

AIHW National Aged Care Data Clearinghouse

Identifying and definitional attributes

Metadata item type:	Quality Statement
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Data quality

Quality statement summary:

Summary of key issues

- Data included in the AIHW National Aged Care Data Clearinghouse (the NACDC) is sourced from Department of Health, Department of Human Services, Department of Social Services, Services Australia, the Aged Care Quality and Safety Commission, and Aged Care Financing Authority. Most of these data are derived from administrative data collections designed to support payment of subsidies to providers (referred to as 'claims' in this DQS) and to administer Government-funded aged care in Australia. As such, the AIHW has limited control over the collection and cleaning processes used to produce the NACDC data and limited capacity to independently validate data quality.
- Some socio-demographic characteristics of people are captured at the time of assessment prior to receipt of an aged care service, and therefore may not reflect people's characteristics while receiving care.
- Mainstream aged care service data collection may not adequately capture the coverage of aged care service provision in remote areas as they are more likely to be delivered via a flexible model of care.

Description

The Data Clearinghouse is located at AIHW for the purpose of making aged care data available to a range of stakeholders including policy makers, researchers, the aged care industry and the public.

The NACDC assists transparency and independence in aged care policy research and evaluation through the provision of data and information in a timely manner for research, evaluation and analysis, and is subject to data release protocols, in accordance with the AIHW Ethics Committee protocol and AIHW policies.

Included in the NACDC are data on people receiving aged care, assessments (of care needs), services and providers, system capacity (places), and expenditure. Specifically, the NACDC includes data and information relating to the following:

- Assessments: Aged Care Assessment Program (ACAP) and National Screening Assessment Form (NSAF), Resident Classification Scale (RCS) and Aged Care Funding Instrument (ACFI)
- Residential aged care (RAC): Permanent and respite residential aged care (RAC)
- Home support: Home and Community Care (HACC) and Commonwealth Home Support Programme (CHSP, which replaced HACC in mid-2015).
- Home care: Community Aged Care Program (CACP), Extended Aged Care at Home (EACH), EACH-Dementia (EACH-D), Home Care Packages (HCP) program (which replaced CACP, EACH and EACH-D on 1 August 2013).
- Flexible aged care: Transition Care Programme (TCP) and the Short-Term Restorative Care (STRC) Programme.

For other flexible programs—the National Aboriginal and Torres Strait Islander Flexible Aged Care Programme, the Innovative Pool Programme and the Multi-Purpose Service—only information on services, providers and system capacity is available.

In addition to routinely-collected aged care data from these sources, the NACDC data also includes:

- Population projections
- Aged care workforce survey and census data
- Quality indicators for residential aged care
- Consumer experience in residential aged care
- Linked data (e.g. the Pathways in Aged Care link map).

This version of the DQS reflects changes to aged care programs and data collections, including the CHSP, and other post-2015 changes.

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 corporate Commonwealth entity established in 1987, governed by a [management board](#), and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It 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 datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The [Australian Institute of Health and Welfare Act 1987](#), in conjunction with compliance to the [Privacy Act 1988](#), (Cth) 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.

As noted above, these data are sourced from Department of Human Services, Department of Social Services, Department of Health, the Aged Care Quality and Safety Commission, and Aged Care Financing Authority. A range of collection, collation and quality processes are implemented prior to these data being transferred to the AIHW; as such, the AIHW has limited capacity to validate data quality.

The NACDC holds and manages data according to AIHW's established security, privacy and confidentiality principles. Access to aged care data is subject to protocols that manage confidentiality risks and other concerns about potential data misuse. In some cases, an AIHW Ethics Committee approval may be required before allowing access to aged care data.

Timeliness: Aged care data are first received by the Department of Health's aged care data warehouse. These data are updated and refreshed at varying times. For example, HACCC data were submitted on a quarterly basis, while CHSP data are generally submitted on a 6-monthly basis. However, for services delivered under residential aged care and home care, claims are submitted regularly.

For consistency, AIHW receives a full refresh of all (historical and current) NACDC data in September/October each year from the Department of Health. The NACDC holds data on services and clients from the time of the introduction of the [Aged Care Act 1997](#) (including historical data on clients receiving care at this time).

Data from the NACDC are published on the GEN aged care website with all data and topics being updated annually in the calendar year following receipt of the NACDC source data.

Accessibility: Reports which include information from the NACDC can be downloaded free of charge from GEN aged care website <https://www.gen-agedcaredata.gov.au/>.

The AIHW offers a [customised data request](#) service for access to statistics that are not available in published reports, tables, dynamic data displays or data cubes.

Interpretability: Information on interpretability is available in the NACDC Data Dictionary.

Further information on specific aged care programs are published by the Department of Health on their website.

Relevance: The NACDC data cover aged care services subsidised by the Australian Government.

The NACDC data do not cover aged care services that are not subsidised by the Australian Government, such as privately-funded in-home care or retirement villages.

Data from the NACDC are published on GEN in various topics for use by academia, data modellers, policy makers, service providers and other interested parties.

Data linkage is needed to estimate the number of individuals receiving aged care services across aged care programs.

Accuracy: Data are collected at the service level; some of these data are then reported to the Australian Government Department of Health, Department of Social Services and/or Department of Human Services. A subset of the data held by the Department of Health is provided to the NACDC.

The AIHW has limited control over the collection and cleaning processes used to produce the NACDC data and limited capacity to independently verify its quality. However, the AIHW assesses all received data and carries out consistency checks to validate them. As the NACDC receives data collected as part of other systems, efforts to improve data quality generally focus on ensuring internal processes are robust. Any potential interpretation issues are detailed within any release.

There are a few key limitations that should be noted when interpreting these data.

- Due to the fact that people may choose to not disclose their Indigenous status, and the absence of person-level data for the National Aboriginal and Torres Strait Islander Flexible Aged Care Programme, the number of people identified as being of Aboriginal and Torres Strait Islander origin may underestimate the true number of Indigenous Australians using aged care.
- Where information about geographical location (including remoteness) is based on the location of service outlet, it should be noted that that outlets may provide services to people who live outside the outlets' geographical areas.
- Some socio-demographic characteristics of people are recorded at the time of assessment prior to care, and these may not reflect people's characteristics while receiving care. These include usual residence, living arrangements and marital status.
- It should be noted that mainstream aged care services (such as residential aged care, home support and home care) may not adequately describe the coverage of aged care service provision in remote areas. Aged care services in more remote areas are more likely to use a flexible model of care, and no person-level information is collected for flexible aged care services, delivered through Multi-Purpose Services, the Innovative Pool Programme or the National Aboriginal and Torres Strait Islander Flexible Aged Care Programme. These services are generally located in more remote areas and are likely to have higher proportions of Indigenous clients.
- The proportion of records with missing Indigenous status is low for residential care, though higher for community-based care, and there have been initiatives to improve Indigenous identification in aged care data. However, as the coverage of aged care service provision in remote areas is likely to be lower due to the use of flexible models of care and the absence of person-level data (as noted above) the capture of Indigenous status information across all aged care programs is incomplete.

Coherence: In general, data are comparable over time, but please note some programs have changed over time. The NACDC holds data on services and clients from the time of the introduction of the *Aged Care Act 1997* (including historical data on clients receiving care at this time).

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare.

Relational attributes

Related metadata references:

See also [Aged Care Funding Instrument: Quality Statement](#)

- [AIHW Data Quality Statements](#), Standard 18/01/2021

See also [Aged Care Funding Instrument: Quality Statement](#)

- [AIHW Data Quality Statements](#), Standard 10/09/2014

Supersedes [AIHW National Aged Care Data Clearinghouse](#)

- [AIHW Data Quality Statements](#), Standard 10/09/2014