



## Specialist Homelessness Services Collection e-Newsletter for homelessness agencies

1 July 2026



### Data cut-off date for 2025-26 annual report

The cut-off date for agencies to load extracts for inclusion in the annual report on Specialist Homelessness Services (SHS) is **Monday 3 August 2026**. To continue the high submission rates achieved in previous reports, please ensure all extracts for the period July 2025 to June 2026 are uploaded and submitted to Validata™ by this deadline.



### Validata™ is ready to receive June 2026 extracts

If your May 2026 extract has been submitted to Validata™, you can now upload and submit your June 2026 extract. Please remember to submit your extract after it has been validated and contains zero critical errors.

To submit your extract, click on the blue circle icon in the 'Details' column.



This will open a window with validation details. Finally, click on the blue 'Submit' button at the bottom right-hand corner of this window.



### 9-month SHS Statistical Summary reports

The 9-month snapshot for 2025-26 has been successfully taken. The national submission rates were 100% for July 2025 – December 2025, 99.9% for January-February 2026 and 99.7% for March 2026. Thank you everyone for another great result!

You can now access the 9-month Statistical Summary reports in Validata™ by logging in and selecting the 'Reports' tab. The Validata™ Manual provides information about the 'Reports' tab on pages 59-64 and can be accessed [here](#).



### Client privacy and confidentiality

As part of the de-identified SHS data collected by the AIHW, the collection includes a Statistical Linkage Key (SLK). The SLK is used to minimise double counting of individuals, while preventing their identification.

The SLK can also support data linkage across datasets, enabling a better understanding of client experiences, population groups, and service usage patterns.



The SLK is generated using alpha code components (the second and third letters of an individual's first name, and the second, third and fifth letters of their family name), combined with their sex and date of birth. This means that, in most cases, each person will have a unique SLK.

Further information relating to client privacy and confidentiality can be found in the [SHS Collection Manual on pages 16-19](#).



## SHS webinar training

Register for a webinar now by selecting the registration links in the table below. Webinar invitations will be sent **after** the 'Register by' date.

Training type	Webinar date	Register by	What is covered?	Who should attend?
<b>Basic</b> Register <a href="#">here</a>	<b>21 July</b> <b>2:00 to 4:00pm</b> <b>AEST</b>	13 July	Opening a client support period, SHSC concepts and definitions	Staff new to agency, staff requiring refresher training
	<b>25 August</b> <b>2:00 to 4:00pm</b> <b>AEST</b>	17 August		
<b>Advanced</b> Register <a href="#">here</a>	<b>22 July</b> <b>2:00 to 4:00pm</b> <b>AEST</b>	13 July	SHIP reports	Managers or anyone responsible for SHS reporting
	<b>26 August</b> <b>2:00 to 4:00pm</b> <b>AEST</b>	17 August	Data quality and fixing errors	Managers or coordinators with basic SHIP experience
<b>Validata™ Webinar</b> Register <a href="#">here</a>	<b>15 September</b> <b>2:00 to 3:00pm</b> <b>AEST</b>	7 September	Validata™ introduction: extract upload and submission, reporting, and user account administration	All Validata™ users

## Links to training resources and reports



- SHS concepts and basic data entry e-Learning modules can be found [here](#).
- Additional e-Learning modules and resources can be found on the [AIHW website](#).
- SHS Annual Report can be found [here](#).
- Fact sheets and Infographics for your state or territory can be found [here](#).



## Excerpt from [Specialist Homelessness Services feature analysis](#):

### [People who received specialist homelessness services and alcohol and other drug treatment services who have died.](#)

*The AIHW respectfully acknowledges the people who have died who are described in this article.*

People experiencing housing insecurity (including homelessness) and those receiving alcohol and other drug treatment services (AODTS) in Australia are particularly vulnerable to preventable disease and premature death (AIHW 2025a, 2025b, 2025c, 2025d; Flatau et al. 2021).

The characteristics of people who received both specialist homelessness services (SHS) and AOD treatment services and died throughout the study period 2012–13 to 2022–23 in Australia are detailed in this article.

Understanding the patterns, trends and causes of deaths among this group may highlight differences in health outcomes and inform prevention services, and improvements to policy and service design.

### **Potentially avoidable deaths**

#### **Time since last support**

As time since last support increased, the proportion of potentially avoidable deaths among SHS and AODTS clients varied ([Supplementary Table 3.8](#)). Throughout 2018–19 to 2022–23, among SHS and AODTS clients who died:

- over 2 in 3 (69% or 900) deaths among those who received ongoing support were potentially avoidable
- over 2 in 3 (69% or 1,100) deaths among those who received support between 1–6 months prior to death were potentially avoidable
- 2 in 3 (66% or 690) deaths among those who received support between 6–12 months prior to death were potentially avoidable
- 3 in 5 (58% or 1,300) deaths among those who received support more than 2 years prior to death were potentially avoidable.

Throughout 2018–19 to 2022–23, the proportion of potentially avoidable deaths was higher among males than females who died while receiving ongoing SHS and specialist AOD treatment services (70% of males compared with 68% of females), within 1–6 months prior to death (71% of males compared with 66% of females) and more than 2 years prior to death (60% of males and 54% of females) ([Supplementary Table 3.8](#)).

Throughout 2018–19 to 2022–23, SHS and AODTS clients who died while receiving ongoing support had a higher proportion of potentially avoidable deaths (69% or 900) compared with SHS-only clients (61% or 475) and AODTS-only clients (61% or 510) receiving ongoing support. This pattern was similar among male and females ([Supplementary Table 3.8](#)).

