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, for a selection of performance indicators in the Homelessness services chapter. DQI for additional indicators will be progressively introduced in future reports.  Where Report on Government Services indicators align with National Agreement indicators, DQI has been sourced from the Steering Committee’s reports on National Agreements to the Council of Australian Governments Reform Council.  Technical DQI has been supplied or agreed by relevant data providers. Additional Steering Committee commentary does not necessarily reflect the views of data providers. |
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DQI Contents

Data collections 2

Specialist homelessness services client collection 2

Performance indicators 5

Access to specialist homelessness services by people with disability 5

Clients experiencing repeat periods of homelessness 7

Achievement of employment on exit 9

Achievement of income on exit 11

Achievement of independent housing on exit 13

Goals achieved on exit from service 16

## Data collections

### Specialist homelessness services client collection

Data quality information for this data collection has been sourced from 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 (SHSC)  The SHSC collects information on people who receive services from agencies that are funded under the *National Affordable Housing Agreement* (NAHA) and the *National Partnership Agreement on Homelessness* (NPAH) to provide specialist homelessness services. A limited amount of data is also collected about clients 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 AIHW is an Australian Government statutory authority accountable to Parliament and operates under the provisions of the Australian Institute of Health and Welfare Act 1987. This Act ensures that the data collections managed by the AIHW are kept securely and under strict conditions with respect to privacy and confidentiality. More information about the AIHW is available on the AIHW website (www.aihw.gov.au).  The AIHW receives, compiles, edits and reports data in collaboration with jurisdictions. The finalised data sets are used by the AIHW for collation, reporting and analysis. | |
| Relevance | Scope and coverage―clients  The SHSC collects information about people who receive assistance from specialist homelessness agencies funded by state and territory governments to respond to or prevent homelessness. In addition, some information is also collected about people who seek services from a specialist homelessness agency and do not receive any services at that time.  The SHSC does not cover all homeless people and those at risk of homelessness, rather it captures those who seek assistance from a Specialist Homelessness Service (SHS) agency.  Not everyone in scope for the 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 are 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 2014–15 financial year are in scope for the 2014–15 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 government.  Of the agencies expected to participate in the collection in at least one month during the 2014-15 reporting period, 97.9 per cent of agencies provided data for each month where they were expected to participate, 1.8 per cent provided data for some but not all of the months where data was expected, and 0.3 per cent failed to provide data for any 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 2014-15 snapshot contains data submitted to the AIHW for the July 2014 to June 2015 collection months, using responses received and validated as at 13 August 2015. | |
| 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 (CMS) most agencies use to record their data. Secondly, data are submitted through the AIHW online reporting web-portal, Specialist Homelessness Online Reporting. The web-portal completes a more thorough data validation and reports (to staff of the homelessness agency) any errors that need correcting before data can be accepted into the SHSC.  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 an SLK which allows client level data to be created. The SLK is constructed from information about the client’s date of birth, sex and 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-four per cent of support periods had a valid SLK in 2014-15.  Incomplete responses  In many support periods, in 2014-15, 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.  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 to data quality, in particular a decline in the number of non-response or ‘missing’ values for those items.  Non-response bias  Non-response occurs where there is less than 100 per cent agency participation, less than 100 per cent 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 SLK 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 SLKs on the total number of clients and results in client weights.  Agencies that are out of scope for 9 months in 2014-15 are deemed to be out of scope for the whole period and excluded from all calculations. | |
| Coherence | The SHSC replaces the Supported Accommodation Assistance Program National Data Collection (SAAP NDC), which began in 1996. The SHSC differs from the SAAP NDC in many respects. The major definitional differences between the SAAP NDC and the 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 the SAAP NDC, support was considered to entail generally 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 jurisdiction policies, programs or systems. These changes might affect the service footprint, the characteristics of priority clients, or how services work together to respond to client needs.  State/Territory specific issues:  NSW homelessness services underwent a period of major transition in 2014-15 that affected continuity of reporting for some service providers. In 2014-15, NSW also changed its service delivery approach to a central information management model. Accordingly this data should be used with caution when making comparisons with past years’ figures for NSW or with data for other States.  Also in 2014-15, Qld introduced a new Homelessness Information Platform, a government funded assessment and referral tool. The introduction of this tool has affected a number of SHSC concepts and in particular may have led to a decline in the number of individuals leaving a service unassisted. | |
| Accessibility | Results are published on the AIHW website. Data not available online or in reports can be requested via the online customised data request system https://datarequest.aihw.gov.au; or 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. | |

## Performance indicators

### Access to specialist homelessness services by people with disability

Data quality information for this data collection has been drafted by the AIHW, with additional Steering Committee comments.

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| --- | --- | --- |
| Indicator definition and description | | |
| Element | Equity – access | |
| Indicator | *Access to Specialist Homelessness Services by people with disability* | |
| Measure (computation) | Definition: The proportion of SHS clients who identified as having a long-term health condition or disability who needed assistance with core activities and whose need for accommodation or services other than accommodation were met.  Derivation: A client is defined as having a need for assistance with core activities if at any time during their support period in the reporting year the client indicated that he/she ‘Always/sometimes need help and/or supervision’ with self-care, mobility or communication.  Numerator: the number of clients where the client needed assistance with core activities, and whose needs for accommodation or services other than accommodation were met.  Denominator: Total number of clients who sought assistance from SHS services whose needs for accommodation or services other than accommodation were met. | |
| Data source/s | The SHSC.  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 clients 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 | See General SHSC DQI. | |
| Relevance | 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. Consequently, SHSC data does not capture disability information for unassisted persons. Data may not be complete for all clients who are assisted. | |
| Timeliness | See General SHSC DQI. | |
| Accuracy | Missing Data  The question pertaining to disability was included for the first time in July 2013. The question was asked of new clients and existing client information was progressively updated through the year. In 2014-15, 38 878 clients or 15.2 per cent of clients were excluded from the derivation of this indicator due to disability status not being stated. | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Proportion of missing data for disability status by jurisdiction (2014-15) | | | | | | | | | | |  | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Aust | | Disability not stated | 4 918 | 20 315 | 2 024 | 3 020 | 6 945 | 866 | 309 | 503 | 38 878 | | Per cent not stated | 10.2 | 19.8 | 4.6 | 13.1 | 32.9 | 11.8 | 6.2 | 6.6 | 15.2 | | Total clients | 48 262 | 102 793 | 44 213 | 23 021 | 21 116 | 7 328 | 4 987 | 7 649 | 255 657 | |  |  |  |  |  |  |  |  |  |  | | | |
| Coherence | From 2013, the SHSC commenced collecting information on whether, and to what extent, a long term health condition or disability restricts core activities for the client. The information is consistent with data collected in the 2011 Census and the 2014 National Social Housing Survey. Questions are based on the Core Activity Need for Assistance concept first used in the 2006 Census to identify people with a ‘profound or severe core activity limitation’ using similar criteria to the ABS’s Survey of Disability, Ageing and Carers. This population is defined as people with a disability who need assistance in their day to day lives with any or all of the following core activities self–care, body movements or communication.  These data were not collected in previous years. | |
| Accessibility | See General SHSC DQI. | |
| Interpretability | See General SHSC DQI. | |
| Data Gaps/Issues Analysis | |  |
| Key data gaps /issues | The Steering Committee notes the following key data gaps/issues:  Data from the SHSC to enumerate this measure primarily concerns clients with need for assistance in core activities of daily living, such as self-care, mobility and communication and do not measure the total number of people with a disability accessing specialist homelessness services. Consequently, the indicator may under-represent clients with a disability who need support to access and maintain housing. | |
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### Clients experiencing repeat periods of homelessness

Data quality information for this data collection has been drafted by the AIHW.

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| --- | --- | --- | --- | --- |
| Indicator definition and description | | | | |
| Element | | Outcomes | | |
| Indicator | | This is a proxy measure as it only captures homelessness people who access specialist homelessness services rather than all those in the population who experience homelessness.  ‘Homeless’ definition: A client is defined as being homeless in each month where at least one of the following describes their housing situation:  *dwelling type* is caravan, tent, cabin, boat, improvised building/dwelling, no dwelling/street/park/in the open, motor vehicle, boarding/rooming house, emergency accommodation, hotel/motel/bed and breakfast  *tenure type* is renting or living rent free in any of transitional housing, caravan park, boarding/rooming house, or emergency accommodation/night shelter/women’s refuge/youth shelter; OR if the client has no tenure  conditions of occupancy is Couch surfer.  ‘Not Homeless’ definition: A client is defined as being ‘not homeless’ in each month where they have provided a response and none of the above conditions are met.  Regardless of tenure or conditions of occupancy, a client is not considered to be homeless if the dwelling type is reported as ‘Institution’ in one of these categories:  hospital (excluding psychiatric)  psychiatric hospital/unit  disability support  rehabilitation  adult correctional facility  youth/juvenile justice correctional centre  boarding school/residential college  aged care facility  immigration detention centre. | | |
| Measure (computation) | | Definition: Proportion of people experiencing repeat periods of homelessness  Numerator: number of SHS clients who change status from ‘homeless’ to ‘not homeless’ and back to ‘homeless’ during the reporting period.  Denominator: number of SHS clients who experienced homelessness at any time during the reporting period.  Computation: Presented as a *proportion*. | | |
| Data source/s | | AIHW — SHSC. | | |
| Data Quality Framework Dimensions | | | | |
| Institutional environment | | See General SHSC DQI. | | |
| Relevance | | SHSC data does not cover all homeless people but only those who seek assistance from an SHS agency. The financial year is the time frame for the indicator. By only counting homeless people within a financial year, persons who had multiple periods of homelessness spanning different financial years may fall outside of the scope for the indicator. | | |
| Timeliness | | See General SHSC DQI. | | |
| Accuracy | | The repeat homelessness indicator relies on an assessment of the homelessness status of clients in each month where they are supported by SHS agencies. This assessment is based on the dwelling type, tenure type and conditions of occupancy reported for the client in each month, and the total number of clients is estimated from those records where the required data is available. In 2014-15, 26 841 clients or nearly 10.5 per cent of clients were excluded from the derivation of the repeat homelessness indicator due to missing data. | | |
|  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Proportion of not stated for homelessness | | | | | | | | | | |  | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Aust | | Homeless not stated | 3 333 | 14 149 | 858 | 3 326 | 4 302 | 216 | 262 | 511 | 26 841 | | Per cent not stated | 6.9 | 13.8 | 1.9 | 14.4 | 20.4 | 2.9 | 5.3 | 6.7 | 10.5 | | Total clients | 48 262 | 102 793 | 44 213 | 23 021 | 21 116 | 7 328 | 4 987 | 7 649 | 255 657 | |  |  |  |  |  |  |  |  |  |  | | | | |
| Coherence | | | Both the numerator and the denominator are drawn from the SHSC and have been produced using the same estimation methods.  The denominator has been defined as the total number of SHS clients who experienced homelessness at any time during the financial year reference period as it is the measure that will provide the most reliable comparison with the indicator numerator. | |
| Accessibility | | | See General SHSC DQI. | |
| Interpretability | | | See General SHSC DQI. | |
| Data Gaps/Issues Analysis | | | |  |
| Key data gaps /issues | | | See General SHSC DQI. | |
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### Achievement of employment on exit

Data quality information for this data collection has been drafted by the AIHW.

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| --- | --- | --- | --- | --- |
| Indicator definition and description | | | | |
| Element | | Outcomes | | |
| Indicator | | ‘Achievement of employment on exit’ is an indicator of governments’ objective to enable clients to participate as productive and self–reliant members of the community at the end of their support period. | | |
| Measure (computation) | | ‘Achievement of employment on exit’ is defined by three measures. These measures are calculated for all SHS clients aged 15 and over with closed support and an assessed need for employment and/or training. They are also calculated separately for Aboriginal and Torres Strait Islander clients with the same characteristics.  Measure 1: Proportion of people with need for employment and/or training assistance who became/remained employed at close of support  Definition: Of people with a need for employment and/or training assistance at the start of support, the proportion who were in employment at end of support (whether full time or part time).  Numerator: the number of clients, with closed support periods only, with an identified need for employment and/or training assistance and whose combined employment and labour force status indicated ‘employed full–time’ or ‘employed part–time’ at the end of support.  Denominator: the number of clients, with closed support periods only, with an identified need for employment and/or training assistance.  Computation: Presented as a *proportion*.  Measure 2: Proportion of unemployed people with a need for employment and/or training assistance who became employed by the close of support.  Definition: Of people who were unemployed at the start of support and had a need for employment/training assistance, the proportion who were employed at the end of support (whether full time or part time).  Numerator: the number of clients, with closed support periods only, with an identified need for employment and/or training assistance whose labour force status was unemployed at presentation; and whose labour force status was ‘employed ’ at the end of support.  Denominator: the number of clients, with closed support periods only, with an identified need for employment and/or training assistance who were unemployed at presentation.  Computation: Presented as a *proportion*.  Measure 3: Proportion of people not in the labour force at presentation and with an identified need for employment and/or training assistance at the start of support, who were ‘employed full–time’ or ‘employed part–time’ at the end of support.  Definition: Of people who were ‘not in the labour force’ at presentation and who had a need for employment/training assistance, the proportion who were employed at end of support (whether full time or part time).  Numerator: the number of clients, with closed support periods only, with an identified need for employment and/or training assistance whose labour force status was ‘not in the labour force’ at presentation; and whose labour force status was ‘employed full–time’ or ‘employed part–time’ at the end of support.  Denominator: the number of clients, with closed support periods only, with an identified need for employment and/or training assistance who were not in the labour force at presentation.  Computation: Presented as a *proportion*. | | |
| Data source/s | | AIHW — SHSC. | | |
| Data Quality Framework Dimensions | | | | |
| Institutional environment | | See General SHSC DQI. | | |
| Relevance | | This indicator compares the labour force status of SHS clients with closed support and an assessed need for employment and/or training, between the start and end of support within the financial year. It thus describes short-term outcomes for a sub-group of SHS clients. The proportion of clients that are in-scope for this indicator may vary across financial years and jurisdictions. In particular, this indicator does not describe longer-term employment outcomes e.g. achieved after referral to other services. | | |
| Timeliness | | See General SHSC DQI. | | |
| Accuracy | | Clients with an unknown labour force status at the start and/or end of support were excluded from the performance indicator. In 2014-15, 968 clients with closed support periods with an unknown labour force status at the start and/or end of support were excluded from the performance indicator, representing nearly 11 per cent of in-scope clients across Australia. The rate of unknown labour force status varied across jurisdictions. | | |
|  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Proportion of clients aged 15 or over with a closed support period and an assessed need for employment and/or training, for whom labour force status was not stated | | | | | | | | | | |  | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Aust | | Labour force status not stated at either the start or end of support | 251 | 414 | 97 | 80 | 56 | 17 | 37 | 50 | 968 | | Per cent not stated | 9.6 | 15.7 | 5.1 | 7.6 | 16.5 | 13.5 | 10.5 | 14.8 | 10.7 | | Total clients | 2 619 | 2 632 | 1 898 | 1 061 | 342 | 127 | 351 | 338 | 9 075 | |  |  |  |  |  |  |  |  |  |  | | | | |
| Coherence | | | Results have been produced using the same estimation methods since the commencement of the SHSC in 2011-12. | |
| Accessibility | | | See General SHSC DQI. | |
| Interpretability | | | See General SHSC DQI. | |
| Data Gaps/Issues Analysis | | | |  |
| Key data gaps /issues | | | See General SHSC DQI. | |
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### Achievement of income on exit

Data quality information for this data collection has been drafted by the AIHW.

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| Indicator definition and description | | |
| Element | | Outcomes |
| Indicator | | ‘Achievement of income on exit’ is an indicator of governments’ objective to enable clients to participate independently in the community at the end of their support period. |
| Measure (computation) | | ‘Achievement of income on exit’ is reported for all SHS clients aged 15 and over with closed support and an assessed need for income assistance. It is also reported separately for Aboriginal and Torres Strait Islander clients with the same characteristics.  Definition: Of people with a need for income assistance at the start of support, the proportion who had an income source at end of support  Numerator: the number of clients, with closed support periods only, with an identified need for income assistance and who exited homelessness services with an income source.  Denominator: the number of clients, with closed support periods only, with an identified need for income assistance.  Computation: Presented as a *proportion*. |
| Data source/s | | AIHW — SHSC. |
| Data Quality Framework Dimensions | | |
| Institutional environment | | See General SHSC DQI. |
| Relevance | | This indicator compares the income status of SHS clients with closed support and an assessed need for income assistance, between the start and end of support within the financial year. It thus describes short-term outcomes for a sub-group of SHS clients. The proportion of clients that are in-scope for this indicator may vary across financial years and jurisdictions. In particular, this indicator does not describe longer-term income outcomes e.g. achieved after referral to other services or after clients met eligibility criteria for government payments. |
| Timeliness | | See General SHSC DQI. |
| Accuracy | | Clients with an unknown source of income at the start and/or end of support were excluded from the performance indicator. In 2014-15, 1078 clients with an unknown source of income at the start and/or end of support were excluded from the performance indicator, representing just over 8 per cent of in-scope clients across Australia. The rate of unknown labour force status varied across jurisdictions. |
|  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Proportion of clients aged 15 or older with a closed support period and an assessed need for income assistance, for whom source of income was not stated either at the start or end of support | | | | | | | | | | |  | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Aust | | Number of in-scope clients with source of income not stated at either the start or end of support | 241 | 513 | 124 | 83 | 93 | 15 | 26 | 29 | 1 078 | | Per cent not stated | 7.3 | 13.8 | 3.6 | 6.3 | 15.6 | 5.3 | 7.6 | 5.6 | 8.3 | | Total clients | 3 301 | 3 707 | 3 431 | 1 311 | 597 | 286 | 348 | 512 | 13 004 | |  |  |  |  |  |  |  |  |  |  | | |

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| --- | --- | --- |
| Coherence | Results have been produced using the same estimation methods since the commencement of the SHSC in 2011-12. | |
| Accessibility | See General SHSC DQI. | |
| Interpretability | See General SHSC DQI. | |
| Data Gaps/Issues Analysis | |  |
| Key data gaps /issues | See General SHSC DQI. | |
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### Achievement of independent housing on exit

Data quality information for this data collection has been drafted by the AIHW.

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| --- | --- | --- |
| Indicator definition and description | | |
| Element | | Outcomes |
| Indicator | | ‘Achievement of independent housing’ is an indicator of governments’ objective to enable clients to participate as productive and self–reliant members of society at the end of their support period. |
| Measure (computation) | | Achievement of ‘independent housing on exit’ is defined by three measures. These measures are reported for all SHS clients and separately for Aboriginal and Torres Strait Islander clients.  Measure 1  Definition: Of people with an identified need for assistance to obtain or maintain independent housing at the start of support, the proportion who had achieved independent housing by the end of support.  Numerator: the number of clients, with closed support periods only, with an identified need for assistance to obtain ‘long term housing’, or ‘sustain tenancy or prevent tenancy failure or eviction’, or ‘prevent foreclosures or for mortgage arrears’, and had achieved independent housing by the end of support.  Denominator: the number of clients, with closed support periods only, with an identified need for assistance to obtain ‘long term housing’, or ‘sustain tenancy or prevent tenancy failure or eviction’, or ‘prevent foreclosures or for mortgage arrears’.  Computation: Presented as a *proportion*.  Measure 2  Definition: Of people who were living in non-independent/supported housing at the start of support, the proportion who had achieved independent housing by the end of support.  Numerator: the number of clients with closed support periods only who at presentation were living in non–independent housing and achieved independent housing by the end of support.  Denominator: the number of clients, with closed support periods only, who at presentation were living in non–independent/supported housing.  Computation: Presented as a *proportion*  Measure 3  Definition: Of people with an identified need for assistance with obtaining or maintaining independent/non–supported housing and who had achieved independent/non–supported housing by the end of support, the proportion that did not present again during the financial year with an identified need for housing assistance.  Numerator: the number of clients with closed support periods only, with an identified need for assistance to obtain ‘long term housing’, or ‘sustain tenancy or prevent tenancy failure or eviction’ or ‘prevent foreclosures or for mortgage arrears’, who achieved independent housing at the end of support, and who did not present again during the reference year with an identified need for short–term, medium–term, or long–term housing; assistance to sustain tenancy or prevent tenancy failure or eviction; or assistance to prevent foreclosures or for mortgage arrears.  Denominator: the number of clients with closed support periods only, with an identified need for assistance with obtaining or maintaining independent/non–supported housing, and who had achieved independent/non–supported housing at the end of support.  Computation: Presented as a *proportion\* |
| Data source/s | | AIHW — SHSC. |
| Data Quality Framework Dimensions | | |
| Institutional environment | | See General SHSC DQI. |
| Relevance | | The three measures indicate the achievement of independent housing during the financial year for clients with specific characteristics. It does not describe the achievement of independent housing for broader SHS clients, or longer-term outcomes e.g. where independent housing is achieved after referral to other services.  The proportion of SHS clients that are in-scope for this indicator may vary across financial years and jurisdictions.  Independent housing is defined in a manner that is consistent with the definition of homelessness within the SHSC and the Australian Bureau of Statistics’ statistical definition of homelessness. Results are presented for a number of housing tenure types |
| Timeliness | | See General SHSC DQI. |
| Accuracy | | Due to missing data, some clients were excluded from the three measures. The rate of excluded clients is relatively high for some jurisdictions, as these measures require a range of data to be available including dwelling type, housing tenure and conditions of occupancy.  Rates of missing data for 2014–15 are outlined below.  The first table presents missing data for measures one and three.  The second table presents missing data for measure two. The totals are slightly higher than in Table 18A.28, as the second table below includes clients with a not stated first reported housing type. |
|  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Clients with a closed support period and an assessed need for housing assistance, for whom independent housing status at the end of support was not stated | | | | | | | | | | |  | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Aust | | Number of clients whose housing status at the end of support was not stated | 2 440 | 4 755 | 1 815 | 489 | 867 | 521 | 464 | 172 | 11 145 | | Per cent not stated | 12.4 | 11.4 | 8.1 | 7.9 | 28.2 | 12.4 | 18.3 | 10.6 | 11.2 | | Total clients | 19 620 | 41 728 | 22 477 | 6 181 | 3 077 | 4 189 | 2 533 | 1 628 | 99 448 | |  |  |  |  |  |  |  |  |  |  | | |
|  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Clients with a closed support period, an assessed need for housing assistance, and who were living in non-independent/supported housing at the start of support, for whom independent housing status at the end of support was not stated | | | | | | | | | | |  | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Aust | | Number of clients whose housing status at the end of support was not stated | 1 003 | 1 830 | 795 | 211 | 198 | 276 | 232 | 54 | 4 366 | | Per cent not stated | 10.5 | 10.2 | 7.5 | 6.7 | 14.2 | 14.1 | 17.1 | 10.1 | 9.6 | | Total clients | 9 545 | 18 028 | 10 654 | 3 130 | 1 395 | 1 954 | 1 355 | 534 | 45 346 | |  |  |  |  |  |  |  |  |  |  | | |

|  |  |  |
| --- | --- | --- |
| Coherence | The basis on which the third measure is enumerated has changed since the 2015 Report to better represent in-scope clients who re-presented during the financial year. Data for 2013-14, 2012-13 and 2011-12 have been revised to reflect this change. | |
| Accessibility | See General SHSC DQI. | |
| Interpretability | See General SHSC DQI. | |
| Data Gaps/Issues Analysis | |  |
| Key data gaps /issues | See General SHSC DQI. | |
|  | | |

### Goals achieved on exit from service

Data quality information for this data collection has been drafted by the AIHW.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Indicator definition and description | | | | |
| Element | | Outcomes | | |
| Indicator | | ‘Goals achieved on exit’ is an indicator of governments’ objective to ensure homelessness services meet the needs and expectations of clients. | | |
| Measure (computation) | | Definition: Of the proportion of closed support periods with an individual case management plan, the proportion who by the end of support achieved:  All their goals  Half or more of their goals  Up to half their goals  None of their goals  Numerator: the number of closed support periods only, with a case management plan, where by the end of support achieved:  All their goals  Half or more of their goals  Up to half their goals  None of their goals.  Denominator: the number closed support periods only, with a case management plan.  Computation: Presented as a *proportion*, for those achieving:  All their goals  Half or more of their goals  Up to half their goals  None of their goals. | | |
| Data source/s | | AIHW — SHSC | | |
| Data Quality Framework Dimensions | | | | |
| Institutional environment | | See General SHSC DQI. | | |
| Relevance | | This indicator only relates to closed support periods with an individual case management plan. The proportion of support periods with an individual case management plan may vary across financial years and jurisdictions. Some clients with a case management plan have multiple support periods. | | |
| Timeliness | | See General SHSC DQI. | | |
| Accuracy | | The nature of case management goals are not recorded in the SHSC. No information is currently available to determine whether the underlying goals are comparable nationally, nor the extent to which the achievement of these goals is consistently recorded by agency workers.  Nationally, in 2014-15, there were 13 closed support periods with a missing case management plan indicator.  In the SHSC, there are some support periods where a case management plan is recorded in answer to the question ‘was there a case management plan for the client’ (question 5 in the ongoing client form), but ‘no case management plan’ is recorded in relation to question 7 ‘to what extent were the client’s case management plan goals achieved’. In 2014-15, 7,834 closed support periods fell into this category nationally. These support periods represented a small proportion of closed support periods with a recorded case management plan in question 5 in all jurisdictions except South Australia. The South Australian Department for Communities and Social Inclusion has advised that these closed support periods did not have a case management plan in place. These support periods were thus excluded from the number of closed support periods with case management plans in South Australia in 2014‑15, 2013-14, 2012-13 and 2011-12.  All proportions for all jurisdictions in Table 18A.33 exclude closed support periods with the inconsistency between questions 5 and 7, in both the numerator and the denominator. | | |
|  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Proportion of closed support periods with an unknown case management plan | | | | | | | | | | |  | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Aust | | Number of support periods with a case management plan recorded in question 5 and no case management plan recorded in question 7 | 98 | 574 | 21 | 34 | 7 104 | 1 | 0 | 2 | 7 834 | | Per cent of support periods with a case management plan recorded in question 5 | 0.4 | 1.2 | 0.1 | 0.4 | 44.6 | 0.0 | 0.0 | 0.1 | 5.38 | | Total support periods with a recorded case management plan in question 5 | 23 620 | 49 802 | 35 641 | 9 562 | 15 917 | 4 124 | 2 736 | 4 211 | 145 614 | |  |  |  |  |  |  |  |  |  |  | | | | |
| Coherence | | | The basis on which this indicator is enumerated has changed from the 2014 Report. Data for 2012–13 and 2011–12 was revised in the 2014 report to reflect this change. Previously this indicator was calculated on a client basis. As a result, clients with multiple support periods may have been recorded as having ‘up to half’ or ‘half or more goals achieved’, despite having achieved no goals in one support period. To ensure accuracy of the measure, the calculation was revised for 2013-14 and is now based on support periods. Data from previous reference periods was revised to maintain comparability over time.  Support periods with an inconsistency between the responses to questions 5 (was there a case management plan for the client) and 7 (to what extent were the client’s case management plan goals achieved) of the ongoing client form were excluded from the South Australian figures for the total support periods with case management plans in the 2016 Report. Data from 2011-12 to 2013-14 have been revised and made consistent with 2014-15 data. | |
| Accessibility | | | See General SHSC DQI. | |
| Interpretability | | | See General SHSC DQI. | |
| Data Gaps/Issues Analysis | | | |  |
| Key data gaps /issues | | | See General SHSC DQI. | |
|  | | | | |