

Targeted Earlier Intervention Program

2020-2021 Hunter and Central Coast
Districts Annual Report





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Executive Summary

This is the first Targeted Earlier Intervention Program 2020-2021 Hunter and Central Coast Districts Annual Report. It accompanies the recently released, first state-wide Targeted Earlier Intervention Program 2020-2021 NSW Annual Report.

The Targeted Earlier Intervention (TEI) Program commenced 1 July 2020 and is funded by the NSW Department of Communities and Justice (DCJ). The Program's objective is to deliver flexible support to ensure children, young people, families and communities thrive. Importantly, it seeks to prevent any child abuse and neglect risks or vulnerabilities from escalating.

This report presents quantitative data reported by the TEI Program's service providers from 1 July 2020 to 30 June 2021. Due primarily to the impacts of COVID, data collection was only mandatory for the six months from 1 January 2021 to 30 June 2021 and any conclusions drawn from this report and the data should be very mindful of this limitation.

The report provides insights into the potential for TEI data collection in Hunter and Central Coast districts (HCC). It includes key information about service delivery and client cohorts and preliminary information about client and community outcomes.

The report also identifies key data quality issues in HCC TEI reporting. Service providers in the district and across NSW will be supported to address these to ensure TEI Program data is high-quality, consistent, comparable and complete. As the TEI Program matures, and the data correctly reflects what is occurring in and as a result of the program, it will be a powerful tool for planning, decision making, advocacy and evaluation for TEI services in HCC and the TEI Program as a whole.

Key findings

Service delivery

- In 2020-21, TEI services in HCC were delivered by 74 service providers in 159 locations.
- Services were delivered to a total of 12,721 individual clients¹ and 77,131 unidentified group clients.
- The majority of individual clients (8,222) received services in the Wellbeing and Safety stream. 4,651 clients received services in the Community Strengthening stream.

¹ Individual clients are those for whom identifying information was recorded by a service provider. This information can only be collected with the consent of the client. All other clients ('unidentified group clients') are unidentified when entered into the Data Exchange. These clients may have attended a community event, or attended a drop in centre where identifying information is not collected. For these events or services, the total number of clients attending the event or dropping in over the course of a day/set period is collected.

- The most common program activity overall was Targeted Support within the Wellbeing and Safety stream (7,776 clients).
- Within the Community Strengthening stream, the most common program activity was Community Centres (2,937 clients).

Client demographics for individual clients

- 45% of individual clients (5,744 clients) recorded in HCC were under 25 years old. Most of these young people were in the 12-16 year old age group (1,824), followed by the 0-5 year old age group (1,691).
- 2,422 (19%) clients identified as being Aboriginal and/or Torres Strait Islander.
- 2,423 (19%) clients identified as living with a disability, impairment or condition.
- 576 (4.5%) clients were culturally and linguistically diverse. Other than Australia, the three most common countries of birth recorded for individual clients in HCC were England (114 clients; 0.9%), Italy (98 clients; 0.8%) and New Zealand (90 clients; 0.7%). Other than English, the three most common languages recorded as being spoken at home were Italian (75 clients; 0.6%), Russian (66 clients; 0.5%) and Spanish (61 clients; 0.5%).
- 582 clients (4.6%) reported they were homeless and a further 587 clients (4.6%) reported they were at risk of homelessness.
- Clients most commonly accessed TEI services for issues relating to family functioning and mental health, wellbeing and self-care.

Referral pathways for individual clients

- The main referral source for clients to TEI services in HCC was self-referrals (1,963 referrals). This was followed by internal referrals (1,217 referrals) - where a client was already engaged with a particular service provider who then recommended they participate in another activity delivered within the same organisation.
- HCC TEI service providers made 1,522 referrals on behalf of clients to other services or programs. 57% of these were external referrals (referrals to different organisations) and 43% were internal referrals (referrals to another activity within the same organisation). External referrals were most commonly made for mental health, wellbeing and self-care reasons. Internal referrals were most commonly made for material wellbeing and basic necessities.

Individual client and community outcomes

- Client outcomes² were only recorded for 9.1% (1,159) of individual clients in HCC. The data that was recorded reflects positive impacts for clients.
- Community level outcome³ findings also seem to indicate TEI services in HCC are producing positive changes.

² Client outcomes refers to individual clients with a Goal and/or Circumstances SCORE. Satisfaction SCORE is not counted towards the 9.1%.

³ Community outcomes are collective outcomes for groups of clients.



TEI services and findings for Aboriginal and/or Torres Strait Islander children, families and communities

- 1,717 individual Aboriginal and/or Torres Strait Islander clients engaged with services in the Wellbeing and Safety stream and 740 in the Community Strengthening stream. Of the Aboriginal and Torres Strait Islander clients engaged with services in the Wellbeing and Safety stream, most clients received Targeted Support services (1,627 clients) and 214 clients received Intensive or Specialist Support services.
- Of the 36 Aboriginal TEI service providers across NSW who recorded data in 2020-21, six were in HCC. 12% (291) of Aboriginal and/or Torres Strait Islander clients received a service from an Aboriginal service provider.
- The most common identified Indigenous service type received by Aboriginal and/or Torres Strait Islander clients were Indigenous social participation in the Community Strengthening stream (22 clients) and Indigenous social participation in the Wellbeing and Safety stream (20 clients).
- Outcomes were recorded for 7% (169) of Aboriginal and/or Torres Strait Islander individual clients.

Data quality

Data quality issues were identified in TEI Program reporting across the state, including in HCC, which limits the conclusions that be drawn from the data.

Identified data quality issues in HCC include:

- Targets for recording Circumstances and/or Goals SCOREs not met⁴.
- Missing information:
 - There is a high proportion of clients for whom the demographic information of Aboriginal and Torres Strait Islander status, disability, homelessness and household composition is not known, when compared to TEI Program reporting goals⁵.
 - TEI program referral source is not known for 52% of HCC individual clients.
 - The reason 52% of individual clients sought assistance is not known.
- 27% of individual clients in HCC have a low-quality SLK.

Next steps – supporting TEI providers to capture and record high-quality quantitative data

DCJ is committed to continuing to support TEI service providers address data quality issues and reporting requirements so that high-quality data is available for service providers and DCJ to utilise. This includes working with services to understand key issues impacting the recording of accurate, timely data, and supporting services to access resources available to address specific issues.

⁴ See the [TEI Data Collection and Reporting Guide](#) for requirements.

⁵ See the [Using data in the TEI program](#) guide for TEI program goals for recording demographic information.



1 Purpose

The HCC TEI report (the report) is one of seven district level reports developed to accompany the recently released, state-wide Targeted Earlier Intervention Program 2020-2021 NSW Annual Report.

The DCJ TEI Program commenced on 1 July 2020. Its objective is to deliver flexible support to ensure children, young people, families and communities thrive. Importantly, it seeks to prevent any child abuse and neglect risks or vulnerabilities children, young people, families and communities are experiencing from escalating.

The TEI Program is comprised of two streams of support and five program activities. These are illustrated in Figure 30 of Appendix 1. Within each program activity are service types – the activities delivered to children, young people, families and communities. See the [TEI Program Specifications](#) for further details about the TEI Program including descriptions of service types.

The report presents select quantitative data reported by the TEI Program's service providers in HCC from 1 July 2020 to 30 June 2021. Due primarily to the impacts of COVID, data collection was only mandatory for the six months from 1 January 2021 to 30 June 2021, so any conclusions drawn from this report and the data should be in the context of this, and other limitations noted in this report.

2 Data Collection Method

In the TEI program, service providers report their data in the [Data Exchange](#). The Data Exchange is a web-based platform hosted by the Department of Social Services (DSS).


All TEI service providers are required to report their data in accordance with the [Data Exchange Protocols](#) and the [TEI Data Collection and Reporting Guide](#).

On 25 August 2021, de-identified, unit record level data (i.e. anonymous information for individual people) for the period 1 July 2020 to 30 June 2021 was sent from DSS to DCJ.

FACS Insights, Analysis and Research (FACSIAR), a Directorate within DCJ, analysed the HCC unit record level data presented in this report.

2.1 Important considerations and limitations

The data featured in this report does not present a complete picture of the service delivery that occurred in HCC in 2020/2021 and the client outcomes that were achieved during that period.



There are significant gaps in the data. Not all organisations were reporting their data in the Data Exchange after reporting became mandatory, and there are issues with the quality of the data which was reported overall.

To develop this report DCJ used ‘aged’, or snapshot, data extracted from the Data Exchange on 25 August 2021. Caution should be exercised when comparing figures in this report to the online Data Exchange reports which are a live environment where the data is updated continuously. In the live Data Exchange reports, even after a reporting period has closed, numbers change as client records and cases are updated or as service providers obtain approval to correct and/or upload data for closed reporting periods.

3 Future state: What complete data will be able to tell us about TEI services

The goal for the TEI Program is to have high-quality data that is consistent, comparable and complete.

The first state-wide TEI Program annual report and its accompanying district reports identified a number of data quality issues (data quality issues for HCC are outlined in section 4.4 of this report). Data quality issues are to be expected in the first year of reporting for the TEI Program.

When data correctly represents what is occurring in the TEI Program streams, program activities and service types, it will be a powerful tool for planning, decision making, advocacy and evaluation - both within districts, and for the program overall.

Reporting high-quality data will enable DCJ and service providers to gain valuable insights into service delivery models and to better understand what works and what needs to be improved to achieve better outcomes for clients.

Box 1 below highlights opportunities for analysis when high quality data is available.

Box 1 Future opportunities for analysis dependent upon more complete data

Future opportunities for analysis dependent upon more complete data

Data category	Key information	Opportunities for analysis
Age	What support do different age groups receive	These data will illustrate the differential benefits of supports provided to children, parents and grandparents/carers by a service. It also allows the program to identify the targeted age groups and their journey through the TEI program.
Location and remoteness	All individual clients recorded	These data will help determine whether locational differences are based on differences in population size, or are indicative of clients' accessibility of the service. They also help understand demand for particular services by location.
Referrals	Benefits of referring clients to appropriate services	<p>These data will help inform the business on clients' requirements of the program. These can be used to ensure that the appropriate services better suited to needs and requirements are available to TEI clients. The data also help determine clients' referral pathways and whether they are supported to navigate through the most suitable services according to their needs.</p> <p>Importantly, these data inform our understanding of the critical relationships between services, throughout the services system, in order to better ensure these are easier to navigate and don't involve barriers to access.</p> <p>Complete data and high-quality SLKs are critical if this is to happen effectively.</p>
SCORES	Results recorded in unexpected domains	These data will help determine the benefits of a program in terms of the outcomes for clients, and accurate recording of results and pairing of SCORES is vital. Although unexpected results are valid, this can be explored further with service providers if data are complete and accurate.

4 Current State: What the reported data tells us about TEI services in HCC in 2020-21

4.1 Program reach and client cohorts

4.1.1 Service provision

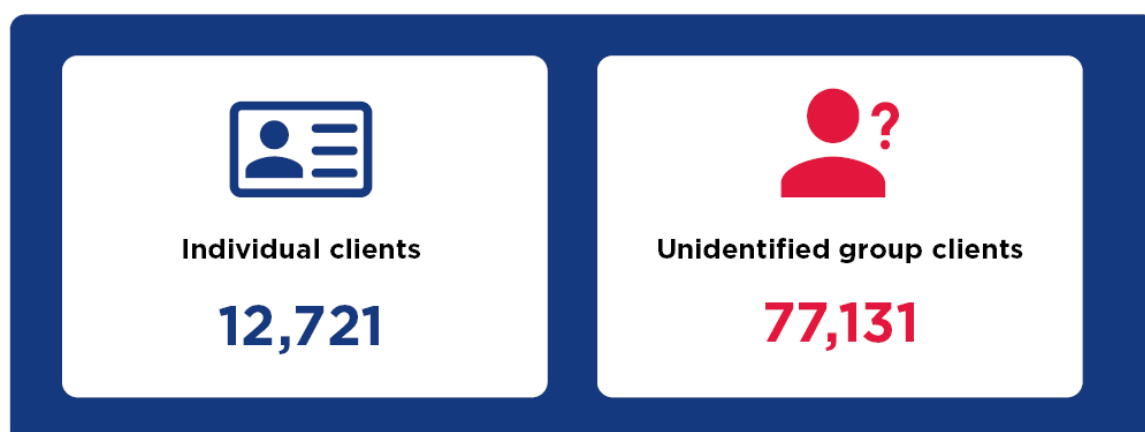
How many TEI service providers are there in HCC?

In 2020-21 there were 74 service providers operating in HCC. They delivered services out of 159 outlets. Outlets are the locations in which TEI services are delivered, or where staff travel from to deliver a service (for example, when conducting home visiting).

How many people do HCC TEI service providers work with?

89,852 clients were recorded as receiving a TEI service in HCC (Figure 1).

Figure 1 Number of TEI clients in HCC in 2020-21



In the TEI Program, there are targets for each program activity for the proportion of clients who should be recorded as individual clients and the proportion recorded as unidentified group clients (see the [Data collection and reporting guide for the Targeted Early Intervention program](#) for details). Unfortunately in the 2020-21 financial year these targets were not met for the program as a whole. Addressing these findings as soon as possible is a major goal for the TEI program.

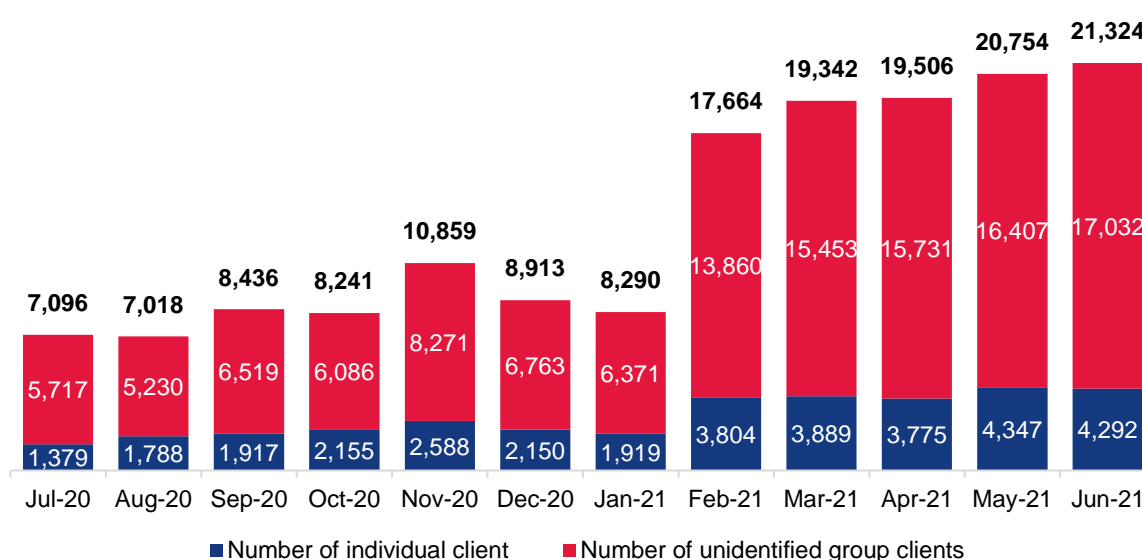
Unidentified group clients should only be reported when it is not practical, possible or appropriate to collect individual client details. Where clients do not consent to having their personal identifying information recorded, it is important that services do not record them as unidentified clients, but rather, untick the consent box recording the person as a de-identified client in the Data Exchange system.

See section 5.4 of the Targeted Earlier Intervention Program 2020-2021 NSW Annual Report for further information about the issue of recording clients as individual clients or unidentified group clients.

Figure 2 illustrates the monthly number of clients who engaged with a TEI service.

The lower number of clients in December 2020 and January 2021 is consistent with anecdotal information provided by service providers that service delivery tends to reduce over the Christmas to New Year period and during the summer school holidays. It is likely COVID-19 impacted on client numbers, particularly fluctuations in unidentified clients as restrictions and client confidence changed.

Figure 2 Number of TEI clients who received a service in HCC per month for 2020-21



Note: The number of individual clients for each month does not add up to the total number of individual clients in the TEI program. This is because an individual client can access TEI services multiple times throughout the year.

What services did TEI clients receive?

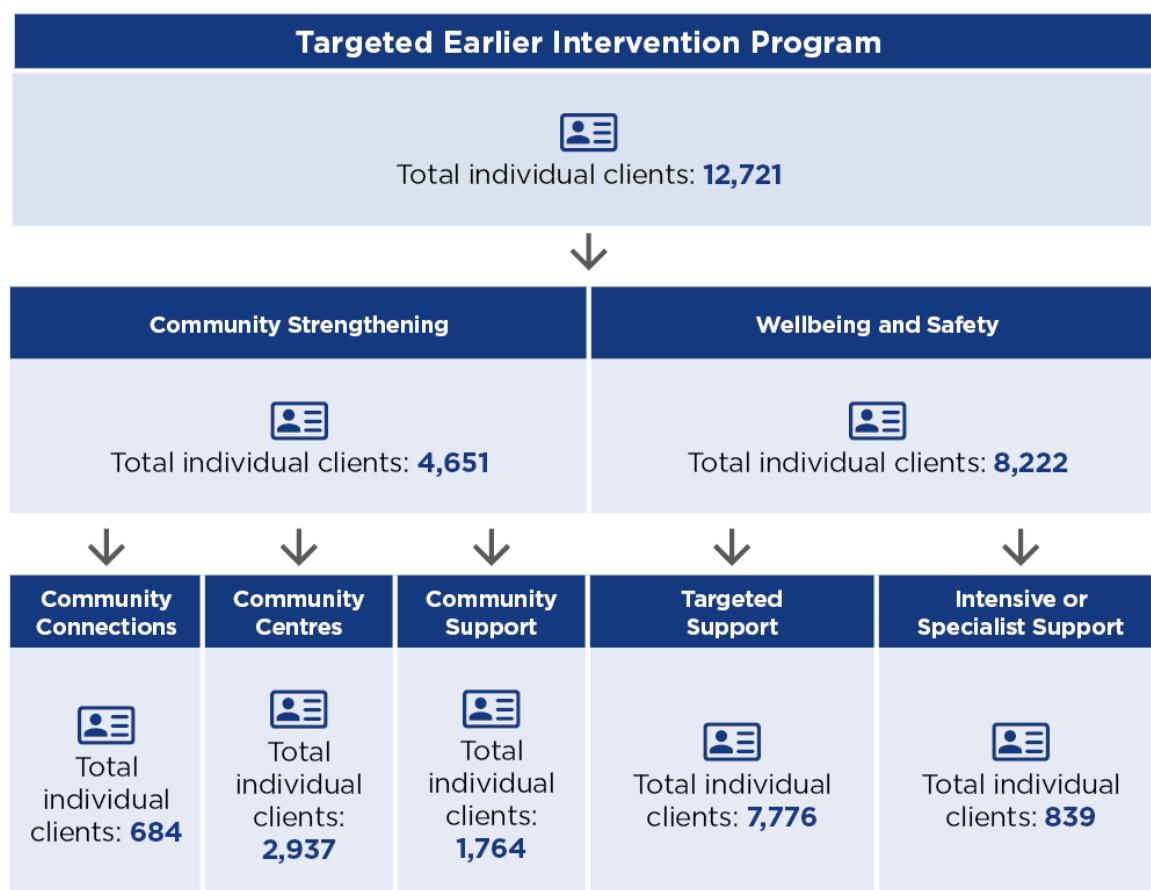
Figure 3 breaks down the services individual clients received in HCC by TEI Program stream and activity.

The majority of individual clients (8,222) received services in the Wellbeing and Safety stream. 4,651 clients received services in the Community Strengthening stream.

The most common program activity overall was Targeted Support within the Wellbeing and Safety stream (7,776 clients).

Within the Community Strengthening stream, the most common program activity was Community Centres (2,937 clients).

Figure 3 Number of TEI individual clients across different service streams and program activities in HCC



Note: The number of individual clients in different program activities, or different service streams should not be added up to get the total number of individual client (12,721) as individual clients can receive more than one services in the TEI program.

4.1.2 Client demographics

Who is accessing TEI services?

This section provides information about the demographic characteristics of individual clients with whom TEI service providers in HCC worked in 2020-21, where this information is recorded.

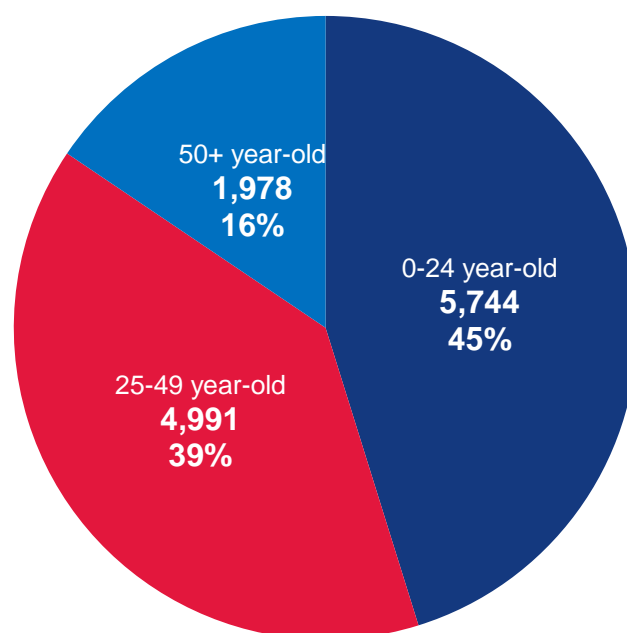
There is a high proportion of clients for whom the demographic information of Aboriginal and Torres Strait Islander status, disability, homelessness and household composition is not known. Any conclusions drawn from this data should be in the context of this limitation. In the TEI Program, there are goals for recording

demographic information. For details of these and how HCC's reported data compared for all demographic characteristics, see Appendix 2.

Age

45% of individual clients (5,744) recorded in HCC were under 25 years old (Figure 4). 39% (4,991) were aged 25-49 years old, while the remaining 16% (1,978) were aged 50 and over.

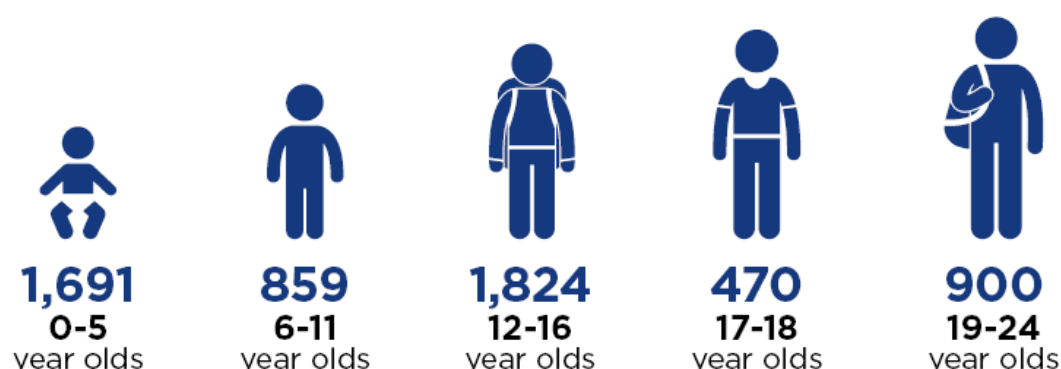
Figure 4 Age of TEI Individual clients in HCC



Note: The total number of TEI individual clients who received TEI services from HCC cannot be calculated by adding up the number of clients in each of the above age groups. Client age is unique across all NSW as the highest age will only be counted once whether or not they have received services from more than one district cluster.

Figure 5 shows a breakdown of individual clients under 25 by age group. The largest group of children and young people recorded was 12-16 year olds (1,824). This was followed by 0-5 year olds (1,691) – a key TEI Program target group

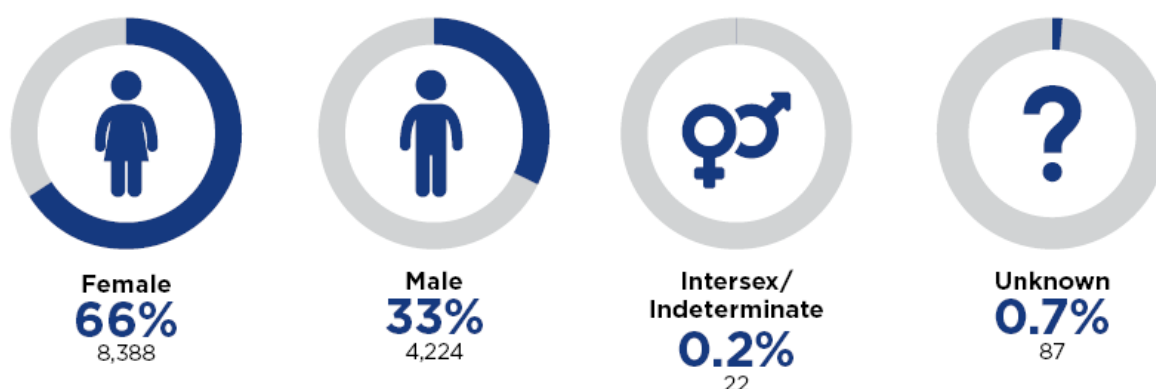
Figure 5 Children and young people in the TEI program in HCC



Gender

The majority of individual clients were female (66%; 8,388 clients). This is consistent with the TEI program across the state as a whole. See Figure 6 for a full breakdown by gender.

Figure 6 Gender of TEI individual clients in HCC



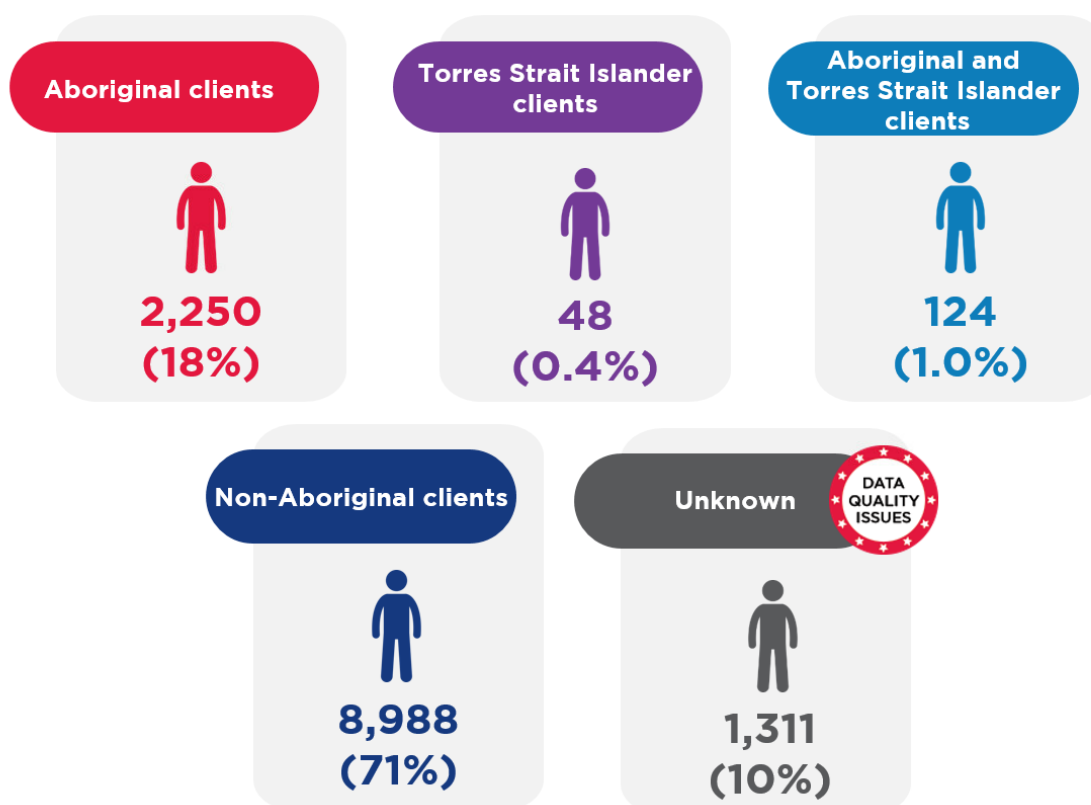
Aboriginal and/or Torres Strait Islander clients

Aboriginal children, young people, families and communities are a key target group of the TEI program.

2,422 individual clients who were recorded as receiving a TEI service in HCC identified as Aboriginal and/or Torres Strait Islander, representing approximately 19% of all individual clients for whom this information was recorded (see Figure 7).

Note that Aboriginal and/or Torres Strait Islander status is not known for 10% of clients (1,311 clients). Ideally, Aboriginal and/or Torres Strait Islander status would be 'unknown' for less than 5% of individual clients, however it is understood and respected that some Aboriginal people will not want to share this information.

Figure 7 TEI individual clients who identify as Aboriginal and/or Torres Strait Islander in HCC



See section 4.3.2 for information about Aboriginal service provision in HCC.

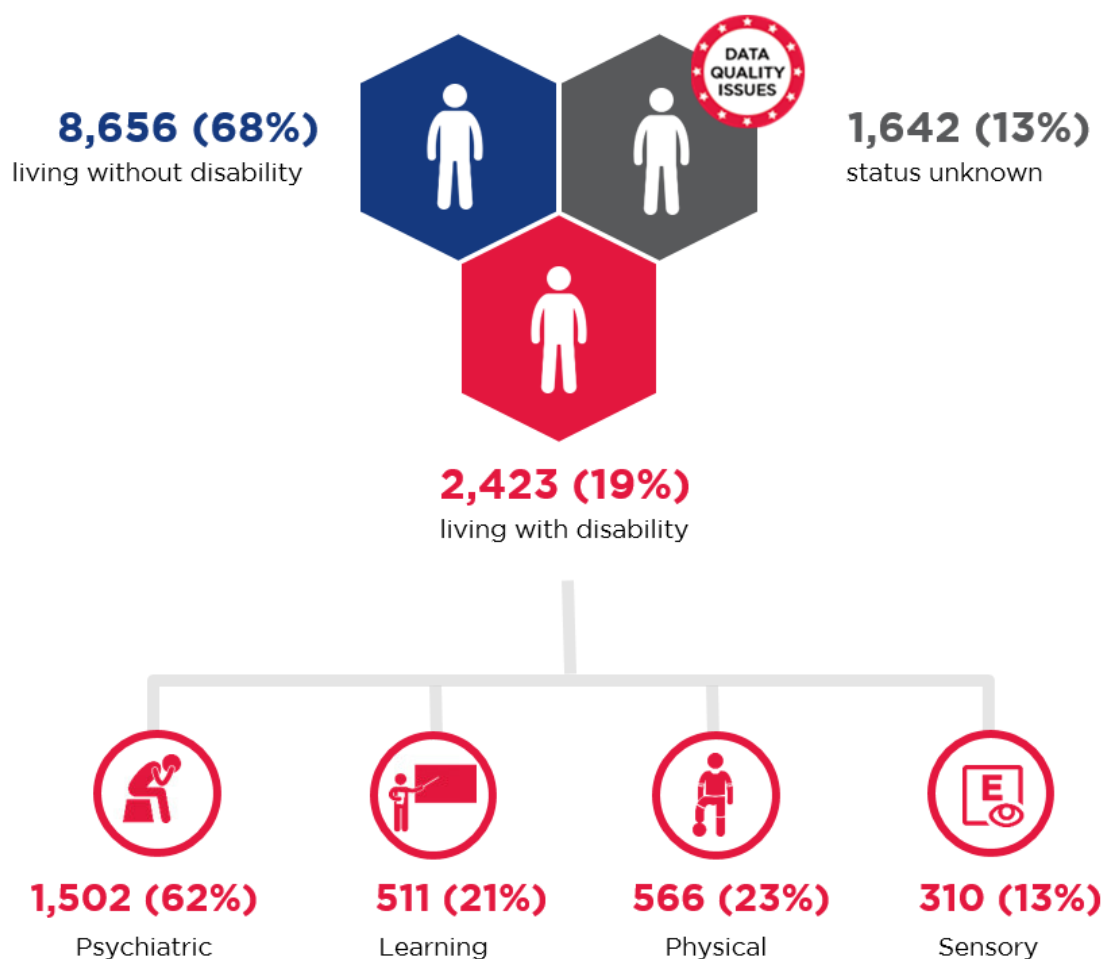
People living with a disability

2,423 (19%) individual clients who were recorded as receiving a TEI service in HCC identified as living with a disability, impairment or condition (Figure 8).

For the largest proportions of these clients, the reported disabilities were psychiatric⁶ (62%; 1,502 clients). This was followed by physical disabilities⁷ (23%; 566 clients) and learning disabilities⁸ (21%; 511 clients).

Note disability status is not known for 13% of individual clients (1,642 clients). Ideally, TEI service providers are encouraged to ensure disability status is not known for less than 5% of clients.

Figure 8 TEI individual clients who self-identify as living with disability in HCC



Note: Individual clients can self-identify as living with multiple disabilities, impairments or conditions.

⁶ Psychiatric conditions are associated with clinically recognisable symptoms and behaviour frequently associated with distress that may impair personal functioning in social activity. These include, for example, autism, Asperger syndrome, depression and eating disorders.

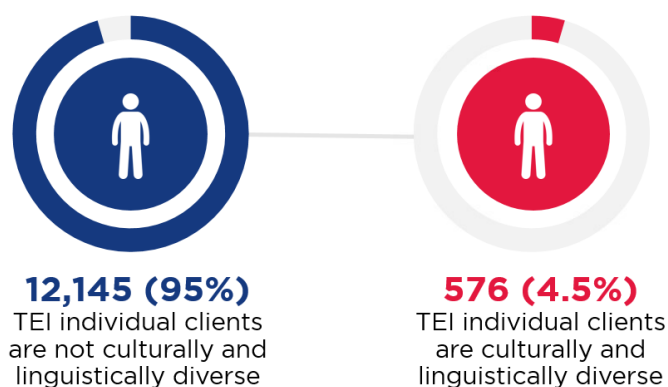
⁷ Physical disabilities are associated with the presence of an impairment which may have diverse effects, including mobility (e.g. paraplegia, cerebral palsy, muscular dystrophy, epilepsy).

⁸ Learning disabilities are associated with impairment of intellectual functions which limit daily activities and restrict participation in a range of life areas (e.g. dyscalculia, dysgraphia, dyslexia).

Culturally and linguistically diverse clients

4.5% (576) of individual clients who were recorded as receiving a TEI service in HCC were culturally and linguistically diverse (CALD) (Figure 9). That is, they were recorded as being born overseas and as speaking a language other than English at home.

Figure 9 Culturally and linguistically diverse TEI individual clients in HCC



Note: TEI individual clients can only be classified into two categories the Data Exchange: culturally and linguistically diverse (CALD) and not CALD. It should be noted where individual clients have 'unknown' country of birth and/or 'unknown' language spoken at home, they are categorised as non-CALD. This needs to be addressed to ensure data in relation to culturally and linguistically diverse people accessing TEI services is accurate.

Other than Australia, the three most common countries of birth recorded for individual clients in HCC were England (114 clients; 0.9%), Italy (98 clients; 0.8%) and New Zealand (90 clients; 0.7%).

Other than English, the three most common languages recorded as being spoken at home were Italian (75 clients; 0.6%), Russian (66 clients; 0.5%) and Spanish (61 clients; 0.5%) (Table 1).

Table 1 Top 10 countries of birth and languages spoken at home for TEI individual clients in HCC

Top 10 Countries of Birth		Top 10 Languages spoken at home	
Country	Number of individual clients	Language	Number of individual clients
Australia	11,436 (90%)	English	11,686 (92%)
England	114 (0.9%)	Italian	75 (0.6%)
Italy	98 (0.8%)	Russian	66 (0.5%)
New Zealand	90 (0.7%)	Spanish	61 (0.5%)
Philippines	60 (0.5%)	Arabic	53 (0.4%)
Afghanistan	53 (0.4%)	Aboriginal English	48 (0.4%)
Syria	47 (0.4%)	Dari	42 (0.3%)
China (excludes SARs and Taiwan)	42 (0.3%)	Mandarin	40 (0.3%)
Russian Federation	41 (0.3%)	Thai	27 (0.2%)
India	38 (0.3%)	Korean	27 (0.2%)

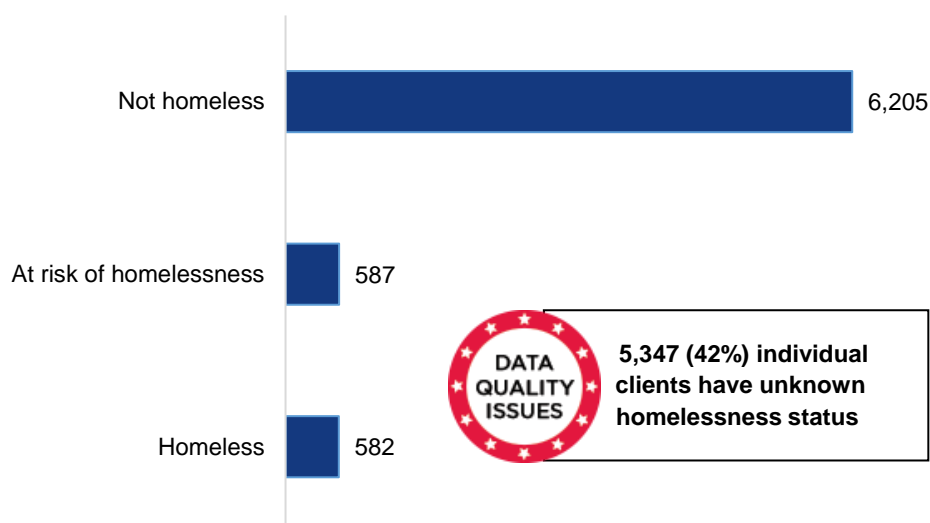
Note: Country of birth is unknown for 177 individual clients (1.4%). Main language spoken at home is unknown for 220 individual clients (1.7%).

Homelessness status

582 individual clients (4.6%) with whom HCC TEI service providers were working reported they were homeless (Figure 10). 587 clients (4.6%) reported they were at risk of being homeless. Combined, 9.2% of clients were homeless or at risk of homelessness.

It should be noted that the homelessness status of 5,347 clients (42%) is unknown. Ideally, TEI service providers are encouraged to ensure homelessness status is not known for less than 5% of individual clients.

Figure 10 Homelessness status of TEI individual clients in HCC



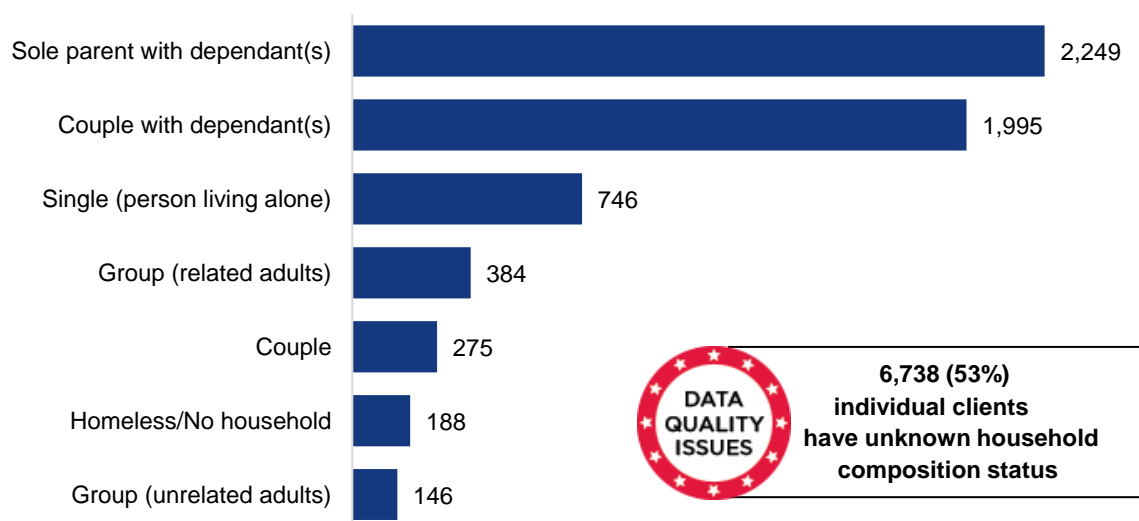
Household composition

Household composition can provide useful information about clients' living arrangements and how this may impact the challenges they face.

The most common household composition for individual clients was 'sole parent with dependant(s)' (2,249 clients; 18% of all individual clients) (Figure 11). This was followed by 'couple with dependant(s)' (1,995; 16%).

It should be noted that household composition was not recorded for 53% of clients (6,738 clients). Ideally, TEI service providers are encouraged to ensure household composition is not known for less than 5% of individual clients.

Figure 11 Household composition for TEI individual clients in HCC





4.1.3 Referral pathways

How and why do clients access the TEI program?

Figure 12 shows the referral sources⁹ recorded for TEI clients in HCC. Note that no referral source was recorded for approximately half (52%) of clients. This prevents us from understanding the pathways these clients have travelled into the TEI service system.

Of those referral sources recorded, self-referrals were the most common (1,963 referrals). A high number of self-referrals could reflect the extent to which TEI services in HCC are:

- easy to find, and/or
- easy to access and/or
- known in their local communities.

The next most common referral source was internal (1,217). These clients were already engaged with a particular service provider who then recommended they participate in another activity delivered within the same organisation.

Following internal referrals the next most common referral sources were referrals from community services and educational agencies (1,074 and 780 respectively) and referrals by family (512). Referrals from family indicate the importance of informal networks to help people navigate the service system and know where to go for assistance.

⁹ The referral source is the person or agency responsible for referring a client to the TEI service or activity.

Figure 12 Referral source for TEI individual clients in HCC



Note: A referral source can be recorded for a single client multiple times.

Individual clients accessed TEI services in HCC for various reasons. Figure 13 breaks these down by primary reason (the main reason for seeking assistance) and secondary reason(s) (which can also be recorded for clients if relevant).

The most common primary and overall reason was family functioning (2,646 clients overall). Family functioning refers to the support children, young people and parents may need to improve their relationships at home, address conflict, improve communication and to foster a loving and supportive home environment.

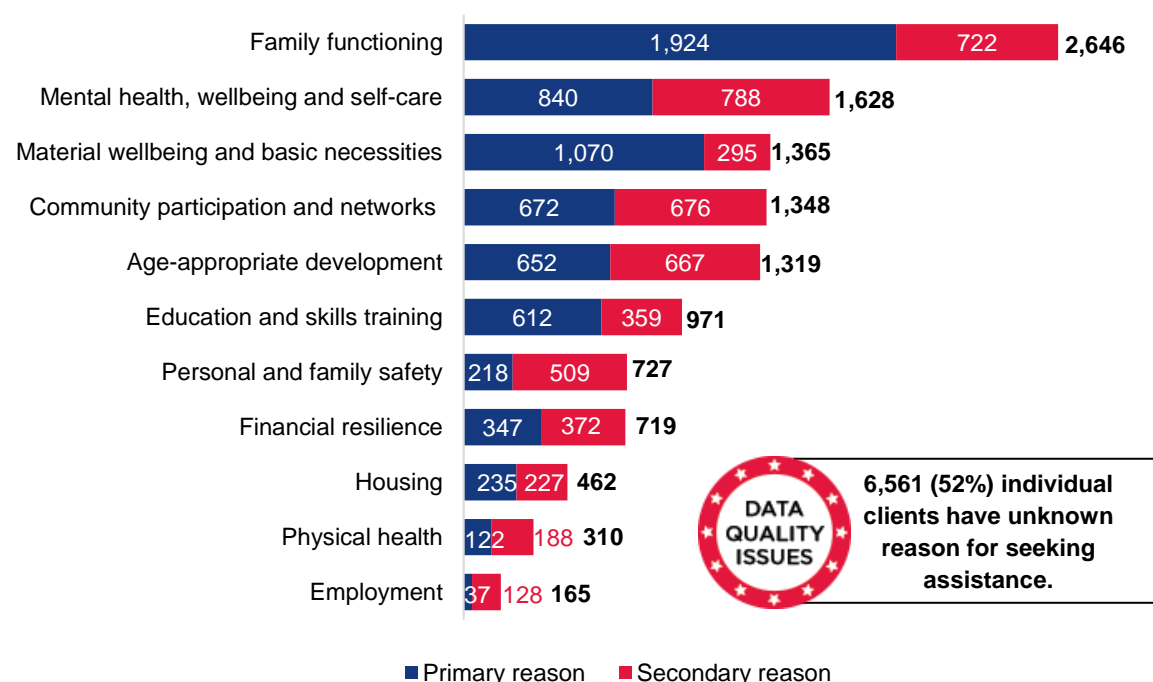
When considering primary and secondary reasons combined, the next most common reasons for seeking assistance were:

- mental health, wellbeing and self-care (1,628 clients overall). This is where clients are seeking to change the impact of mental health and self-care issues on their independence, participation and wellbeing. A goal of TEI services is to help support people experiencing mental health issues and having trouble accessing the services they need, however this cannot be fully explored until data are more complete.
- material wellbeing and basic necessities (1,365 clients overall). This was the second most common primary reason for seeking assistance. This reason is about addressing clients' immediate lack of money and basic items needed for day-to-day living and to improve their independence, participation and wellbeing.

- community participation and networks (1,348 clients overall). Community participation and networks refers to support needed to better engage with local community and to build a network of informal supports through family and friends.
- age-appropriate development (1,319 clients overall).

Note the reasons individual clients sought assistance are not known for the majority (52%) of clients (6,561 clients).

Figure 13 Reason for seeking assistance for TEI individual clients in HCC



Note: Reason for seeking assistance can be recorded for a single client multiple times. Individual clients who receive TEI services from more than one cluster and have their reasons for referral recorded only in some clusters will not be counted in the cluster with unknown reasons.

To what other services or programs were TEI clients referred?

HCC TEI services recorded a total of 1,522 referrals to other services/programs for individual clients. Referrals are conducted when:

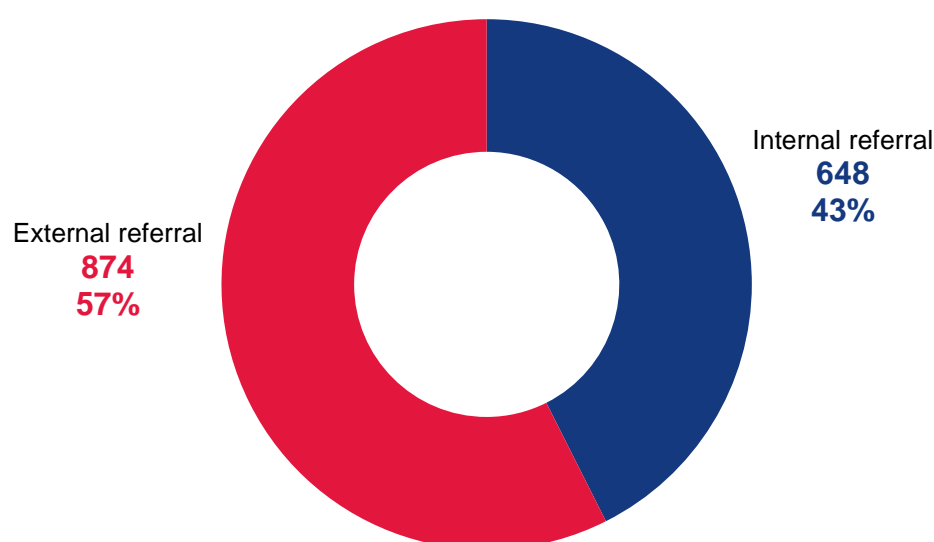
- a service provider doesn't have the necessary skills or capacity to meet a client's need
- a client might be better off receiving a different type of service
- a client wants additional services to meet their needs.

57% of the referrals recorded were external referrals. External referrals are ones to activities provided by a different organisation. For example, a young person participating in an after-school program may be referred to counselling run by a mental health practitioner. The other 43% of referrals were internal. Internal referrals are to another activity offered within the same organisation. For example, a parent

participating in a playgroup may be referred to a parenting group run by the same service provider.

The limited data reported suggests that TEI service providers are supporting clients to navigate the service system and find the services they need.

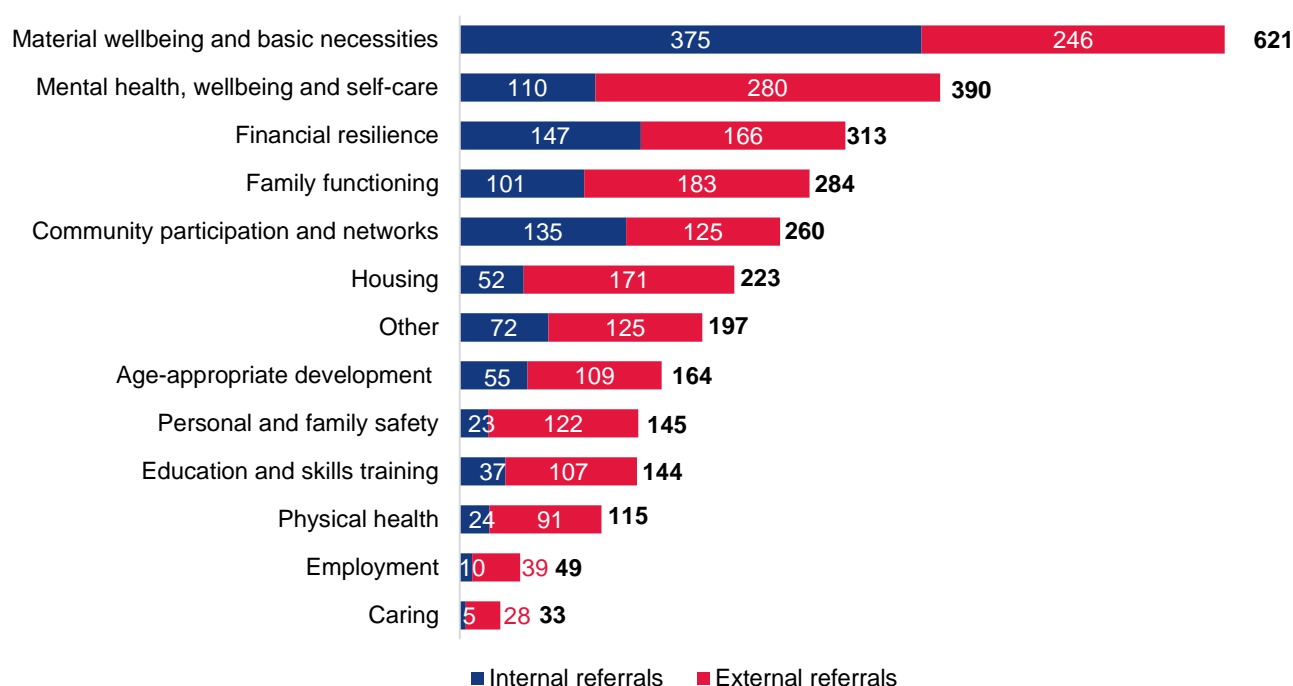
Figure 14 Referrals recorded for individual clients in TEI program in HCC



External referrals were most likely to be conducted for 'mental health, wellbeing and self-care' (280) and 'material wellbeing and basic necessities' (246) reasons. Internal referrals were most likely to be conducted for 'material wellbeing and basic necessities' (375) and 'financial resilience' (147) reasons. Financial resilience reasons are where clients are seeking to improve financial resilience and change its impact to improve their independence, participation and wellbeing.

The fact that one of the main reasons individual clients are coming into the TEI Program in HCC is for issues relating to mental health, wellbeing and self-care and are being referred to external organisations for the same reason requires further exploration in future reports. This data emphasises the need to understand, maintain and strengthen clear pathways and enduring partnerships across the early intervention sector

Figure 15 Internal and external referrals out of the TEI program in HCC



Note: This is not a unique count of referrals out of the TEI program as there can be one or more reasons for referral for a single referral conducted.

4.2 Individual client and community outcomes

In the TEI program, client outcomes are the changes that occur for clients and communities as a result of service delivery. These can be changes in skills, knowledge, attitude, values, behaviours or circumstances.

To understand how each TEI service provider contributes to the TEI program client outcomes, DCJ requires TEI service providers to report client and community outcome data in the Data Exchange, using “SCORE”. SCORE stands for ‘Standard Client/Community Outcomes Reporting’. It is an outcome reporting tool that helps report the impact of service delivery. In the Data Exchange, there are four different types of SCORE:

- Circumstances SCORE: measures changes in client circumstances.
- Goals SCORE: measures progress in achieving specific goals.
- Satisfaction SCORE: measures client satisfaction.
- Community SCORE: measures changes for groups or communities.

Each type of SCORE has different domains that can be used to report client outcomes. SCORE uses a 5-point rating scale to report outcomes. The scale varies for each type of SCORE. See the [Data Exchange Protocols](#) for details.

4.2.1 Individual client outcomes

How many individual clients had outcomes recorded?

To ensure analysis is meaningful, Circumstances and Goals SCORE data need to be collected **at least twice** during a client's engagement with a service – early in their engagement and then, at a minimum towards or at the end of their engagement. Paired SCOREs are then compared to measure the degree of change over time. By doing this, the impact the program is having or had on an individual's life can start to be understood.

TEI service providers should record Circumstances and/or Goals SCORE for at least 50% of their individual clients (see the [TEI Data Collection and Reporting Guide](#)).

In HCC in 2020-21, only a small proportion of individual clients (9.1%; 1,159) were assessed for Circumstances and/or Goals SCORE. That is, at least two SCOREs were recorded and paired for the client for a particular domain (see Figure 16, below).

14% of clients (1,801) were partially assessed (Figure 16). Partial assessment means the client had an initial SCORE recorded for a particular Circumstance and/or Goal SCORE domain, but no subsequent SCORE against the same domain to measure any change. Partial assessment data is of little value.

Figure 16 Number and proportion of TEI individual clients assessed with outcomes (Goals and/or Circumstances SCOREs) in HCC

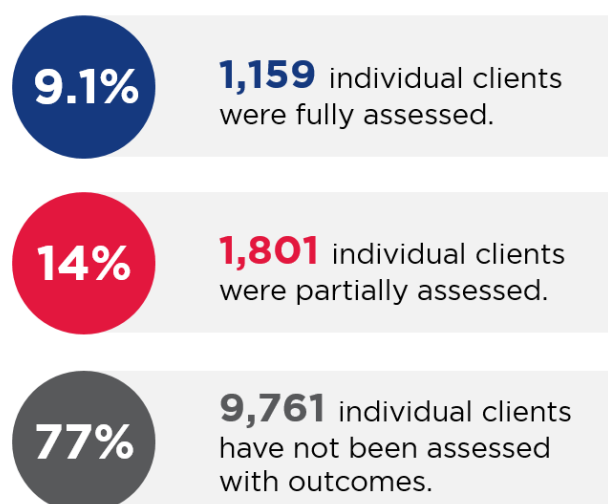
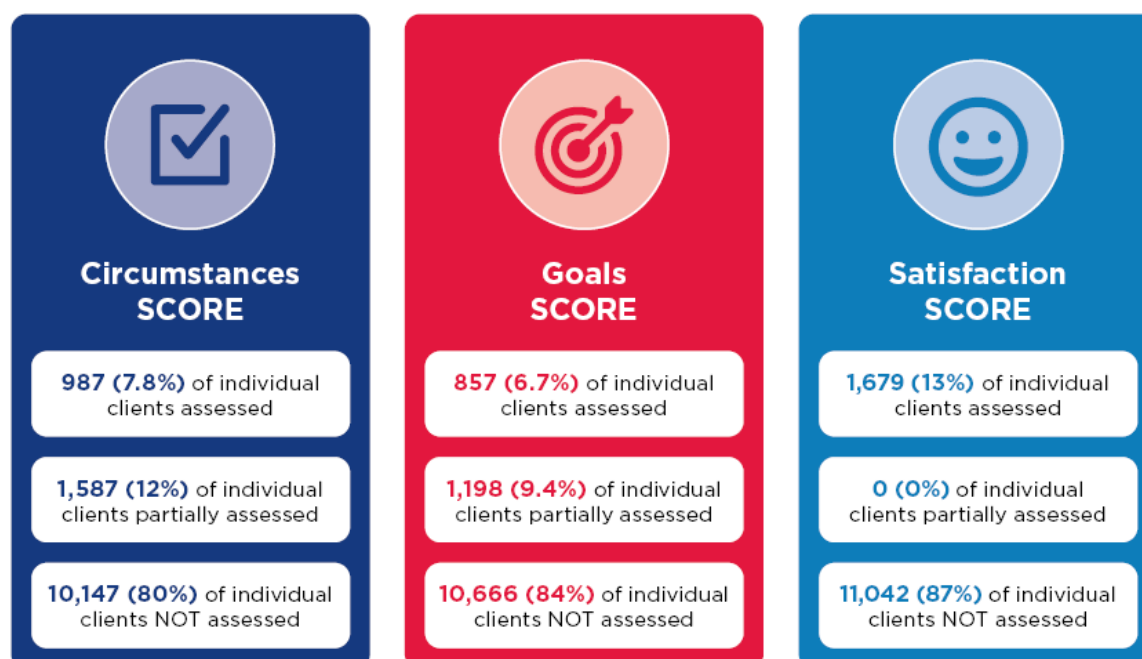


Figure 17 shows a breakdown of the number and proportion of individual clients assessed, partially assessed, and not assessed by Circumstances, Goals and Satisfaction SCOREs.

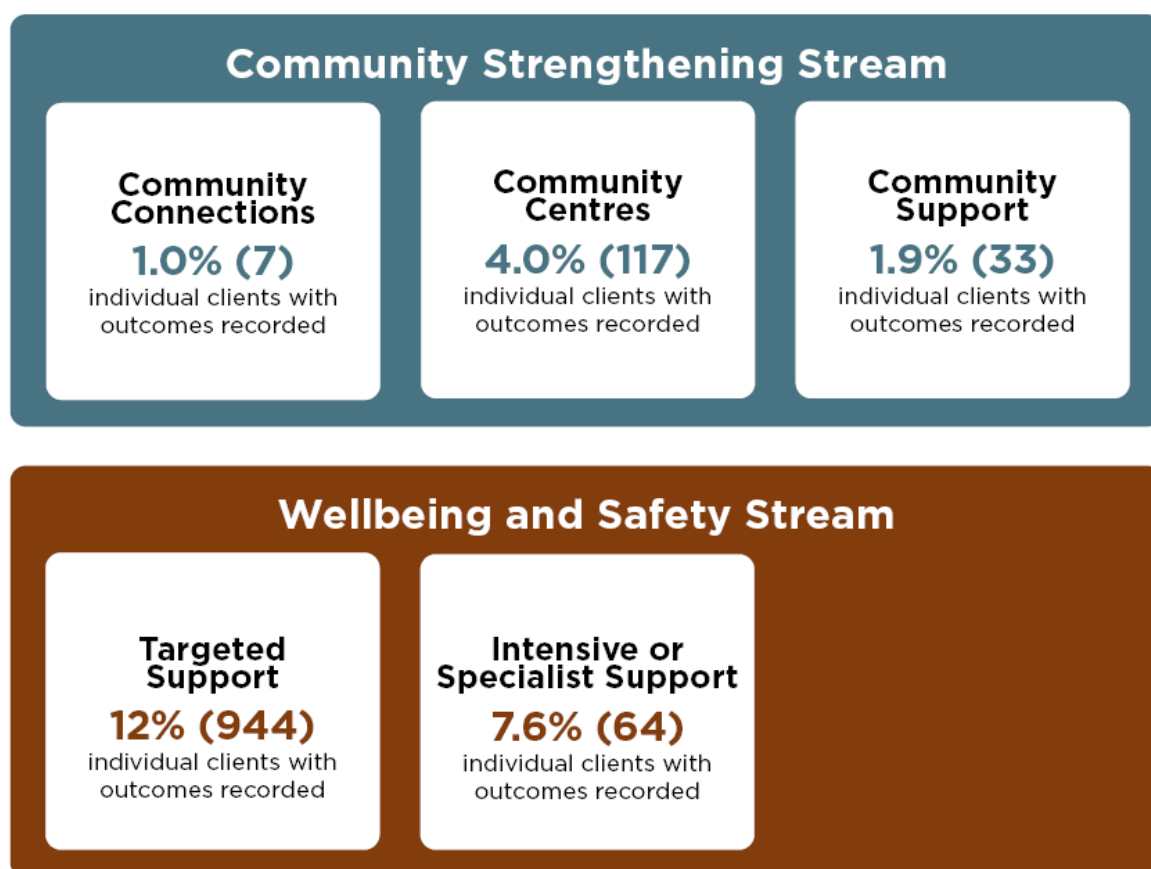
Figure 17 Number and proportion of TEI individual clients with SCORE recorded in HCC



The low number of complete Circumstances and Goals SCOREs is generally consistent with providers across the state - only 18% of TEI clients across the state had Circumstances and/or Goals SCORE outcomes recorded. This significantly limits the conclusions that can be drawn about the ability of the TEI program generally and in HCC specifically to help clients improve their circumstances or achieve their goals. The low numbers also reduce our ability to evaluate the TEI program and demonstrate the impact of service providers.

Figure 18 breaks down the number and proportion of clients who were assessed for Circumstances and/or Goals SCORE by program activity in HCC. Note these are not unique counts and the same client could be counted more than once if they received a service and were assessed in more than one program activity. For example, a client who received a service in both the Community Centres and Targeted Support program activities, and who was assessed in both, will be counted twice – once in each program activity.

Figure 18 Number and proportion of clients with outcomes recorded (Goals and/or Circumstances SCOREs) by program activity in HCC



Note: Individual clients can receive services and have their outcomes recorded from more than one program activity.

Footnote: Individual clients with outcomes recorded means that they are fully assessed with paired SCOREs (earliest and latest SCOREs).

What outcomes did TEI individual clients achieve?

Despite the very low percentage of clients who had Circumstance and/or Goals SCOREs recorded, the data that was recorded suggests TEI services in HCC had a positive impact on client outcomes.

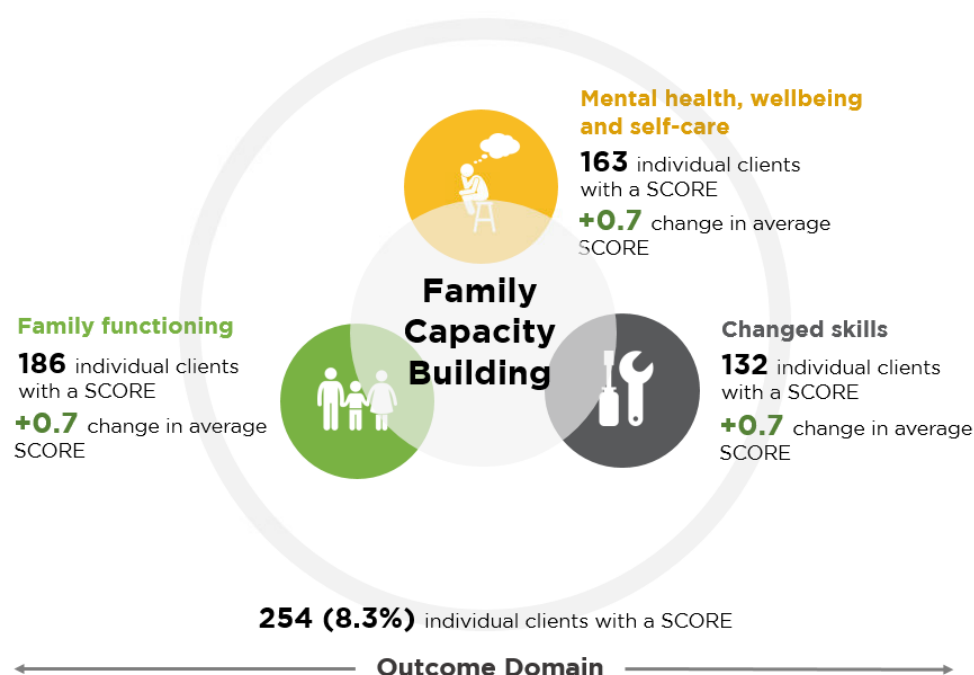
To determine this, the three TEI service types across all program activities with the highest number of individual clients assessed were selected. For each of these three service types (all of which were in program activity 4, Targeted Support), the three

domains used to measure outcomes that had the highest number of individual clients assessed were also selected¹⁰. Please see figures 19, 20 and 21 below for details.

Positive impacts are shown for all nine domains. This is demonstrated by the green figures in Figures 19-21 which show the average difference between the earliest and latest paired SCOREs. In all cases, there was a positive net shift.

Figure 19 Family Capacity Building service type: individual clients with recorded SCOREs in the top three domains

Program Activity 4: Targeted Support



¹⁰ Some domains under particular service types may have shown additional and bigger outcomes achieved, but have not been included here as there may have been a smaller number of clients accessing the service, or the number of recorded SCOREs were low.

Figure 20 Parenting Programs service type: individual clients with recorded SCOREs in the top three domains

Program Activity 4: Targeted Support

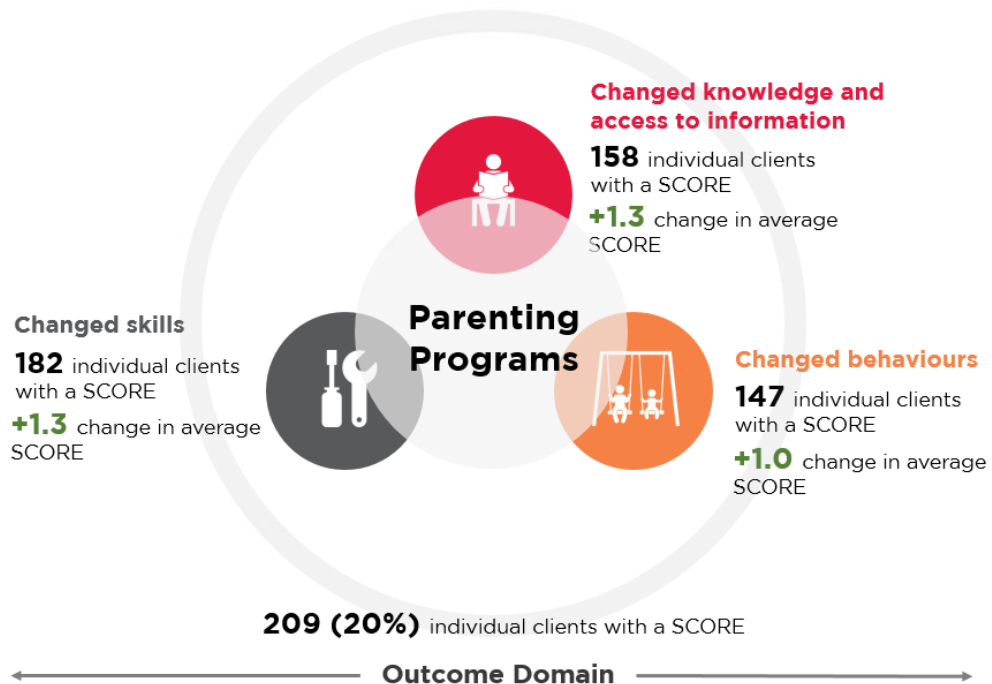
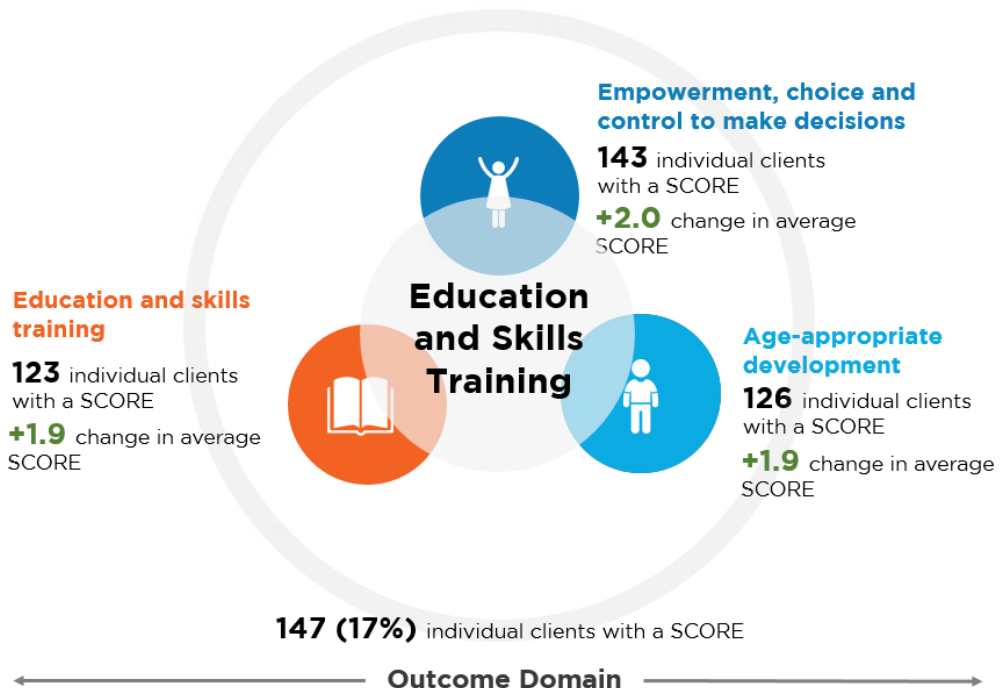


Figure 21 Education and Skills Training service type: individual clients with recorded SCOREs in the top three domains

Program Activity 4: Targeted Support



4.2.2 Client satisfaction

How many individual clients reported Satisfaction SCOREs?

TEI service providers should record Satisfaction SCORE for at least 10% of clients (see the [TEI Data Collection and Reporting Guide](#)).

In 2020-21 in HCC, 13% of individual clients (1,679 clients) had a Satisfaction SCORE recorded (Figure 17).

4.2.3 Community level outcomes

In the TEI program, service providers use Community SCORE to report collective outcomes for groups of clients. Community SCORE should only be used when it is:

- not possible or practical to record SCOREs for individual clients (e.g. at a one-off event, in a drop-in centre)
- not relevant to record SCOREs for individual clients (e.g. at an interagency meeting).

Due to the nature of TEI services, Community SCOREs are mostly reported for services in the Community Strengthening stream.

Community SCORE uses a 5-point rating scale to report changes in these outcomes.

Service providers administer surveys to groups of clients, or they conduct a practitioner assessment to determine where the group of clients sits on this scale.

1 – No change	2 – Limited change with emerging engagement	3 – Limited change with moderate engagement	4 – Moderate change	5 – Significant change
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The community session SCORE is treated as a stand-alone assessment and no pairing occurs. Only latest SCORE is included.

What community level outcomes did the TEI program achieve in HCC?

Community level outcome findings seem to indicate TEI service providers in HCC are producing positive changes for groups of TEI Clients.

To determine this, the three service types that had the largest number of sessions within each program activity in the Community Strengthening stream were selected.

See Figure 22 for details.

For four service types, average Community SCOREs were 4.0 or above (with scores ranging from 4.0 - 4.8). These average SCOREs indicate moderate positive change for those service types.

The average SCORE for the Social Participation service type was 3.7, indicating positive change, though limited, with moderate engagement.

Average Community SCOREs for the remaining four service types indicated limited change with emerging engagement. SCOREs ranged between 2.4 and 2.9. Further interrogation is needed to understand client needs with respect to these service types and the extent to which practice can reflect that.

Figure 22 Average Community SCOREs in the Community Strengthening stream in HCC





4.3 TEI services and findings for Aboriginal and/or Torres Strait Islander children, families and communities

4.3.1 How many Aboriginal and/or Torres Strait Islander clients do TEI providers work with?

Aboriginal children, young people, families and communities are a key target group of the TEI program.

Completeness of the data relating to Aboriginal and/or Torres Strait Islander people using TEI services is very low. DCJ will be working with service providers and communities to understand why this is the case.

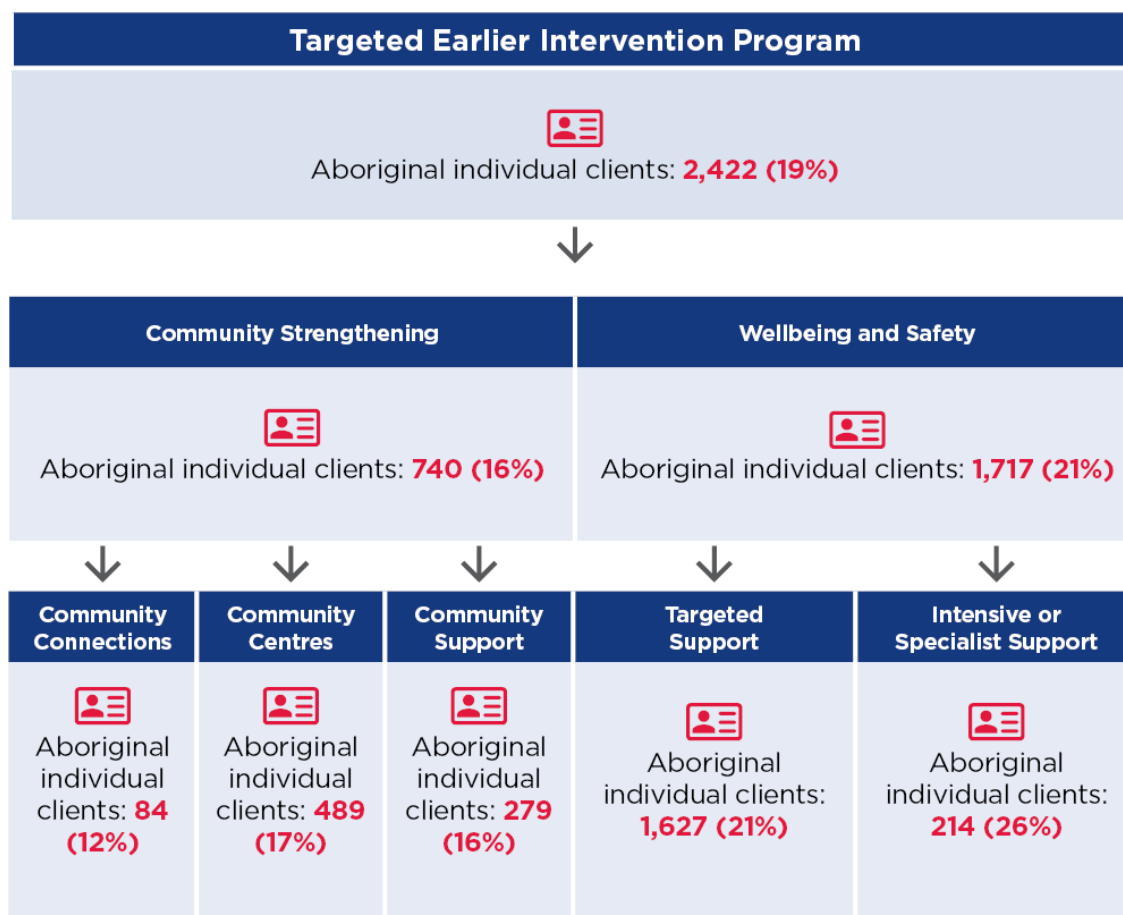
It is also noted that quantitative data collected in the Data Exchange about TEI services generally, but in particular services owned by, and for Aboriginal and Torres Strait Islander people, is limited in the person and community centred outcomes it measures. Again, DCJ will be working in partnership with services and communities to develop tools which support the collection, analysis and use of data relevant to Aboriginal people and communities.

As mentioned in section 4.1.2, 2,422 clients with whom HCC worked self-identified as being Aboriginal and/or Torres Strait Islander. 1,717 individual Aboriginal and/or Torres Strait Islander clients engaged with services in the Wellbeing and Safety stream and 740 in the Community Strengthening stream (Figure 23).

It is noted that for many clients engaging in Community Strengthening stream programs/services, demographic data (including data in relation to Aboriginal and Torres Strait Islander identification) will not have been collected, and these clients will be recorded as unidentified.

Of the Aboriginal and Torres Strait Islander clients engaged with services in the Wellbeing and Safety stream, most clients received Targeted Support services (1,627 clients) and 214 clients received Intensive or Specialist Support services.

Figure 23 Number and proportion of Aboriginal individual clients across different service streams and program activities in HCC



Note: The number of Aboriginal individual clients in different program activities, or different service streams should not be added up to get the total number of Aboriginal individual clients (2,422) as individual clients can receive more than one service in the TEI program.

4.3.2 Aboriginal service provision in HCC

Of the 36 Aboriginal TEI service providers across NSW who recorded data in 2020-21, 6 were in HCC. 291 (12%) of the 2,422 individual Aboriginal and/or Torres Strait Islander clients who received a TEI service in HCC received the service from an Aboriginal service provider (Figure 24).

Figure 24 Number and proportion of Aboriginal individual clients who received TEI services provided by Aboriginal service providers in HCC



4.3.3 How many Aboriginal and/or Torres Strait Islander had outcomes recorded?

Of the 2,422 individual Aboriginal and/or Torres Strait Islander clients who received a TEI service in HCC in 2020-21, only 169 (7.0%) were assessed for Circumstances and/or Goals SCORE (Figure 25).

Figure 25 Number and proportion of Aboriginal clients who were fully assessed with outcomes recorded in HCC

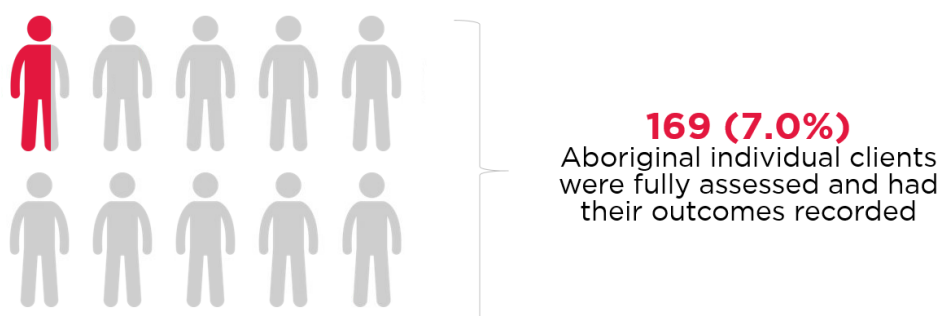


Figure 26 breaks this down by program activity. Of all the individual Aboriginal and/or Torres Strait Islander clients who received a service, the following were assessed:

- Community Connections program activity, 2.4% (2 clients)
- Community Centres program activity, 3.9% (19 clients)
- Community Support program activity, 1.8% (5 clients)
- Targeted Support program activity, 7.9% (128 clients)
- Intensive or Specialist Support activity, 7.0% (15 clients).

Figure 26 Number and proportion of Aboriginal clients with outcomes recorded (Goals and Circumstances SCOREs) by program activity in HCC



Note: Individual clients can receive services and have their outcomes recorded from more than one program activity.

Footnote: Individual clients with outcomes recorded means that they are fully assessed with paired SCOREs (earliest and latest SCOREs).

4.3.4 Aboriginal focused service types and number of clients with outcomes recorded

In the TEI program there are five identified Indigenous service types:

1. Indigenous community engagement activities
2. Indigenous social participation activities
3. Indigenous advocacy/support
4. Indigenous healing workshops
5. Indigenous supported playgroups.

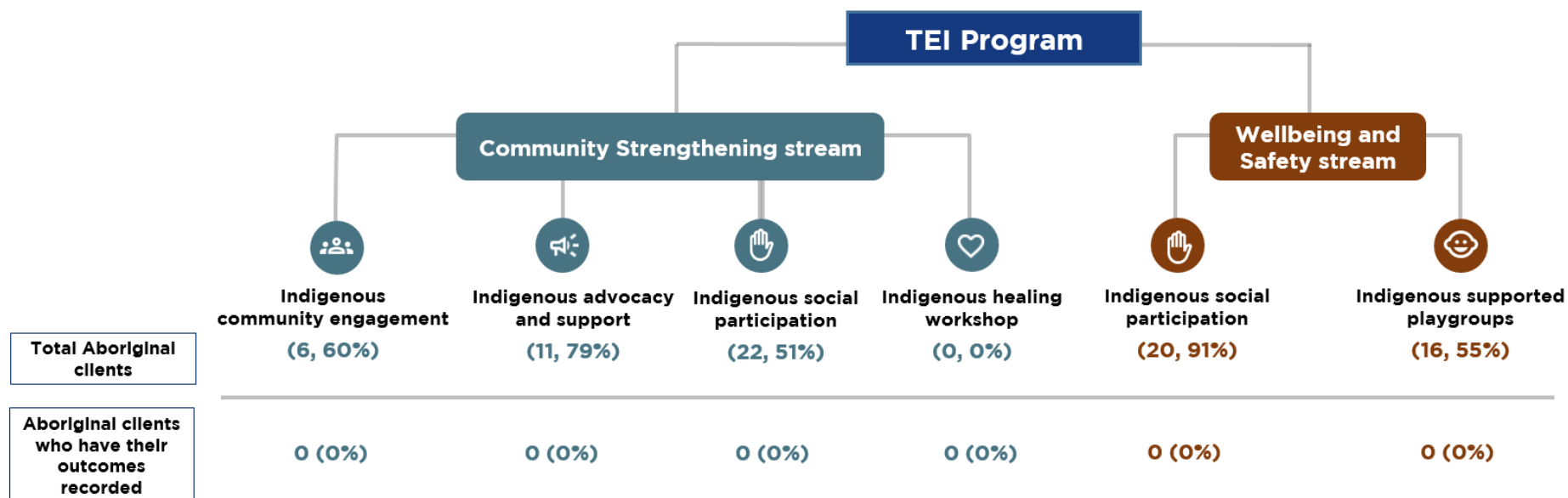
See the [TEI Program Specifications](#) for descriptions of these services.

Figure 27 shows a breakdown of the number and proportion of individual Aboriginal and/or Torres Strait Islander clients who received an identified Indigenous service and of those who did, the number and proportion who were assessed within those services (for Circumstances and/or Goals SCORE).

The three most common service types received were Indigenous social participation in the Community Strengthening stream (22 clients); Indigenous social participation in the Wellbeing and Safety stream (20 clients); and Indigenous supported playgroups (16).

No outcomes were recorded for individual Aboriginal and/or Torres Strait Islander clients who received identified Indigenous services.

Figure 27 Aboriginal individual clients across the Aboriginal focused service types in HCC



All of the Indigenous service types have a universal equivalent, except for Indigenous healing workshops. For example, there is an Indigenous supported playgroup and a Supported playgroup; Indigenous advocacy/support and Advocacy and support. Table 2 compares the number of Aboriginal clients who received an identified Indigenous service type with those who received the equivalent universal service within the same program activity.


Table 2 Number of Aboriginal clients who received services from universal service types and specialised types and were fully assessed in HCC

Program Activity	Service type	Number of Aboriginal clients	Aboriginal clients fully assessed with outcomes
Community Connections	Community Engagement	26	0 (0%)
	Indigenous community engagement	6	0 (0%)
	Social participation	35	2 (5.7%)
	Indigenous social participation	22	0 (0%)
Community Support	Advocacy/Support	113	4 (3.5%)
	Indigenous advocacy/support	11	0 (0%)
Targeted Support	Supported playgroups	216	17 (7.9%)
	Indigenous supported playgroups	16	0 (0%)

Note: An individual TEI client identified as Aboriginal may attend both an Aboriginal targeted service type and also a universal service type. Indigenous social participation and Social participation service types in this table only include the number of clients in the Community Connections program activity, as the Social participation service type was not available in the Targeted Support program activity.

4.4 Data Quality

A number of data quality issues were identified in HCC TEI reporting. As outlined in section 3 of this report, this is to be expected in the first year of TEI Program reporting.



Data quality issues occur when data are missing, incorrect, inconsistent, or when they are not recorded in a timely manner. These issues severely limit the usefulness of data. Addressing these issues as soon as possible will allow DCJ and service providers to use high-quality data for planning, decision making, advocacy and evaluation.

4.4.1 Low-quality SLKs

Low-quality SLKs were identified as a data quality issue in HCC.

An SLK is a 14-character algorithm generated from selected letters from a client's first and last name, gender, and date of birth, which allows de-identified data to be linked with other data sets for which SLKs can also be created. For example an SLK of 'MIHOH140219711' provides no independent means of identifying an individual client when used in place of the actual identifying information.

Being able to link data using SLKs allows us to understand this client's referral pathways throughout the service system.

Of the 12,721 individual clients in HCC, 27% (3,454 clients) had a low-quality SLK (Figure 28)¹¹. This means those clients' details are missing or inaccurate.

By far the main cause of low-quality SLKs was the use of an estimated date of birth instead of an actual date of birth (15%).

It is recognised that in the TEI program it is not always possible, or appropriate, to obtain certain information. Some clients may not want to provide their personal details, and it is critical that clients are not reluctant to access nor denied services for this reason.

However, wherever possible, TEI service providers should try to ensure as many client records as possible are accurate. Over time, as service providers build a relationship with clients, clients might feel more comfortable disclosing personal information. Client records can be updated as more accurate information is provided.

¹¹ For the purpose of the HCC TEI Report, SLK compliance is attached to the session conducted date. This allows SLK analysis to be conducted on the TEI cohort who are reported in this report. This differs from SLK compliance rate from the Data Exchange live environment, where SLK is attached to when the client's record is first created, which would include clients that have engaged in services outside 2020-21.

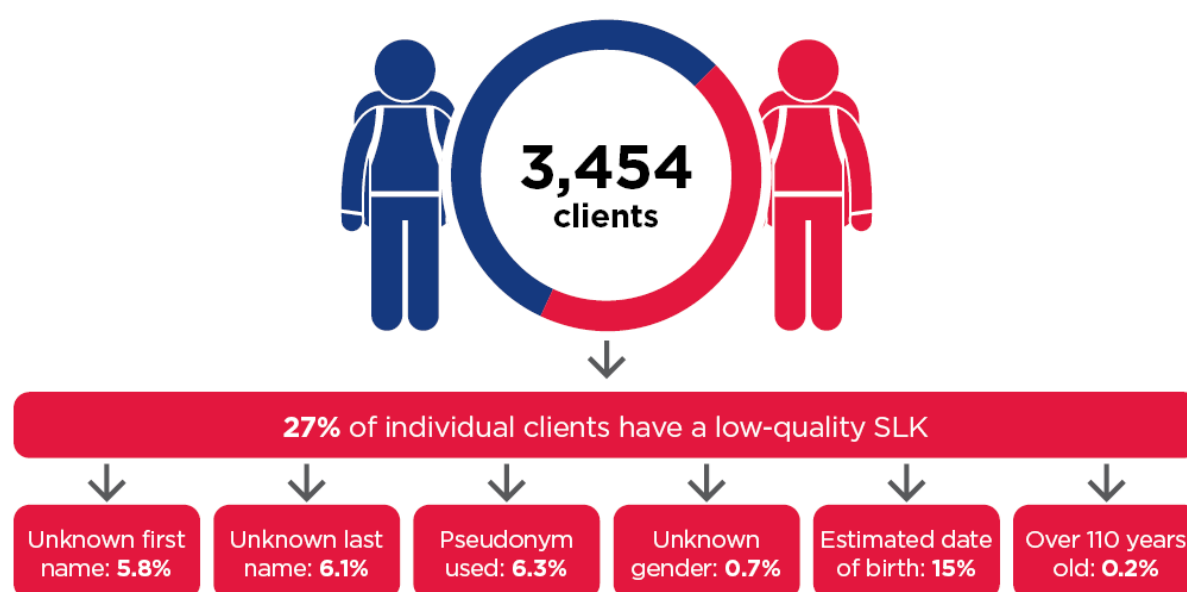
TEI service providers are encouraged to set the following goals for their organisation:

- missing first name: <2%
- missing last name: <2%
- pseudonym: <10%
- gender not stated: <2%
- estimated date of birth: <10%
- over 110 years old: <1%

For more information about how to check the quality of SLKs see: [Using Data in the TEI program](#).

To see a comparison between the state-wide data and HCC data regarding low quality SLKs, see section 5.1 of the Targeted Earlier Intervention Program 2020-2021 NSW Annual Report.

Figure 28 Low-quality SLKs and contributing factors for individual clients in HCC



4.4.2 Missing information: not stated or unknown demographic information

Missing demographic information was identified as a data quality issue in HCC.

Demographic data is collected to help the program understand who is accessing TEI services and what services they need, which is important information for service delivery planning.

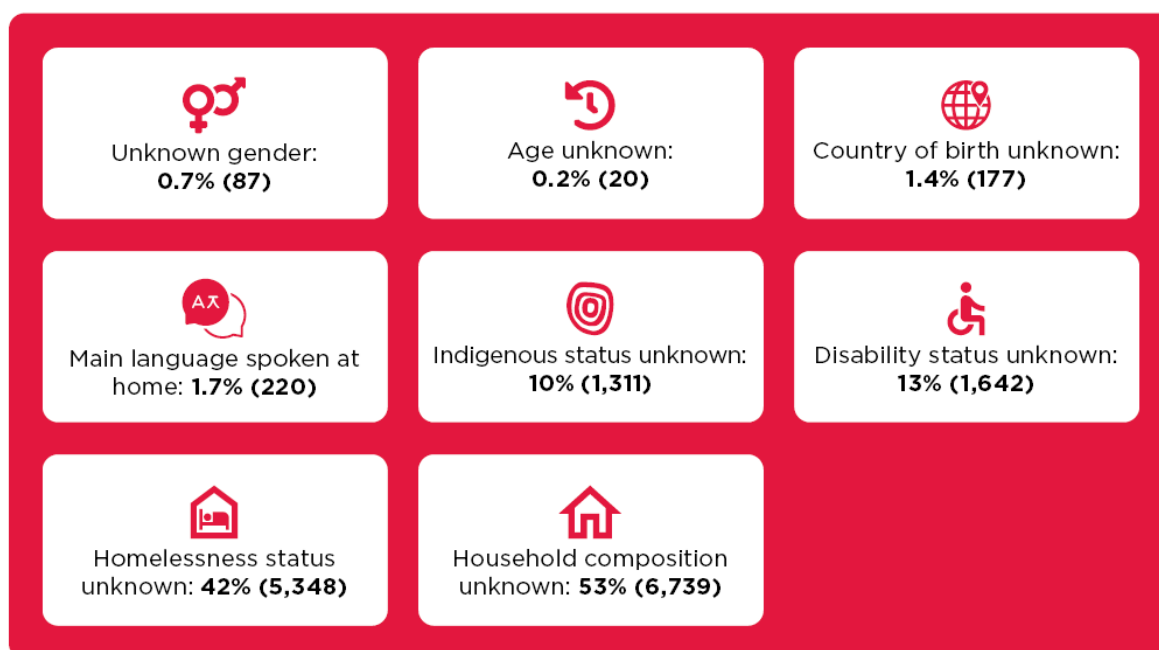
Figure 29 provides detail about unknown demographics in HCC. All of these demographic data items are mandatory fields. This means TEI service providers are

required to ask clients for this information, recognising that it is always the client's choice as to what information they disclose.

As mentioned in section 4.1.2, of particular concern in HCC is missing information about Aboriginal and Torres Strait Islander status, disability, homelessness and household composition.

Table 3 in Appendix 2 shows HCC's reported data against the TEI Program's goals for reporting demographic information.

Figure 29 Missing information: Not stated or unknown client demographics for individual clients in HCC



Note: Household composition and homelessness status data items will only be available if organisations have selected the “partnership approach”. This is mandatory in TEI, however it must be selected by an organisation manually in setting up their system. This may explain why ‘unknown’ numbers are high. DCJ will be seeking further information about this and work with organisations to address as required.

4.4.3 Requirements for recording Circumstances and/or Goals SCOREs not met

As outlined in section 4.2.1, requirements for recording Circumstances and/or Goals SCOREs were not met in HCC. This limits the ability to draw conclusions about the ability of the TEI program in HCC to help clients improve their circumstances and achieve their goals or to evaluate the TEI program to demonstrate the impact of TEI service providers.



4.4.4 Unknown reasons for seeking assistance and referral sources

As outlined in section 4.1.3 of this report:

- the referral source into the TEI program is not known for 52% of HCC individual clients
- the reason 52% of individual clients sought assistance is not known.

This limits the usefulness of referral pathways data, which is important for understanding client needs and their journey through the system.

5 Next steps – supporting TEI providers to capture and record high-quality quantitative data

The state-wide and district TEI Program annual reports highlight key data quality issues in TEI reporting. In addition to the specific issues highlighted for HCC in section 4 of this report, issues identified at a state level include:


- sessions with one unidentified client
- too many unidentified group clients recorded
- unpaired SCOREs
- incorrectly recorded outcomes in every SCORE domain
- program activity targets for recording of individual (rather than unidentified) clients were not met.

See the Targeted Earlier Intervention Program 2020-2021 NSW Annual Report for further details about these issues.

The significance and importance of high quality quantitative data which, with qualitative and other data, can demonstrate the value and impact of early support services for families and communities cannot be overstated. It will be critical for the evaluation of the TEI program as a whole, and for individual services to understand the impact they have on client outcomes locally.

This report reflects the first year of the journey in HCC, and hopefully provides insights into not only the areas where work is required, but also the incredible potential of a complete, consistent, accurate TEI data set for future sector and local planning, and the opportunity for services to demonstrate their impact on client outcomes, including through their relationships with other service providers in their local service system.

Beyond the service delivery challenges of the last 12 months where the TEI sector's response was extraordinary, data issues no doubt very much reflect the significance of the shift to a new approach to the recording of data, particularly the collection of client outcomes data.



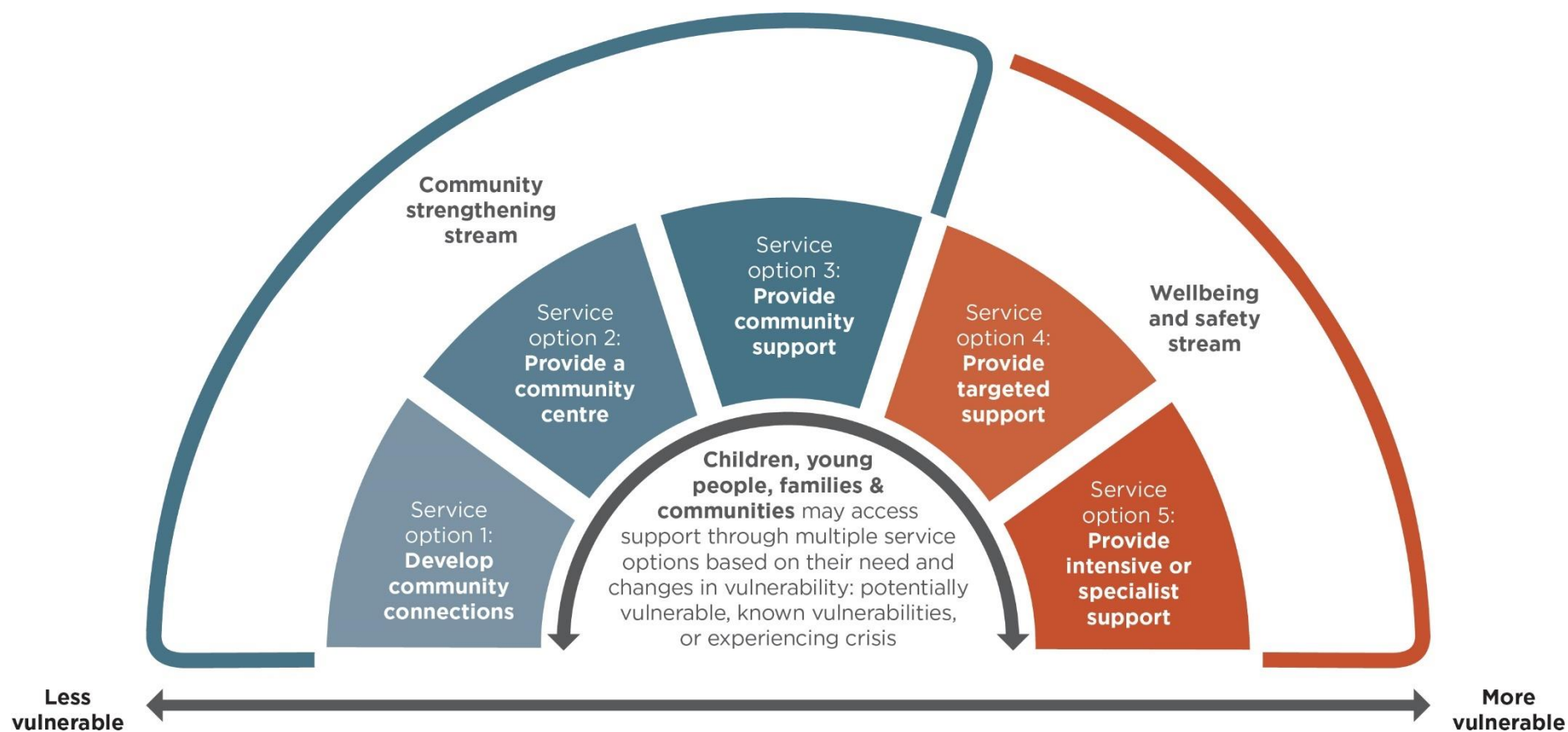
DCJ is committed to continuing to support service providers address data quality issues as soon as possible so that high-quality TEI Program data is available for service providers and DCJ to better understand what works and what needs to be improved to achieve better client outcomes.

There are [existing resources](#) on the TEI Program site to support the recording of accurate data. The [Data Exchange Protocols](#), [TEI Data Collection and Reporting Guide](#) and [Using data in the TEI program](#) guide set out data requirements and targets for TEI reporting. They include guidance on TEI Program goals for recording demographic information, program activity targets for recording individual clients, and minimum dataset requirements (including in relation to referrals and reason for seeking assistance).

DCJ Central Office and Districts will be working with service providers to better understand the barriers/challenges to the collection of complete and accurate data and the extent to which these resources support that outcome, and provide support where required.

Appendix 1

Figure 30 TEI Program streams of support and program activities (service types)



Source: Targeted Earlier Intervention Program Outcomes Framework

Appendix 2

Table 3 Not stated or unknown client demographics for individual clients in HCC against the TEI Program's goals

Not stated or unknown client demographics	HCC's reported data	TEI program's goals
Gender	0.7%	<2%
Age	0.2%	<2%
Country of birth	1.4%	<5%
Indigenous status	10%	<5%
Main language	1.7%	<5%
Disability status	13%	<5%
Homelessness status	42%	<5%
Household composition	53%	<5%