Specialist Homelessness Services Collection, 2018–19; Quality Statement

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Identifying and definitional attributes

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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 Housing and Homelessness Agreement (NHHA). On 1 July 2018 the NHHA replaced previous funding agreements auspicing this collection, the National Affordable Housing Agreement (NAHA) and the National Partnership Agreement on Homelessness (NPAH).

Summary

- Data are collected monthly from agencies participating in the collection. All agencies that receive funding under the NHHA (previously the NAHA or the NPAH) to provide specialist homelessness services are in scope for the SHSC, although some agencies are exempted from supplying data.
- For the 2018–19 reporting period, 100% of Specialist Homelessness Services (SHS) agencies provided data for each month where they were expected to participate in the collection.
- Matching of data from individual clients who presented at different agencies and/or at different times requires a valid statistical linkage key (SLK). In 2018–19, 98% of support periods had a valid SLK.
- Due to the improvements in the rates of agency participation and SLK validity, data are no longer weighted. The removal of weighting does not constitute a break in time series and weighted data from 2011–12 to 2016–17 are comparable with unweighted data for 2017–18 onwards.

Institutional environment:

The Australian Institute of Health and Welfare (AIHW) is an independent corporate Commonwealth entity under the *Australian Institute of Health and Welfare Act 1987*(AIHW Act), governed by a management Board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW is a nationally recognised information management agency. Its purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

The AIHW enables other organisations to improve their policies and services and achieve their goals by making better use of evidence—a fundamental requirement for good decision making. It collects and reports information on a wide range of topics and issues, including health and welfare expenditure, hospitals, disease and injury, mental health, ageing, homelessness, disability and child protection.

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 AIHW 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 datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

Compliance with confidentiality requirements in the AIHW Act, Privacy Principles in the *Privacy Act 1988* (Cth) and its data governance arrangements ensures that the AIHW is well positioned to release information for public benefit while protecting the identity of individuals and organisations. It also ensures that data providers can be confident that the AIHW will adhere to data supply terms and conditions.

For further information see the AIHW website www.aihw.gov.au.

The SHSC was developed by the AIHW in conjunction with the states and territories and is administered by the AIHW. SHSC system operations are funded by states and territories. For 2018–19 data holdings, all agencies that receive funding under the NHHA—previously the NAHA or 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.

Timeliness:

The SHSC contains data from 1 July 2011 and data are published annually in a range of formats.

SHS agencies submit data monthly to the AIHW. Data for 2018–19 use data for July 2018 to June 2019 that were submitted and validated as at 5 August 2019. These data will be first published in the annual SHS report and accompanying data products in December 2019.

Accessibility:

Data are reported in the AIHW's annual *Specialist homelessness services* reports and the Productivity Commission's annual *Report on government services*.

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 Data on request on the AIHW website. 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.

General enquiries about AIHW publications can be directed to info@aihw.gov.au.

Interpretability:

Information on the development of the SHSC, definitions and concepts, and collection materials and processes can be found on the AIHW website at the Specialist Homelessness Services Collection (SHSC) information site. Information on definitions, concepts and classifications can also be found in the *Specialist homelessness services collection manual*.

Relevance:

Scope and coverage

The SHSC contains information about people who are homeless or at risk of homelessness and seek assistance from specialist homelessness services agencies. All specialist homelessness services agencies that receive funding under the NHHA (previously the NAHA or NPAH) to provide specialist homelessness services are in scope for the SHSC.

Nationally, a small number of agencies are exempt from supplying data. Reasons include agencies that 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).

Of the agencies that were in scope and not exempt (i.e. expected to participate), 100% provided data for each month where they were expected to participate. The SHSC contains information about people who receive assistance, as well as information about people who seek assistance but do not receive any assistance at that time. People of all ages, including children, are included in the collection and are counted as clients. People who are homeless who do not seek assistance from an SHS agency are not in scope.

Agencies submit data on the periods of support provided to clients, and support periods for individual clients are joined using a statistical linkage key (SLK). Information from all support periods is included in analyses about clients. In 2018–19, 98% of support periods had a valid SLK. For records relating to people who were unassisted, 53% had a valid SLK.

Accuracy:

Data validation

Data are validated at two stages: at the point of entry into the client management systems that agencies use to record their data, and upon submission to the AIHW.

Non-response bias

Minimal non-response bias is anticipated as agency response rate is 100% and the SLK validity rate is very high and exemption rates are very low.

Imputation

Prior to 2017–18, data were imputed to account for agency non-response and invalid SLKs. Imputation is no longer required for the SHSC due to the high rates of agency response and SLK validity.

Incomplete responses and missing information

In many support periods, valid responses were not recorded for all questions—invalid responses are recorded, 'don't know' can be selected, or no response is recorded. Support periods with invalid/'don't know'/missing responses were retained in the collection and no attempt is made to deduce or impute the true value of invalid/'don't know'/ missing responses at the unit level. Where data relate to the total client population, the total includes clients with missing information. This information is attributed in proportion with those clients for whom information is available.

Geographical information

Information about the geographical location of both agencies and clients is available in the SHSC. Information about the geographical location of clients for 2011–12 to 2013–14 is not published due to concerns about data quality. Caution should be used when comparing geographical information about agencies with geographical information about clients.

Some geographical classifications change over time, for example in 2018–19 Local Government Area boundaries were updated. Changes are generally applied to all years of data in published reports and data products so trend analysis is comparable. This also means that numbers reported by the AIHW for a particular year, using a particular geographical classification, may be updated in subsequent releases.

People who did not receive assistance

Due to concerns about the reliability of information collected about people who seek assistance from SHS agencies but do not receive any assistance at that time, only limited data on these instances are reported.

ADF indicator

The ADF indicator was introduced into the SHSC in July 2017. Data on clients aged 18 and older who identify as current or former members of the Australian Defence Force are available in the annual SHSC products from 2017–18 onwards. Variability in the implementation of this item means that coverage is incomplete for 2017–18 and caution should be taken when comparing this first year of data with subsequent years.

Coherence:

Changes in reported data

The SHSC contains data extracted from agency databases. These data change regularly as new periods of support are added and as existing records are updated. As a result, SHSC data can change over time, and the numbers reported by the AIHW for a particular year may be updated in subsequent data releases.

Changes over time

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. Some of these changes will result in coherence problems

and may lead to breaks in time series.

Breaks in time series

Clients subject to care and protection orders: Improvements made in 2015–16 to the method used to identify clients subject to care and protection orders mean that data from 2011–12 to 2014–15 are not comparable with data from 2015–16 onwards.

Source of income—DVA pension or payment: In 2017–18, the response options for source of income were updated and the three response options relating to payments or pensions from the Department of Veterans' Affairs (disability pension—DVA, service pension—DVA and war widow(ers) pension—DVA) were replaced with the single response option 'DVA pension or payment'. As the single 'DVA pension or payment' option can include more payment types than the three options previously available, data on the 3 DVA pension or payments from 2011–12 to 2016–17 are not comparable with data on the 'DVA pension or payment' from 2017–18 onwards.

Data issues that require caution when making comparisons

Disability: 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.

Presenting unit type: Data for presenting unit type may not be comparable across age groups 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'.

Housing crisis, financial difficulties and housing affordability: Improvements made during 2014–15 resulted in changes to the way agencies were required to report 'main reason' and 'reasons for seeking assistance'. In addition, wording providing a specific example of housing crisis was removed from the section relating to reason for seeking assistance. Caution should be used when making comparisons over time as the reporting of these items may be inconsistent between agencies. These changes in agency reporting were evident in the data from all states and territories.

Children presenting alone: South Australia has a comparatively high number of children reported as presenting alone. This may be due to differences in how presenting units are recorded in 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.

Case management: Some aspects of case management are recorded differently in South Australia's client management system. Caution should be used when comparing data on case management for South Australia with other states and territories.

Services and Assistance—Assertive outreach: In 2017–18, there was a clarification made to the response option used to record clients who needed, or were provided, or referred assertive outreach services. The option was changed to specify that this service was directly targeted at rough sleepers. Due to this change, caution should be taken when comparing the number of clients receiving assertive outreach services before and after 2017–18.

Improvement to data items

Mandatory data items: Changes made in 2014–15 resulted in a substantial improvement in data quality for mandatory data items and in particular resulted in a decline in the number of non-response or missing values for these data items. Care should be used when comparing results from 2011–12 to 2013–14 with results from 2014–15 onwards.

Housing situation: 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.

Age: In 2017–18, age and age-related variables were derived using a more robust calculation method. Caution should be used when comparing results in publications from December 2018 onwards (that include 2017–18 data) with publications released prior to December 2018.

Imputation and weighting

Due to improvements in agency response and SLK validity rates, data for 2017–18 onwards were not weighted. As the aim of the imputation strategy was to account for low rates of agency response and SLK validity in previous years, unweighted data for 2017–18 onwards are directly comparable with weighted data for 2011–12 to 2016–17. The removal of weighting does not constitute a break in time series.

The annual SHS report and accompanying products use financial year data, and for 2011–12 to 2016–17 these data are weighted. However, other AIHW publications that analyse the pathways of individual clients over time, including publications using SHS longitudinal data, or data linked with data from other collections, do not use weighted data.

Comparisons between years of counts of clients and support periods should use weighted data for 2011–12 to 2016–17 and unweighted data from 2017–18 onwards. These counts can be obtained from the annual report and accompanying data products.

Differences between the SHSC and the SAAP NDC

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 assistance. 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.

Homelessness and service provision

There is no single definition of homelessness. The SHSC considers that a person is homeless if they are living in non–conventional accommodation (such as living on the street), or short–term or emergency accommodation (such as living temporarily with friends or relatives). Other data collections describing the nature and scale of homelessness, such as the Census, use alternative definitions. Counts of homelessness in the SHSC are only for those people who access services.

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.

Victoria

- Victorian client numbers are relatively high and appropriate caution should be applied when making comparisons with other states and territories. The main reason for the high client count is that the Victorian system is very demand-driven, with the vast majority of presenting individuals provided initial assessment and planning at homelessness entry point (or central intake)

services. In addition, there is a high number of women and children who are referred from police to homelessness-funded family violence services.
- From 2017–18 to 2018–19, there was a 3% decrease in the total number of Victorian homelessness clients and a 10% decrease in family violence clients following years of steady increases in these numbers. The decrease was primarily due to a practice correction in how some family violence agencies were recording clients. In addition, during 2018–19, a phased process to shift family violence intake to non-SHS services began, which may result in an overall decrease in the number of SHS family violence clients over the coming years. Caution should be used when comparing Victorian client numbers over recent years.

Queensland

- In 2014–15, Queensland introduced the government-funded Queensland Homelessness Information Platform (QHIP), comprising the Common Homelessness Assessment and Referral Tool (CHART) and the Vacancy Capacity Management System (VCMS). Funded specialist homelessness services are required to use QHIP to assist with the demand for homelessness services. This practice approach may be responsible for the decline in the reported number of individuals leaving a service 'unassisted' through the provision of a connected service system, service coordination and subsequent referral to support clients with other service needs.

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 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, these 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, 2017–18; Quality Statement
AIHW Data Quality Statements, Superseded 03/12/2019

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