

# Specialist Homelessness Services Collection, 2016–17; Quality Statement

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# Specialist Homelessness Services Collection, 2016–17; Quality Statement

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Quality Statement
<b>METEOR identifier:</b>	683255
<b>Registration status:</b>	<a href="#">AIHW Data Quality Statements</a> , Superseded 10/12/2018

## Data quality

### Data quality statement summary:

#### Description

The Specialist Homelessness Services Collection (SHSC) collects information on people seeking services from agencies that receive funding under the National Affordable Housing Agreement (NAHA) or the National Partnership Agreement on Homelessness (NPAH) to provide specialist homelessness services.

#### Summary

- Data are collected monthly from agencies participating in the collection. All agencies that receive funding under the NAHA or the NPAH to provide specialist homelessness services are in scope for the SHSC, although some agencies are exempted from supplying data.
- Of the agencies expected to participate in the collection in at least one month during the 2016–17 reporting period, 97.0% of agencies provided data for each month where they were expected to participate, 0.5% provided data for some but not all of the months where data were expected, and 2.5% failed to provide data for any month.
- Matching of data from individual clients who presented at different agencies and/or at different times requires a valid statistical linkage key (SLK). In 2016–17, 97.1% of support periods had a valid SLK.

<b>Institutional environment:</b>	<p>The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the <a href="#">Australian Institute of Health and Welfare Act 1987</a> to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent corporate Commonwealth entity established in 1987, governed by a <a href="#">management Board</a>, and accountable to the Australian Parliament through the Health portfolio.</p> <p>The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. The AIHW 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.</p> <p>The AIHW 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.</p> <p>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 datasets based on data from each state and territory, to analyse these datasets and disseminate information and statistics.</p> <p>The <a href="#">Australian Institute of Health and Welfare Act 1987</a>, in conjunction with compliance to the <a href="#">Privacy Act 1988</a>, ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.</p> <p>For further information see the AIHW website <a href="http://www.aihw.gov.au">www.aihw.gov.au</a>.</p>
<b>Timeliness:</b>	<p>The SHSC was developed by the AIHW in conjunction with the states and territories and is administered by the AIHW. All agencies that receive funding under the National Affordable Housing Agreement (NAHA) or the National Partnership Agreement on Homelessness (NPAH) to provide specialist homelessness services are in scope for the SHSC, although some agencies are exempted from supplying data. Data are collected monthly from agencies participating in the collection. The SHSC contains data from 1 July 2011. SHS agencies provide their data to the AIHW each month. Once sufficient data are received and validated, 'snapshots' are created at particular points in time for reporting purposes. The 2016–17 snapshot contains data submitted to the AIHW for July 2016 to June 2017, using responses received and validated as at 10 August 2017. Data for 2016–17 will be first published in the annual <i>Specialist homelessness services</i> report in December 2017.</p>
<b>Accessibility:</b>	<p>Data are reported in the AIHW's annual <a href="#">Specialist homelessness services</a> reports and the Productivity Commission's annual <a href="#">Report on government services</a>.</p> <p>Users can request additional disaggregations of data which are not available online or in reports (subject to the AIHW's confidentiality policy and state and territory approval) via the AIHW's online customised data request system at <a href="https://www.aihw.gov.au/our-services/data-on-request">https://www.aihw.gov.au/our-services/data-on-request</a>. Depending on the nature of the request, requests for access to unpublished data may also incur costs or require approval from the AIHW Ethics Committee.</p>
<b>Interpretability:</b>	<p>General enquiries about AIHW publications can be directed to <a href="mailto:info@aihw.gov.au">info@aihw.gov.au</a>.</p> <p>Information on the development of the SHSC, definitions and concepts, and collection materials and processes can be found on the AIHW website: <a href="https://www.aihw.gov.au/about-our-data/our-data-collections/specialist-homelessness-services-collection">https://www.aihw.gov.au/about-our-data/our-data-collections/specialist-homelessness-services-collection</a>. Information on definitions, concepts and classifications can also be found in the <a href="#">Specialist Homelessness Services collection manual</a>.</p>

**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, persons who seek services from a specialist homelessness services (SHS) agency and do not receive any services at that time.

The SHSC does not include all homeless people and those at risk of homelessness, rather it captures those who seek assistance from an SHS agency.

Not everyone in scope for the SHSC is homeless because SHS 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 are submitted based on support periods—a period of support provided by an SHS agency to a client. Information about clients is then linked using a statistical linkage 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 SHS agencies. All agencies that receive funding under the NAHA or NPAH to provide specialist homelessness services are in scope for the SHSC. Agencies that are expected to participate are in-scope agencies for which details have been provided to the AIHW by the relevant state or territory government department.

Of the agencies expected to participate in the collection in at least one month during the 2016–17 reporting period, 97.0% of agencies provided data for each month where they were expected to participate, 0.5% provided data for some but not all of the months where data were expected, and 2.5% failed to provide data for any month.

Nationally, a small number of service providers are excluded from the collection's coverage (and are not expected to participate) for a number of reasons including that agencies do not see clients directly but support other SHS agencies (for example, property maintenance), levels of funding are such that reporting is impracticable, or agencies whose method of service delivery does not allow for case management (such as soup kitchens).

## Accuracy:

### Potential sources of error

As with all data collections, the SHSC estimates are subject to errors. These can arise from data coding and processing errors, inaccurate data, or missing data. The SHSC contains data reported by agency workers.

### Data validation

The AIHW receives data from SHS 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 provides reports to staff of the SHS agency listing any errors requiring correction before data can be accepted.

### Agency participation

Of all the agencies expected to participate for at least one month in the collection, 97.0% submitted information for each collection month where they were expected to participate, 0.5% provided data for some but not all months where data were expected, and 2.5% failed to provide data for any month.

### 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 for individual clients are linked using an SLK. The SLK is constructed from the client's date of birth, sex and an alpha code based on selected letters of their given and family names.

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). In 2016–17, 97.1% of support periods had a valid SLK.

### Incomplete responses

In many support periods, 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 or where there are incomplete responses. As both the agency response rate and SLK validity rate are very high, minimal non-response bias is anticipated.

### Imputation

An imputation strategy is used to correct for two types of non-sampling error: agency non-response and invalid SLKs.

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 SLKs on the total number of clients and results in client weights.

## Coherence:

On 1 July 2011, the SHSC replaced the Supported Accommodation Assistance Program (SAAP) National Data Collection (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 generally considered to entail 1 hour or more of a worker's time; in the SHSC no time-related condition exists.

Changes in SHSC data over time may be influenced by changes in underlying state and territory policies, programs or systems. These changes might affect the service delivery area, the characteristics of priority clients, or how services work together to respond to client needs.

Data for clients with disability who require assistance may not be comparable across age groups due to differences in the interpretation of the disability questions; this issue relates mainly to young children.

During the 2014–15 reporting period, changes were made to the CMS to prompt data providers to report mandatory data items. This led to a substantial improvement in data quality, in particular a decline in the number of non-response or 'missing' values for those items.

Changes also occurred in the way agencies were required to report 'main reason' and 'reasons for seeking assistance'. In addition to improvements in the CMS for these data items, wording providing a specific example of housing crisis was removed from the section relating to reason for seeking assistance in the CMS. Comparisons over time should be made with caution as the reporting of housing crisis, financial difficulties and housing affordability stress may be inconsistent between agencies. These changes in agency reporting were evident in the data from all states and territories.

Following improvement in the derivation for housing situation used in the SHSC in 2016–17, clients with a tenure status of 'life tenure scheme' are now counted under the housing situation category 'private or other housing (renter, rent-free or owner)' if their dwelling status was 'housing/townhouse/flat'. This change has very little impact on housing situation percentages and hence does not constitute a break in time series.

Data for presenting unit type may not be comparable across age groups. This may be due to differences in interpretation of presenting units and how they are recorded; this issue mainly concerns young children and presenting unit type 'lone person'.

The collection of additional information has improved the quality of data for clients on care and protection orders. Before 2015–16, clients recorded as having a care arrangement of either 'parents' or 'other living arrangement' were excluded. From 2015–16, these care types are now included. In addition, care and protection information provided in all collection months in all support periods are now included reflecting the monthly data collected from SHS agencies. These changes constitute a break in statistical time series and hence previous data about clients and protection orders are not comparable.

Nationally, the number of clients increased by 3% and total support days increased by 4% between 2015–16 and 2016–17. The total number of support days increased by 5%.

#### *State and territory-specific issues:*

##### **New South Wales**

- New South Wales homelessness services underwent a period of major transition in 2014–15 that affected continuity of reporting for some service providers. These issues did not affect New South Wales data for 2015–16. The increase in client numbers in New South Wales is largely a result of the consolidation of new post-reform service models. Caution should be used when making comparisons of 2014–15 data with other years' figures for New South Wales and with data for other states and territories.
- New South Wales began implementing the Domestic Violence Response enhancement in late 2015–16. This service change may be responsible for the increase in the number of SHS clients reporting domestic and family violence.

##### **Queensland**

- In 2014–15, Queensland introduced a new Homelessness Information Platform (QHIP), a government-funded assessment and referral tool. The introduction of this tool included a new practice framework that required service providers to assess the needs of all presenting individuals and provide a response of some kind. This practice approach may be responsible for the decline in the reported number of individuals leaving a service unassisted which continued in 2015–16 and 2016–17.

### South Australia

- South Australia has a comparatively high number of children reported as presenting alone. This may be due to difference in how presenting units are recorded in H2H (South Australia's client management system). Caution should be used when comparing data for children presenting alone in South Australia with other states and territories.

### Tasmania

- In 2014–15, Housing Tasmania began the implementation of the Housing Connect model in order to improve access to housing and homelessness support services within Tasmania. The introduction of the Housing Connect model resulted in the creation of a number of new agencies in Tasmania. The aim of the model is to unite multiple housing and support organisations together and provide a 'no wrong door' solution for Tasmanians that require assistance. This new central intake system had a minor flow on effect on a number of data items; therefore comparisons over time should be made with caution.

### Australian Capital Territory

- The Australian Capital Territory closed a large agency due to a change in contract to supply these services at the end of June 2016. As a result, all existing clients of this agency had their support periods closed prior to becoming clients under the new management. This resulted in a rise in the number of closed support periods in the Australian Capital Territory between 2014–15 and 2015–16, even though the numbers of total support periods and clients declined slightly for this same period. This may affect analyses involving closed support periods for 2015–16 for the Australian Capital Territory. Accordingly, this data should be used with caution when making comparisons with past years' figures for the Australian Capital Territory or with data for other states and territories.
- In 2016–17, the Australian Capital Territory introduced a new central intake service delivery model. In practice, this system requires agency workers to provide assistance of some kind to all presenting individuals. Therefore, caution should be used when comparing data over time and with data for other states and territories, particularly data relating to unassisted requests.

## Source and reference attributes

**Submitting organisation:** Australian Institute of Health and Welfare

**Steward:** [Australian Institute of Health and Welfare](#)

## Relational attributes

**Related metadata references:** Supersedes [Specialist Homelessness Services Collection, 2015–16: Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 04/12/2017

Has been superseded by [Specialist Homelessness Services Collection, 2017–18: Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 03/12/2019