## Data quality information — Homelessness services, chapter 18

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| Data quality information |
| Data quality information (DQI) provides information against the seven ABS data quality framework dimensions. DQI for Homelessness services performance indicators will be progressively introduced in future reports. Technical DQI has been supplied by relevant data providers. Additional Steering Committee commentary does not necessarily reflect the views of data providers.  Where Report on Government Services reporting aligns with National Agreement reporting, similar data quality information is included in the Steering Committee’s reports on National Agreements to the COAG Reform Council. |
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DQI are available for the following data collections:

Data collections 2

Specialist homelessness services client collection **2**

## Data collections

### Specialist homelessness services client collection

Data quality information for this data collection has been drafted by the Australian Institute of Health and Welfare (AIHW), with additional Steering Committee comments.

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| **Indicator definition and description** | |
| **Element** | Various |
| **Indicator** | Various. |
| **Measure (computation)** | Various |
| **Data source/s** | Specialist Homelessness Services Client Collection.  The SHSC collects information on people who receive services from agencies that are funded under the NAHA or the NPAH to provide specialist homelessness services. A limited amount of data is also collected about people who seek, but do not receive, assistance from a specialist homelessness agency. Data are collected monthly from agencies participating in the collection. |
| **Data Quality Framework Dimensions** | |
| **Institutional environment** | The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health and Ageing portfolio.  The AIHW aims to provide authoritative information and statistics to promote better health and wellbeing. The Institute collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.  The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.  One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national data sets based on data from each jurisdiction, to analyse these data sets and disseminate information and statistics.  The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988, ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.  For further information see the AIHW website <www.aihw.gov.au>.  The SHSC was developed by AIHW in conjunction with the states and territories and is administered by the AIHW. |
| **Relevance** | **Scope and coverage―clients**  The SHSC collects information about clients of specialist homelessness agencies, that is, people who receive assistance from agencies funded by state and territory governments to respond to or prevent homelessness. In addition, some information is also collected about unassisted people, that is, any person who seeks services from a specialist homelessness agency and does not receive any services at that time.  SHSC data does not cover all homeless people and those at risk of homelessness, but only those who seek assistance from an SHS agency.  Not everyone in scope for SHSC is homeless, because specialist homelessness agencies provide services to people who are at risk of homelessness aimed at preventing them from becoming homeless, as well as to people who are currently homeless.  Data about clients is submitted based on support periods―a period of support provided by a specialist homelessness service agency to a client. Information about clients is then linked together based on a statistical key (see ‘Statistical Linkage Key (SLK) validity’ below).  A client may be of any age—children are clients if they receive specialist homelessness assistance.  **Scope and coverage―agencies**  The SHSC collects information on people who seek and receive services from specialist homelessness agencies. All agencies that receive funding under the NAHA or NPAH to provide specialist homelessness services are in scope for the SHSC in general, but only those who received funding for at least four months during the 2012–13 financial year are in scope for the 2012–13 reporting period. Agencies that are in coverage are those in-scope agencies for which details have been provided to the AIHW by the relevant state/territory department.  Of all agencies expected to participate in the collection in at least one month during the 2012–13 reporting period, 76% submitted information for all 12 collection months and 91% submitted data for at least one month. |
| **Timeliness** | The SHSC began on 1 July 2011. Specialist homelessness agencies provide their data to the AIHW each month, once sufficient data is received and validated ‘snapshots’ are created at particular points in time for reporting purposes.  The 2012–13 snapshot contains data submitted to the AIHW for the July 2012 to June 2013 collection months, using responses received and validated as at 25 March 2013. |
| **Accuracy** | **Potential sources of error**  As with all data collections, the SHSC estimates are subject to error. These can arise from data coding and processing errors, inaccurate data or missing data. Reported findings are based on data reported by agency workers.  **Data validation**  The AIHW receives data from specialist homelessness agencies every month. These data go through two processes of data validation (error checking). Firstly, data validation is incorporated into the client management systems (CMSs) most agencies use to record their data. Secondly, data are submitted through the AIHW online reporting web-portal, Specialist Homelessness Online Reporting (SHOR). SHOR completes a more thorough data validation and reports (to staff of the homelessness agency) any errors that need correcting before data can be accepted.  **Statistical Linkage Key (SLK) validity**  An individual client may seek or receive support on more than one occasion—either from the same agency or from a different agency. Data from individual clients who presented at different agencies and/or at different times is matched based on a statistical linkage key (SLK) which allows client level data to be created. The SLK is constructed from information about the client’s date of birth, sex and an alphacode based on selected letters of their name.  If a support period record does not have a valid SLK, it cannot be linked to a client, and thus it is not included in client-level tables (although it is included in support period-level tables). Ninety-three per cent of support periods had a valid SLK in 2012–13.  **Incomplete responses**  In many support periods, in 2012–13, valid responses were not recorded for all questions—invalid responses were recorded, ‘don’t know’ was selected, or no response was recorded. Support periods with invalid/’don’t know’/missing responses were retained in the collection and, no attempt was made to deduce or impute the true value of invalid/’don’t know’/missing responses.  Where data relate to the total population the estimate includes clients with missing information. This information has been attributed in proportion with those clients for whom information is available. In tables where the population relates to clients with a particular need or accommodation circumstance, clients with missing needs information are excluded.  **Non-response bias**  Non-response occurs where there is less than 100% agency participation, less than 100% SLK validity and where there are incomplete responses. However estimates will not necessarily be biased. If the non-respondents are not systematically different in terms of how they would have answered the questions, then there will be no bias. However, no information is yet available to indicate whether or not there is any systematic bias in agency non-participation, SLK validity and incomplete responses.  **Imputation**  An imputation strategy is used to correct for two types of non-sampling error: agency non-response and data error in the statistical linkage key data item, which is used to link information about individual clients together to provide a complete picture for that client.  This strategy has two parts. The first part addresses agency non-response by using both explicit and implicit imputation and results in agency weights and some explicitly imputed service period records and end dates. The second part addresses the impact of invalid statistical linkage keys (SLKs) on the total number of clients and results in client weights.  Agencies that are out of scope for 9 months in 2012–13 are deemed to be out of scope for the whole period and excluded from all calculations. |
| **Coherence** | The SHSC replaces the SAAP NDC, which began in 1996. The SHSC differs from the SAAP NDC in many respects.  The major definitional differences between SAAP and SHSC relate to the capture of information about children and support. In the SAAP NDC, children who accompanied a parent or guardian were counted as accompanying children (with only limited information collected); in the SHSC, children are included as clients (in their own right) if they directly receive a service. In SAAP, support was considered to entail generally 1 hour or more of a worker’s time; in SHSC no time-related condition exists. |
| **Accessibility** | Published results from 2012–13 are available on the AIHW website. Data not available online or in reports can be obtained from the Communications, Media and Marketing Unit on (02) 6244 1032 or via email to info@aihw.gov.au. Data requests are charged on a cost-recovery basis. |
| **Interpretability** | Information on the development of the SHSC, definitions and concepts, and collection materials and processes can be found on the AIHW website, <www.aihw.gov.au>. Information on definitions, concepts and classifications can also be found in the SHSC’s collection manual (AIHW 2011). |
| **Data Gaps/Issues Analysis** | |
| **Key data gaps/ issues** | The Steering Committee notes the following key data gaps/issues:   * The key data quality issue related to the use of the specialist homelessness services data is relevance. The data do not capture the whole of the homeless (and at risk) population, rather only people who access specialist homelessness services. |