

Northern Territory Remote Aboriginal Investment Clinical Nurse Specialist data collection, 2022; Quality Statement

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
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Data quality

Data quality statement summary: The Clinical Nurse Specialist (CNS) data collection (formerly Child Hearing Health Coordinator (CHHC)) data collection contains data from CHHC/CNS services provided in the Northern Territory, funded by the Australian Government through the National Partnership Agreement on Stronger Futures in the Northern Territory (SFNT) (which was replaced by the Northern Territory Remote Aboriginal Investment (NTRAI) on 1 July 2015).

The SFNT began in July 2012 and continues to provide funding through the NTRAI from 2015–16 to 2023–24. The hearing health component of this agreement replaced and expanded services implemented under the Northern Territory Emergency Response Child Health Check Initiative and the Closing the Gap in the Northern Territory National Partnership Agreement (NTER CHC(CtG)). The funding was mainly used to provide outreach audiology services to children aged under 16.

Key issues:

- The data collection includes over 6,000 children and young people who were aged under 21 and received CNS services (formerly known as CHHC services). However, they are not a random sample of First Nations children in the Northern Territory. The CHHC/CNS program is available only to First Nations children who have a referral from a health professional.
- The data are collected as part of the outreach hearing health programs, and are a by-product of a clinical process. That is, health professionals providing services document the results on standard data collection forms, which are then forwarded to the Australian Institute of Health and Welfare (AIHW).
- Rates of non-consent were high over the course of the CHHC/CNS program between July 2012 and December 2017. However, there have been improvements to non-consent rates over time, decreasing from 65% of children in 2013 to 36% in 2014, then to 21% in 2015, to 7% in 2016 and to 3% in 2017. Since 2018, the non-consent rate has been 0%. Users should be aware of the extent of non-consent rates and missing data when using and interpreting CHHC/CNS data. Where possible, tables published by the AIHW show the percentage of missing data.

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.

Compliance with confidentiality requirements in the AIHW Act, Privacy Principles in the [Privacy Act 1988](#) (Cth), and AIHW's data governance arrangements ensures that the AIHW is well positioned to release information for public benefit while protecting the identity of individuals and organisations.

For further information see the AIHW website (www.aihw.gov.au/about-us), which includes details about the AIHW's governance (www.aihw.gov.au/about-us/our-governance) and our role and strategic goals (www.aihw.gov.au/about-us/our-vision-and-strategic-goals)

The AIHW is responsible for undertaking the data management, analysis and reporting of information collected from the Northern Territory outreach ear and hearing health services funded by the Australian Government Department of Health and Aged Care.

Data collection forms are completed by clinical service providers. The electronic data were extracted and then sent to the AIHW via the Northern Territory Department of Health (NT DoH). For further information see the NT DoH website www.health.nt.gov.au

Timeliness: The NT DoH provides data files containing information on CNS services on a regular basis, and the AIHW publishes annual reports on these services. The CNS data collection contains data on children and young people who received CNS services between July 2012 and December 2022.

The latest report was published in September 2023, with a reference period of July 2012 to December 2022. It is expected that future reports will be published on an annual basis.

Accessibility: Reports are published on the AIHW website and can be downloaded free of charge at www.aihw.gov.au. Supplementary data tables presenting more detailed data accompany each report and these, too, are available on the AIHW website where they can be downloaded free of charge.

Permission to obtain unpublished data must be sought from the NT DoH and the Department of Health and Aged Care via the AIHW. Additional approvals from relevant ethics committees in the Northern Territory may be required.

Requests for unpublished data can be made by contacting the AIHW website. See [data on request](#). A cost-recovery charge may apply to requests that take substantial resources to compile. Depending on the nature of the request, requests for access to unpublished data may require approval from the state and territory data custodians and/or the AIHW Ethics Committee.

Interpretability: The reports contain relevant definitions and information about caveats or aspects that readers should be aware of when interpreting the data. Footnotes are included where relevant to provide further details or caveats. Reference material containing information about the programs and data collection accompany each report. Readers are advised to consider all supporting and contextual information to ensure appropriate interpretation of analyses presented by the AIHW.

A copy of the National Partnership Agreement on the SFNT/NTRAI is available on the website of the Standing Council on Federal Financial Relations <http://www.federalfinancialrelations.gov.au>.

Relevance:

This data collection captures data on children and young people who receive outreach CHHC/CNS services, funded through the SFNT/NTRAI program. The data include information on the amount of services provided, demographic information of service recipients and ear health status of service recipients; the data also allowed children's ear health status to be compared over the time period. These services are more commonly accessed by children and young people in remote areas. The children who participated in the CHHC/CNS program are referred to this program if they have an identified middle ear condition or hearing impairment. The services are targeted at children and young people most in need through a priority listing categories schedule.

Health providers use standard forms to record information from the CHHC/CNS services. The forms were developed by the NT DoH in consultation with the Australian Government Department of Health and Aged Care and the AIHW. The CHHC/CNS program is available only to First Nations children who have a referral from a health professional. Therefore, it is important to note that children and young people who receive CHHC/CNS services are not a random sample of First Nations children in the Northern Territory. Furthermore, CHHC/CNS data cannot be generalised beyond the programs outlined in the data collection; neither can they be used to determine the prevalence of health conditions among all First Nations children and young people in the Northern Territory.

Accuracy:

Rates of non-consent were high over the course of the CHHC/CNS program between July 2012 and December 2017. However, there have been improvements to non-consent rates over time, decreasing from 65% of children in 2013 to 36% in 2014, then to 21% in 2015, to 7% in 2016, to 3% in 2017 and to 0% since 2018.

When a child's parent or guardian does not provide consent to share information, only a limited amount of aggregate information is provided to AIHW. This includes the number of services provided and the number of children and young people receiving a service by 5-year age group, sex and community where the service was provided. Parents or guardians of service recipients must provide their consent to share information with the AIHW. If consent is given, all de-identified data about the service recipient and the services they received is sent to the AIHW.

In order to protect privacy, personal information is not provided to the AIHW (for example, the child's name). Children can be counted only by using a Hospital Registration Number (HRN). A very small percentage of children could not be counted accurately due to missing or incorrect HRNs, however in 2022, there were no such cases.

Due to the nature of the collection process, there is a lag between the date when the service was provided and the date of data receipt by the AIHW. This means that at any point in time, there may be services provided that have not yet been captured in the data collection. However, the extent of under-reporting of the number of services and children and young people who received services is minimal. As reports are produced 6–12 months after the end of the reporting period for that year, the number of services not captured is minimal. Any services not captured in the reporting period are included in the following year's data supply for future reports.

Coherence:

Following its publication of *Stronger Futures in the Northern Territory: hearing health services 2012–13* (AIHW 2014) in January 2014, the AIHW received additional data on CHHC services provided in 2012–13—in particular, information about a high number of services for which consent to share data with the AIHW was not obtained. Hence, the total number of CHHC services and service recipients reported for 2012–13 is much higher in the updated reports published in February 2015 and November 2015 than in the report *Stronger Futures in the Northern Territory: hearing health services 2012–13* (AIHW 2014). Due to differences in the CHHC/CNS data analysed, comparisons should not be made between these reports on CHHC/CNS services and service recipients. It should be noted that there have been improvements to non-consent rates over time, decreasing from 65% of children in July 2013 to 36% in 2014, then to 21% in 2015, to 7% in 2016, to 3% in 2017 and to 0% since 2018.

The latest report allows for comparison of years from the second half of 2012 (July–December) and for each whole calendar year from 2013 to 2022. The current report was published in September 2023 (with data to December 2022).

Data products

Implementation start date: 29/09/2023

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata
references:

Supersedes [Northern Territory Remote Aboriginal Investment Clinical Nurse Specialist data collection, 2020; Quality Statement](#)
[AIHW Data Quality Statements](#), Superseded 31/08/2022

Supersedes [Northern Territory Remote Aboriginal Investment Clinical Nurse Specialist data collection, 2021; Quality Statement](#)
[AIHW Data Quality Statements](#), Superseded 10/10/2023