

# **Data quality of Aboriginal and Torres Strait Islander identification**

**Seven community services data collections**

**November 2004**

Australian Institute of Health and Welfare  
Canberra

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# Abbreviations

ACAT	Aged Care Assessment Team
ACCMIS	Aged and Community Care Management Information System
AODTS	Alcohol and Other Drug Treatment Services
ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
ATSIHWIU	Aboriginal and Torres Strait Islander Health and Welfare Information Unit
CSDA	Commonwealth/State Disability Agreement
CACP	Community Aged Care Packages
CDSMC	Community and Disability Services' Ministers Conference
CSMAC	Community Services Ministers' Advisory Council
HACC	Home and Community Care
IGCD	Intergovernmental Committee on Drugs
MDS	Minimum Data Set
NCP	National Child Protection
NCSDD	<i>National Community Services Data Dictionary</i>
NCSIMG	National Community Services Information Management Group
NDCA	National Data Collection Agency
NDARC	National Drug and Alcohol Research Centre
NMDS	National Minimum Data Set
PADV	Partnership Against Domestic Violence
RACS	Residential Aged Care Services
SAAP	Supported Accommodation Assistance Program
SPARC	System for the Payment of Aged Residential Care

# Symbols

..	Not applicable
–	Nil or rounded to zero (including null cells)
n.e.s.	Not elsewhere specified

# Summary

This report examines the quality of identification of Aboriginal and Torres Strait Islander clients in seven data collections. The analyses focused firstly on the extent to which Indigenous status was missing or not stated in each data collection and, secondly (where possible) whether improvements in data quality had occurred over time. Thirdly, variations in data quality were explored in relation to particular groups of clients (e.g. age, sex, or service type) and by geographic location.

The seven data collections are:

- Commonwealth/State Disability Agreement Minimum Data Set (MDS) (Chapter 2)
- Three aged care data collections: Residential Aged Care Services Data Collection; Home and Community Care MDS; and Community Aged Care Packages data collection (Chapter 3)
- Supported Accommodation Assistance Program National Data Collection (Chapter 4)
- National Child Protection data collection, incorporating three data collections: children who are the subject of notifications, investigations and substantiations; children on care and protection orders; and children in out of home care (Chapter 5)
- Alcohol and Other Drug Treatment Services National Minimum Data Set (NMDS) (Chapter 6).

## Context

At the outset of this project, it was recognised that the preparedness of clients to identify as Indigenous was likely to be influenced by a range of factors including the type of service, the nature of contact with the service, and the purpose of the service. For some of the services examined in this report, contact with the service is voluntary (i.e. the client is seeking a service, as in the case of a HACC service) while for others it is not (i.e. the service is essentially imposed upon them, as in the case of child protection). For some services there is a degree of urgency (for example the need for secure accommodation in the event of a serious threat of domestic violence) whereas for others the need for assistance may be less urgent (e.g. a request for Meals on Wheels). Some services are 'one-off' events (as in the case of treatment in a hospital casualty room) while others are ongoing (e.g. residential care). In each of these cases, the willingness to provide any information on Indigenous status, the quality of the information provided, and the perceived relevance of the information by both service provider and client will vary to a considerable extent. It is important to recognise in reading this report that these issues may affect Indigenous identification in services such as alcohol and drug treatment services quite differently from services for homeless people, and differently again in aged care or disability services.

The extent to which the Indigenous identifier was missing or not stated varied greatly between the data sets. In 2002, lower rates of missing/not stated Indigenous status were seen in the Commonwealth/State Disability Agreement MDS, the Supported Accommodation Assistance Program National Data Collections, and in the data collection for children on care and protection orders. Comparatively higher rates were observed in the remaining data collections. The rate of missing or not stated Indigenous status was also influenced by a

number of factors not associated with service type. These include the proportion of agencies with a high or low proportion of missing/not stated Indigenous status supplying data to a national data collection and the proportion of services from different geographic areas supplying data to the data collections.

In two data collections, a relationship was found between the proportion of agency clients who were Indigenous and the proportion of missing data. In the Home and Community Care and Alcohol and Other Drugs Treatment Services programs, where an agency had a high proportion of Indigenous clients there were lower proportions of missing data. The relationship was not, however, consistent across all seven data collections. For example, for the data collections from the Commonwealth/State Disability Agreement and Residential Aged Care Services the same type of analysis on the proportion of Indigenous clients by agency did not reveal a clear pattern.

Variations were also observed among the data collections in the analyses of Indigenous identification by age, sex and geographic area, including both state/territory and remoteness measures. There were also differences in patterns across collections over time. However, one consistent pattern was seen in several data collections. Missing/not stated Indigenous records were often associated with the absence of other demographic data. In those instances, efforts to strengthen the collection of basic demographic information are likely to have a positive effect on Indigenous identification rate.

While this report was largely focused on the presence or absence of data on Indigenous status, in three collections it was possible to use data linkage to test the reliability of Indigenous identification. For these data collections, a comparison of different records for the same client was possible using statistical record linkage. The proportion of consistent records (i.e. either consistent and valid, or consistent and missing) was very high – between 96% and 99%. However, analysis of the remaining, inconsistent, records produced different results according to the data set. In two data sets – the Commonwealth/State Disability Agreement and Home and Community Care – most clients with inconsistent records were recorded as non-Indigenous for one or more record(s) and missing/not stated for other record(s). In the third data set – Supported Accommodation Support Services – most clients with inconsistent records were recorded as non-Indigenous for one or more record(s) and Indigenous for the other record(s).

Specific results and findings for each data collection are presented below.

## Key findings

### Commonwealth/State Disability Agreement Minimum Data Set

- The coding categories used in the Indigenous data item in the Commonwealth/State Disability Agreement Minimum Data Set (CSDA MDS) changed between 1997 and 2002. In 2002, the 'not known' option was removed. In 2001 and 2002 the proportion of missing data was generally lower than in previous years, at 5% (Table 2.1b).
- In this collection, a large proportion of the missing data on Indigenous status came from a small number of agency outlets with high 'missing/not stated' rates. Significant gains in data quality could therefore potentially be made by concentrating efforts to reduce missing data on those agencies.
- Services with moderate proportions (10–24%) of clients who identified as Indigenous appear to have the highest proportions of missing/not stated records (Table 2.8).

- Missing/not stated Indigenous records are sometimes part of a broader pattern where other demographic data on clients are also missing. In these cases general efforts to improve the collection of demographic information from clients are likely to increase the Indigenous identification rate.
- The highest proportions of missing/not stated data on Indigenous status were found in regional locations (inner and outer) and major cities (which also involve the largest numbers of clients). Proportions of missing/not stated data were lowest in remote regions of Australia. (Table 2.3).
- Higher rates of missing/not stated data were found for clients who communicate non-verbally other than with sign language, and for clients who use aids to communicate (Tables 2.7a and 2.7b).
- Higher rates of missing/not stated data were found in the records of clients receiving community access and community support services. For these services, data quality may be affected by the sporadic nature of their contact with some clients (Table 2.9).

### **Residential Aged Care Services Data Collection**

- Between 1998–99 and 2001–02 the proportion of permanent admissions with missing/not stated records for Indigenous status has hovered around 8 and 9% (Table 3.1). There was no apparent trend associated with age or sex.
- The highest proportion of missing/not stated responses for Indigenous status was recorded in the Northern Territory (20%) and the lowest in the Australian Capital Territory, Tasmania and Victoria (around 2%). These three jurisdictions had very few residents who were identified as Indigenous (1 person in the Australian Capital Territory, and 2 in each of Tasmania and Victoria).
- Based on the analysis by region, the highest proportion of missing/not stated responses on the Indigenous variable occurred in the category ‘Major cities’ (10%), with lower proportions in regional areas (6%) and quite small proportions in very remote areas (2%) (Table 3.5).

### **Home and Community Care Minimum Data Set**

- There was a reduction in the proportion of missing/not stated responses on Indigenous status over the five quarterly collections examined in this report (14% in July–September 2001 to 12% in July–September 2002) (Table 3.7).
- Some agencies did not report Indigenous status for any of their clients (7%).
- Agencies with small proportions of clients who identified as Indigenous had the highest proportion of records with a missing/not stated response on Indigenous status (14% for those with less than 1% of Indigenous clients) (Table 3.14).
- There are data quality problems for Indigenous reporting among Home and Community Care (HACC) clients of specific age groups. In some cases, when usage rates are calculated (clients per 1,000 persons in that age group), the results obtained are over 1,000 per 1,000 (e.g. for the 65 and over age group) (Tables 3.17 and 3.18). Several possible explanations are being explored by data custodians, with particular attention given to the most likely reason, the over-counting of Indigenous clients due to software coding problems.
- Missing/not stated Indigenous records are sometimes associated with other missing demographic client data. This means that efforts to improve the collection of basic

demographic information from clients are likely to increase the Indigenous identification rate.

- The proportion of missing/not stated Indigenous identification data was much higher in some jurisdictions (21–23%) than the national average. This suggests Indigenous identification could be significantly improved overall by focusing efforts on those states and territories where the missing/not stated rate is high, and where no or little gains in the identification rate have been achieved in recent years (Table 3.10 and 3.11).
- Given that rates of Indigenous identifications vary with service type, efforts to increase the rate of identification of Indigenous clients who receive delivered home meals, centre nursing, home nursing and social support would have a significant impact on the identification rates for the HACC program overall (Table 3.15).

#### **Community Aged Care Packages data collection**

- The rate of missing/not stated Indigenous status was very low. However, this was at least partly due to imputation carried out at the state and territory level: recipients with missing/not stated Indigenous status, unless clearly receiving services from a predominantly Aboriginal and Torres Strait Islander service, are assumed to be non-Indigenous (Table 3.19). It is recommended that this practice cease.

#### **Supported Accommodation Assistance Program National Data Collection**

- Non-participation in the national data collection of some SAAP-funded agencies presents a potentially bigger problem in fully enumerating the Indigenous population within SAAP than missing/not stated data. The SAAP National Data Collection Agency and the SAAP Information Sub-committee are currently looking at strategies to increase and encourage participation.
- In 2001–02 the missing/not stated rate increased from 1.4 to 2.2% (Table 4.1a). This was probably attributable to the introduction of new agencies to the SAAP National Data Collection. It often takes an agency some time to develop appropriate procedures to collect data from clients who are victims of domestic violence, have substance abuse issues or are desperate to find accommodation.
- The 2.2% of missing/not stated responses to the Indigenous question on the SAAP client collection form includes some ‘non-consents’. For those records, strategies to improve the consent rate will also assist in an improvement in the identification rate of Aboriginal and Torres Strait Islander clients (Table 4.1a).
- Continued refinement of the SAAP data training program and research into participation and consent rate changes in the regions where training has been conducted will continue to inform strategies to improve data quality.

#### **National Child Protection Data Collection**

- This report presents the first National Child Protection data on the number of children and young people with not known/ missing/or not stated Indigenous status, collected in 2001–02.
- Variations across jurisdictions in the quality of the data on Indigenous status are due mainly to differences in practices used to identify and record Indigenous status. For example, although the Indigenous status field is mandatory in all jurisdictions, there is a ‘not known’ option when entering the information onto the data system in six out of eight states and territories. To reduce variations across jurisdictions it is recommended

that child protection workers be encouraged to ask the standard Australian Bureau of Statistics (ABS) question of clients about Indigenous status. For this to be done effectively, staff would need to be supported and trained appropriately.

- A relatively low rate of not known/missing/not stated Indigenous status was found in the national data collection for children on care and protection orders (Table 5.2).
- This report recommends that Indigenous status should not be reported at the notification stage of a child protection matter. The quality of these data is questionable, as many notifications are from third parties who do not know the child or family well (Table 5.1).
- The report also recommends that Indigenous status be reviewed by case workers at the substantiation stage of a child protection matter. One way to do this is to use pop-up screens on the computerised records to automatically prompt staff to check the accuracy of the Indigenous status.

### **Alcohol and Other Drug Treatment Services National Minimum Data Set**

- This report presents data from the first Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS), collected in 2000-01. As these data will now be collected annually, time series data will be available in future years. It is recommended that, when available, the rate of missing/not stated records in the 2001-02 data set be examined and compared with this report's data, to ascertain whether the rate has decreased.
- Some agencies have higher rates of missing/not stated Indigenous status than others. Follow-up work is being undertaken to alert those agencies so that they can then explore ways to increase the level of Indigenous identification of their clients.
- Missing/not stated Indigenous records are sometimes part of a broader pattern where other demographic data on clients are also missing. In these cases general efforts to improve the collection of demographic information from clients are likely to increase the Indigenous identification rate.
- Within agencies providing alcohol and other drug treatment services, the higher the proportion of clients who were reported as Indigenous, the lower the proportion with a missing/not stated Indigenous status (Table 6.7).

