statewide figures will not be affected.

Data on Aboriginal participation have only been collected since 2006/2007.

Cross Tabulations Available:
LGA Aboriginality
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):
This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

Maternal and child health services have an important role to play in providing information and support for parents and carers of children aged 0-4 years. There is a strong relationship between immunisation, breastfeeding and maternal and child health programs (Department of Human Services 2007).

Explanation of Terms:

The Maternal and Child Health Service is a universal primary care service for Victorian families with children from birth to school age. The service is provided free in partnership with the Municipal Association of Victoria, local governments and the Department of Education and Early Childhood Development, and aims to promote healthy outcomes for children and their families. The service aims to provide a comprehensive approach for the promotion, prevention, early detection, and intervention of the physical, emotional or social factors affecting young children and their families.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Strategies for Improving Outcomes for Young Children - Catalogue of Evidence Based Interventions, Department of Human Services, State of Victoria, 2007.

30.5 Children attending the 3.5 year ages and stages visit (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Health - Children attending the 3.5 year MCH ages and stages visit, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:
Maternal and Child Health Key Ages and Stages Framework

Definition:
Percentage of children attending the 3.5 year Maternal and Child Health key ages and stages visit.

Context:
Victorian Child and Adolescent Monitoring System

Source:
Maternal and Child Health, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as percentage in a reference year. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children aged 3.5 years who attended the Maternal and Child Health Services 3.5 year ages and stages visit}}{\text{Number of infant record cards for 3-4 and 4-5 year olds divided by two}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
Maternal and Child Health services nurses create Child Record Cards for each child attending their services. In most cases this is now done on an online system. This indicator is calculated from data collected on these cards and collated into an annual report.

Collection History:
Data are available from 2000/2001. Changes in Local Government Areas have influenced the continuity of some data; however in most cases these changes have been minor. Statewide figures have not been affected.

Data on Aboriginal participation have only been collected since 2006/2007.

Cross Tabulations Available:
LGA Aboriginality
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):
This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

Participation in the MCH service declines as the child ages.

Explanation of Terms:

The Maternal and Child Health Service is a universal primary care service for Victorian families with children from birth to school age. The service is provided free in partnership with the Municipal Association of Victoria, local government and the DEECD and aims to promote healthy outcomes for children and their families. The service aims to provide a comprehensive approach for the promotion, prevention, early detection, and intervention of the physical, emotional or social factors affecting young children and their families.

The 3.5 year visit is part of the key ages and stages framework - a series of assessments carried out on the child at key developmental ages, which form the chief mechanism of MCH service delivery. The 3.5 year assessment is carried out on children aged between three years and six months to four years. Assessments on children over four years may be made, but these are counted as 'flexible service visits'.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

31.1 Kindergarten participation (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Services - Children aged 4 years enrolled in Kindergarten programs, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of 4 year old children enrolled in kindergarten programs

Context:
Victorian Child and Adolescent Monitoring System

Source:
CHISOL, Department of Education and Early Childhood Development

Source Denominator:

NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as a percentage in a reference year. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of funded first year enrolments in kindergarten in the year before school, generally equating to 4 years of age}}{\text{Estimated resident child population of three years in the previous year}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
Each year, early childhood service providers complete a form detailing their confirmed kindergarten enrolments, and forward this to regional Department of Education and Early Childhood Development staff. Regional staff then enter the key data from these sheets into a corporate IT system, known as CHISOL (Childrens Services Online). Data for this indicator are extracted from the CHISOL database.

Collection History:
Participation data are available from 1990.

Cross Tabulations Available:
LGA
LGA refers to the LGA where the kindergarten is located, rather than the LGA of the child's residence. Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Currently, no comprehensive, comparable national collection of information on early childhood education programs exists in Australia, due to differences in data collection and the varied nature of children's services between states and territories.

Comparability (International):
This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

As an indicator, the number of children attending kindergarten and accessing the kindergarten fee subsidy should be interpreted with care. In particular, growth and decline in the population needs to be compared to growth and decline in total kindergarten enrolments.

Explanation of Terms:

The Victorian State Government partially funds one year of kindergarten for each child, in the year before they start school. This must be in a kindergarten provider which is licensed under the Children's Services Act 1996, and the kindergarten program must meet a number of conditions. These include that a trained teacher holding an approved early childhood qualification must plan and deliver the program, and that the kindergarten must offer each funded child a minimum of ten hours of kindergarten per week. This indicator only measures state funded, first year participation in kindergarten programs which meet these conditions.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

31.2 Children attending an educational program prior to school (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Services - Attending educational program prior to school, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children attending an educational program prior to beginning primary school

Context:
Victorian Child and Adolescent Monitoring System

Source:
School Entrant Health Questionnaire (SEHQ), Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as a percentage in a reference year. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children attending an early educational program in the two years prior to beginning primary school in the reference year}}{\text{Number of children in the population in the reference year in the age range corresponding to the two years prior to beginning primary school in the reference year}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
Parents of all children beginning primary school in Victoria are asked to complete the School Entrant Health Questionnaire (SEHQ). The questionairre is distributed as part of the Victorian Primary School Nursing Program, which offers health assessments to all children in their first year of primary school, first year at an English Learning Centre school or who have newly arrived from overseas.

Data for this indicator are collected using the question:
'Did your child go to Kindergarten/daycare/preschool?'

Collection History:
Data are available from the School Entrant Health Questionnaire from 1998. The question relating to this indicator has not changed.

Cross Tabulations Available:

LGA	Aboriginality
Age	Linguistic Background
Sex	
Disability Status	

In 2003 the method of recording children's age was changed from age at the time of assessment to date of birth, so age is not directly comparable across all the years. Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):

This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Currently, no comprehensive, national, comparable collection of information on early childhood education programs exists in Australia, due to differences in data collection and the varied nature of children's services between states and territories.

However, the proportion of children attending an educational program in the 2 years prior to beginning primary school has been approved as a National Headline Indicator (AIHW 2009) and nationally comparable data may therefore become available in the future.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

Attendance at a quality preschool program is considered to have a number of benefits, including better intellectual development and independence, sociability and concentration, cognitive development in the short term, and preparation for children to succeed in school (AIHW 2009). Preschool programs may be especially positive in the lives of children from disadvantaged backgrounds, where children may not be receiving ample stimulation from the home environment.
Note that SEHQ is not able to distill the total time spent or determine at what age each child attended kindergarten and/or day care.

Explanation of Terms:

Educational programs include kindergarten, pre-school and day-care programs.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. AIHW 2009. A Picture of Australia's Children 2009. Australian Institute of Health and Welfare, Cat. No. PHE 112, Canberra. Available online at: http://aihw.gov.au/publications/index.cfm/title/10704

31.3 Children attending kindergarten whose placement attracts a kindergarten fee subsidy (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Services - children attending kindergarten whose placement attracts a kindergarten fee subsidy, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of children attending kindergarten whose placement attracts a kindergarten fee subsidy

Context:
Victorian Child and Adolescent Monitoring System

Source:
CHISOL, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as a percentage in a reference year. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of children attending kindergarten whose placement attracted a kindergarten fee subsidy}}{\text{Number of kindergarten enrolments}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
Each year, early childhood service providers complete a form detailing their confirmed kindergarten enrolments. This includes the number of children attending the program who are eligible for the kindergarten fee subsidy. Forms are forwarded to to regional Department of Education and Early Childhood Development staff. The regional staff enter the key data from the forms into a corporate IT system known as CHISOL (Childrens Services Online). Data for this indicator are extracted from the CHISOL database.

Collection History:
Data are available from 1999.

Cross Tabulations Available:
LGA
LGA refers to the LGA where the kindergarten is located, rather than the LGA of the child's residence. Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):
This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

Explanation of Terms:

The kindergarten fee subsidy is paid to providers by the Victorian Government to enable eligible concession card and visa holders, triplets and quadruplets, to attend kindergarten for free or at minimal cost. The subsidy is in addition to standard per capita funding.

Children are eligible for the subsidy if they are eligible to attend a funded kindergarten program, and individually hold, or have a parent or guardian who holds one of the following:
– Commonwealth Health Care Card
– Commonwealth Pensioner Concession Card
– Department of Veterans' Affairs Gold Card
– Temporary Protection/Humanitarian Visa 447, 451, 785 or 786
– Refugee/Special Humanitarian Visa 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216 or 217
– Asylum Seeker Bridging Visa A, B, C, D, E or F
or:
- the child is identified on the birth certificate as a triplet or quadruplet, and the other two or three children on the birth certificate are attending a funded kindergarten program

In addition, to attract the subsidy the family must not not have an approved Commonwealth Child Care Benefit applied to the fee paid for the time spent in the funded kindergarten program (Department of Education and Early Childhood Development 2008).

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Department of Education and Early Childhood Development (2008). Victorian kindergarten policy, procedures and funding criteria update 2009. Melbourne, DEECD.

31.4 Four year old kindergarten enrolments in a long day care or integrated children services setting (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Services - Four year old kindergarten enrolments in a long day care or integrated children's services setting, Percentage, NNN.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Percentage of kindergarten enrolments in a long day care or integrated children's service setting

Context:
Victorian Child and Adolescent Monitoring System

Source:
CHISOL, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
NNN.N

Maximum Character Length:
4

Permissible Values:
Expressed as percentage in a reference year. Range 0.0 to 100.0

Calculation:

$$\frac{\text{Number of funded first year enrolments in kindergarten in the year before school, generally equating to 4 years of age, within a long day care or integrated children's service setting}}{\text{The number of funded first year enrolments in kindergarten}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
Each year, early childhood service providers complete a form detailing their confirmed kindergarten enrolments, and forward this to regional Department of Education and Early Childhood Development staff. Regional staff then enter the key data from these sheets into CHISOL (Childrens Services Online). Data for this indicator are extracted from the CHISOL database.

Collection History:
Data are available from 1990.

Cross Tabulations Available:
LGA
LGA refers to the LGA where the kindergarten is located, rather than the LGA of the child's residence. Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):
This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

An integrated system of early childhood services in a local community setting is imperative to achieving better outcomes for children (DEECD 2008). Offering kindergarten in long day care or integrated children's services settings contributes towards providing such an integrated system.

Explanation of Terms:

Funded kindergarten programs are provided by a range of organisations, including:
• local government
• community based incorporated associations
• private and community based child care providers
• independent and government schools.

Kindergarten programs can operate in a variety of settings, including community based kindergartens, long day care centres, community centres and schools. Funded kindergarten programs in all settings are planned and delivered by qualified early childhood teachers.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. Department of Education and Early Childhood Development (2008). Victorian kindergarten policy, procedures and funding criteria update 2009. Melbourne, DEECD.

33.1 Average rates of student attendance at primary and secondary school (Percentage)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element
Technical Name:
Schools - Attendance at primary and secondary school, Percentage, NNN.N
Registration Status:
VCAMS, Indicator, October 2007, Current
Standards:
Definition:
Average percentage student attendance at Victorian Government schools
Context:
Victorian Child and Adolescent Monitoring System
Source:
Student Absence Data Collection, Department of Education and Early Childhood Development
Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric
Format:
NNN.N
Maximum Character Length:
4
Permissible Values:
Expressed as a percentage of days attended. Range 0.0-100.0
Calculation:

$$\frac{\text{Number of full time equivalent absence days for students enrolled in Victorian Government schools at each year level}}{\text{Number of full time equivalent school days in the school year for students at each year level}} \times 100$$

Data Source Collection And Usage Attributes

Collection Methods:
Most Victorian Government schools record absences on the CASES21 administration sytem. This data is submitted electronically to DEECD. A small number of schools complete a web form. School level data only is submitted to the Department - student level data is not collected.
Collection History:
Statewide collection has occurred since 1996. Until 2006, calcuations were based on student head count figures. From 2006 onwards student attendance data has been based on Full Time Equivalent (FTE) figures. This is 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.

Note that the conversion to using FTE figures has lead to an apparent decrease in student attendance.
Cross Tabulations Available:
LGA
Cross tabulations are available as far as confidentiality issues will allow.
Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

All States are required to collect comparable student attendance data for Years 1-10 under the National Education Agreement. Figures for each State as reported by the Commonwealth will be

comparable; however note that States may use slightly different calculations for their own reporting.

Note that the nationally reported data is based on figures for Semester or Term 1 only, whereas Victorian data as reported in VCAMS and Victorian Government publications are based on annual figures.

The Commonwealth reports figures by State for each separate sector. Victorian reporting, including VCAMS, includes only the Government sector.

Comparability (International):

This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

Comparable data may be available but the method of calculation of international figures should be checked.

Comments:

Note that student attendance may be measured in two ways: average absence rates per student, or percentage attendance. While VCAMS presents percentage attendance, in line with Deparmental reporting requirements, either calculation is valid.

Non-attending students risk social and academic disadvanage as they miss out on critical stages of interaction and development with their peers and reduce the likelihood of academic progress and success.

Absence from school and class also impacts on the teacher's abiltiy to plan and present class work in a sequential and ordered way, thereby affecting the progress of all students in the class, not only those missing (DEET 1999).

Explanation of Terms:

All absences which are non-curriculum related (for example, illnesses or extended family holidays) are counted when calculating the official attendance rate.

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

1. DEET (1999) Keeping kids at school: issues in school attendance. Department of Education, Employment and Training, Victoria.

33.2 Student perception of connectedness with peers (Mean)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Services - Perception of connectedness with peers (Score), Mean, N.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Mean score for Year 5-6 and Year 7-9 students' perception of connectedness with peers, as measured on a 5-point scale, where 5 is the best possible score

Context:
Victorian Child and Adolescent Monitoring System

Source:
Attitudes to School Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
N.N

Maximum Character Length:
2

Permissible Values:
Expressed as a mean value. Range 1.0-5.0.

Calculation:

Mean survey score for Year 5-6 and Year 7-9 students for their perception of connectedness to their peers, as measured on a 1-5 scale, where 5 is the best possible score

Data Source Collection And Usage Attributes

Collection Methods:
A hard-copy questionnaire is administered to students in the classroom.
The survey is optional at the school level but if a school participates then all students in Years 5-12 usually complete the survey. In 2008 over 98% of government schools participated.

Collection History:
The survey has occurred since 2003 but there have been changes to the survey instrument, which has been in its current form since 2006. Care must be taken comparing data from earlier years.
Data relating to Aboriginality has only been collected from 2009.

Cross Tabulations Available:
LGA Aboriginality
Sex
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

A national comparative measure has yet to be identified for this indicator.

Comparability (International):
This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:

While VCAMS reports only the means for Year 5-6 students and Year 7-9 students, data is collected and available by year level for students in Years 5-12.

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

33.3 Level of parental satisfaction with schooling (Mean)

Identifying and Definitional Attributes

Metadata Item Type:
Derived Data element

Technical Name:
Schools - Parental satisfaction with schooling (Score), Mean, N.N

Registration Status:
VCAMS, Indicator, October 2007, Current

Standards:

Definition:
Mean score for parents' satisfaction with their child's school, as measured on a scale of 1-7, where 7 is the best possible score

Context:
Victorian Child and Adolescent Monitoring System

Source:
Parent Opinion Survey, Department of Education and Early Childhood Development

Source Denominator:
NOTE: Source Denominator is applicable only where denominator is obtained from a different source to the numerator.

Value Domain Attributes

Data Type:
Numeric

Format:
N.N

Maximum Character Length:
2

Permissible Values:
Expressed as a mean value. Range 1.0-7.0

Calculation:

The mean survey score, where the parents scored their satisfaction on a 1-7 scale, where 7 is the best possible score

Data Source Collection And Usage Attributes

Collection Methods:
Schools select a random sample of parents to participate in the survey. A questionnaire is distributed containing a set of statements and parents are asked to rate their opinion on a scale of 1 (strongly disagree) to 7 (strongly agree).
The number of questionnaires distributed to each school equates to 15% of the full time equivalent enrolment numbers or 40, whichever the greater number.

Collection History:
The Parent Opinion Survey has been carried out in Victorian Government schools since 1996; however the survey instrument has undergone a number of revisions. The survey has been in its current form since 2006 and care must be taken if comparing data collected prior to this date.

Cross Tabulations Available:
Cross tabulations are available as far as confidentiality issues will allow.

Comparability (National):
This section provides information on the general level of national comparability. However, care must be taken as there may be definitional and structural variations in other data collections.
A national comparative measure has yet to be identified for this indicator.

Comparability (International):
This section provides information on the general level of international comparability. However, care must be taken as there may be definitional and structural variations in other data collections.

An international comparative measure has yet to be identified for this indicator.

Comments:
The survey is mandatory for all Victorian government schools.

Explanation of Terms:

Source and Reference Attributes

Steward:

Department of Education and Early Childhood Development

Contact:

Please refer to the level 1 description of the data source for this indicator for contact details and further information.

Reference Documents:

Appendix A – Level 1 template

Name of Data Source

Source Details

Overview:	This should include but not be restricted to: • The type of information produced. • Statistical unit(s) (e.g. persons, households, businesses) •
Purpose:	This should include but not be restricted to: • 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: • 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 published.
Other concepts (Summary):	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:	Geographic areas for which data are available.
Comments and / or Other Regions:	
Collection Frequency:	The time interval between collection cycles (e.g. once only, monthly, quarterly, annually, 5 yearly)
Frequency Comments:	
Collection history:	This should include but not be restricted to: • 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: • 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).
Data availability comments:	
Date of last update for this document:	

Source and reference attributes

Name of Organisation:	Name of organisational unit responsible for data source
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: *Infant - Exclusively breastfed 6 months, Percentage, NNN.N*
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: *Percentage of children aged under 2 years whose biological mothers reported smoking cigarettes during pregnancy.*
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:	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. Sampling techniques (if applicable) may also be detailed.
Collection history:	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.
Cross tabulations available:	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.
National Comparability:	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.
International Comparability:	For international comparability, the name of the country, data source(s) and related web site(s) should be included.
Comments:	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. • 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