Targeted Earlier Intervention Program

2020-2021 Western Sydney and Nepean Blue Mountains Districts Annual Report





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Executive Summary

This is the first Targeted Earlier Intervention Program 2020-2021 Western Sydney and Nepean Blue Mountains 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 Western Sydney and Nepean Blue Mountains (WSNBM) districts. 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 WSNBM 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 WSNBM and the TEI Program as a whole.

Key findings

Service delivery

- In 2020-21, TEI services in WSNBM were delivered by 108 service providers in 268 locations.
- Services were delivered to a total of 19,614 individual clients¹ and 155,192 unidentified group clients.

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





- More individual clients (11,756) received services in the Community Strengthening stream than the Wellbeing and Safety stream (9,477).
- The most common program activity overall was Targeted Support within the Wellbeing and Safety stream (8,930).
- Within the Community Strengthening stream, the most common program activity was Community Connections (5,599 clients).

Client demographics for individual clients

- 8,736 (45%) individual clients recorded in WSNBM were under 25 years old.
 Most of these were in the 0-5 year old age group (3,259 children). 7,367 (38%) clients were aged 25-49 years old and 3,453 (18%) were aged 50 and over.
- 1,920 (10%) clients identified as Aboriginal and/or Torres Strait Islander.
- 1,665 (8.5%) clients identified as living with a disability, impairment or condition.
- 4,364 (22%) clients were culturally and linguistically diverse. Other than
 Australia, the three most common countries of birth recorded for individual clients
 in WSNBM were India (1,304 clients; 6.6%), Afghanistan (561 clients; 2.9%) and
 China (408 clients; 2.1%). Other than English, the three most common
 languages recorded as being spoken at home were Arabic (975 clients; 5.0%),
 Dari (629 clients; 3.2%) and Hindi (544 clients; 2.8%).
- 287 clients (1.5%) reported they were homeless and a further 568 clients (2.9%) reported they were at risk of homelessness.
- Clients most commonly accessed TEI services for issues relating to community participation and networks; family functioning; and age-appropriate development.

Referral pathways for individual clients

- Internal (3,256 referrals) and self (2,847) referrals were the most common inbound referral sources recorded for clients in WSNBM. Internal referrals are where clients were already engaged with a particular service provider who then recommended they participate in another activity delivered within the same organisation.
- WSNBM TEI service providers made 1,785 referrals on behalf of clients to other services or programs. 53% of these were internal referrals (referrals to another activity within the same organisation) and 47% were external (referrals to different organisations). The most common reason for internal referral was financial resilience (536 referrals). The most common reason for external referrals was for mental health, wellbeing and self-care reasons (150 referrals).

Individual client and community outcomes

- Client outcomes² were only recorded for 24% (4,666) of individual clients in WSNBM. The data that was recorded reflects positive impacts for clients.
- Community level outcome³ findings also seem to indicate TEI services in WSNBM are producing positive changes.

events or services, the total number of clients attending the event or dropping in over the course of a day/set period is collected.

² Client outcomes refers to individual clients with a Goal and/or Circumstances SCORE. Satisfaction SCORE is not counted towards the 24%.

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

- 1,106 individual Aboriginal and/or Torres Strait Islander clients engaged with services in the Wellbeing and Safety stream and 955 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 (1,016 clients) and 122 clients received Intensive or Specialist Support services.
- Of the 36 Aboriginal TEI service providers across NSW who recorded data in 2020-21, three were in WSNBM. 2.7% (52) of Aboriginal and/or Torres Strait Islander clients received a service from an Aboriginal service provider.
- The three most common identified Indigenous service types received by Aboriginal and/or Torres Strait Islander clients were Indigenous supported playgroups (96 clients), followed by Indigenous advocacy and support (86 clients) and Indigenous social participation (Community Strengthening stream) (77 clients).
- Outcomes were recorded for 18% (348) 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 WSNBM, which limits the conclusions that can be drawn from the data.

Identified data quality issues in WSNBM include:

- Requirements for recording Circumstances and/or Goals SCOREs not met⁴.
- Missing information:
 - The 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 53% of WSNBM individual clients.
 - The reason 61% of individual clients sought assistance is not known.
- 23% of individual clients in WSNBM 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 <u>TEI Data Collection and Reporting Guide</u> for requirements.

⁵ See the <u>Using data in the TEI program</u> guide for TEI program goals for recording demographic information.



1 Purpose

The WSNBM 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 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 WSNBM 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 <u>Data Exchange</u>. 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 <u>Data Exchange Protocols</u> and the <u>TEI Data Collection and Reporting Guide</u>.

On 25 August 2021, de-identified, unit record level data (i.e. anonymous information for individual persons) 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 WSNBM 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 WSNBM 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 WSNBM 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

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	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. 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. Complete data and high-quality SLKs are critical if this is to happen effectively.
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 WSNBM in 2020-21

4.1 Program reach and client cohorts

4.1.1 Service provision

How many TEI service providers are there in WSNBM?

In 2020-21 there were 108 service providers operating in WSNBM. They delivered services out of 268 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 WSNBM TEI service providers work with?

174,806 clients were recorded as receiving a TEI service in WSNBM (Figure 1).

Figure 1 Number of TEI clients in WSNBM 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 <u>Data collection and reporting guide for the Targeted Early Intervention program</u> 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.

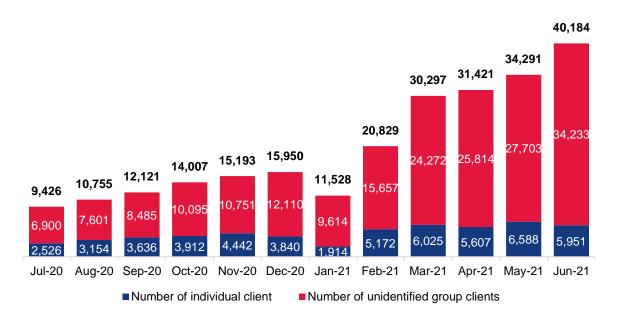
Unidentified group clients should only be reported when it is not practical, possible or appropriate to collect individual client details. Where clients do not consent to having their personal identifying information recorded, it is important that services do not record them as unidentified clients, 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 January 2021 is consistent with anecdotal information provided by service providers that service delivery tends to reduce 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 WSNBM 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.

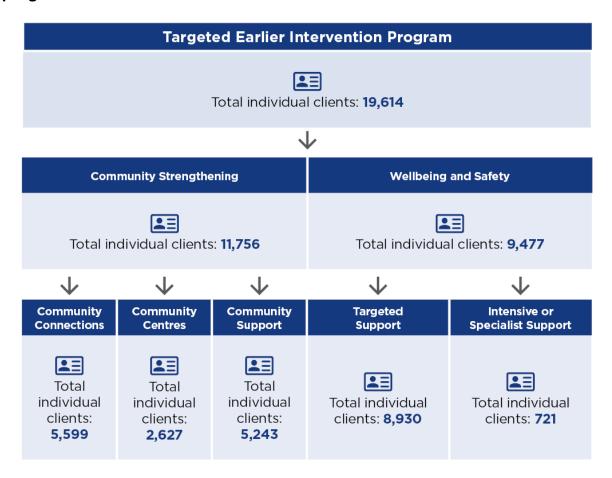
What services did TEI clients receive?

Figure 3 breaks down the services individual clients received in WSNBM by TEI Program stream and activity. More individual clients (11,756) received services in the Community Strengthening stream than the Wellbeing and Safety stream (9,477).

The most common program activity overall was Targeted Support within the Wellbeing and Safety stream (8,930 clients).

Within the Community Strengthening stream, the most common program activity was Community Connections (5,599 clients).

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



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 clients (19,614) as individual clients can receive more than one service 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 WSNBM worked in 2020-21, where this information is recorded.

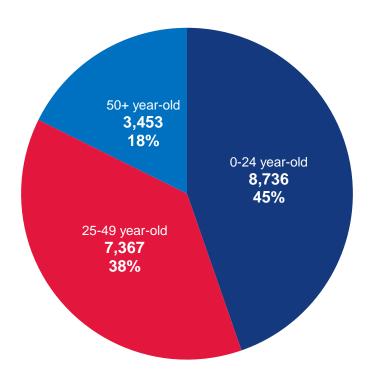
There is a high proportion of clients for whom the demographic information of Aboriginal and Torres Strait Islander status, disability, homelessness and household composition is not known. Any conclusions drawn from this data should be in the context of this limitation. In the TEI Program, there are goals for recording demographic information. For details of these and how WSNBM's reported data compared for all demographic characteristics, see Appendix 2.



Age

8,736 (45%) individual clients recorded in WSNBM were under 25 years old (Figure 4). 7,367 (38%) were aged 25-49 years old and 3,453 (18%) were aged 50 and over.

Figure 4 Age of TEI Individual clients in WSNBM



Note: The total number of TEI individual clients who received TEI services from WSNBM 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 0-5 year olds (3,259) - a key TEI Program target group. This was followed by 12-16 year olds (2,373).





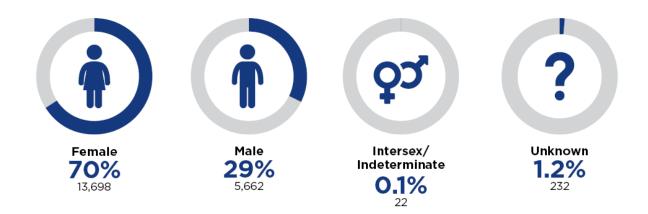
Figure 5 Children and young people in the TEI program in WSNBM



Gender

The majority of individual clients in WSNBM were female (70%; 13,698 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 WSNBM



Aboriginal and/or Torres Strait Islander clients

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

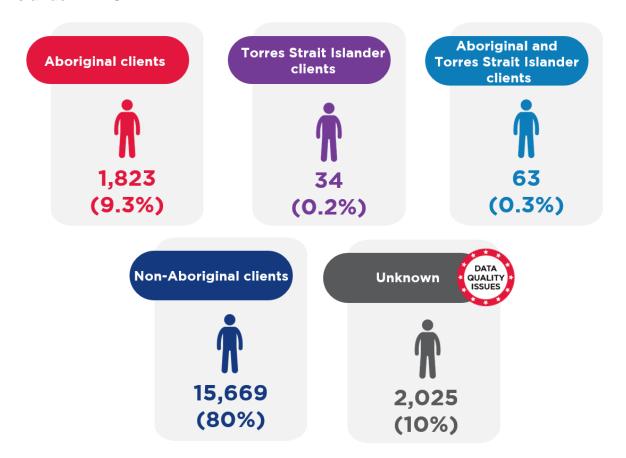
1,920 individual clients who were recorded as receiving a TEI service in WSNBM identified as Aboriginal and/or Torres Strait Islander, representing approximately 10% of all individual clients for whom this information was recorded (see Figure 7).

Note that Aboriginal and/or Torres Strait Islander status is not known for 10% of clients (2,025 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 WSNBM



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

People living with a disability

1,665 individual clients who were recorded as receiving a TEI service in WSNBM self-identified as living with a disability, impairment or condition (Figure 8). This equates to 8.5% of all individual clients.

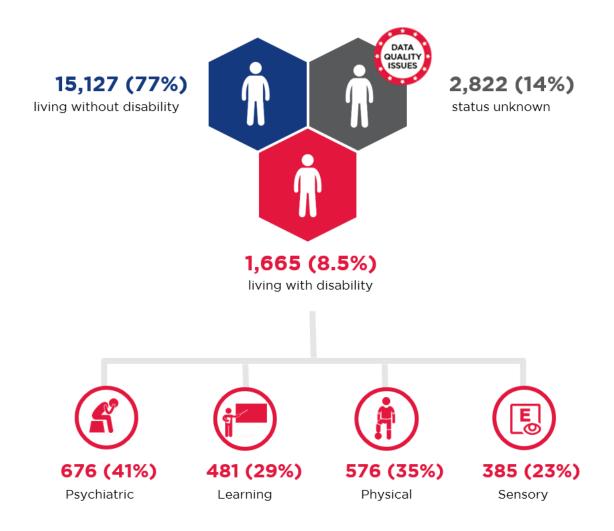
For the largest proportions of these clients, the reported disabilities were psychiatric⁶ (41%; 676 clients) and/or physical⁷ (35%; 576 clients).

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).

Note disability status is not known for 14% of individual 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 WSNBM



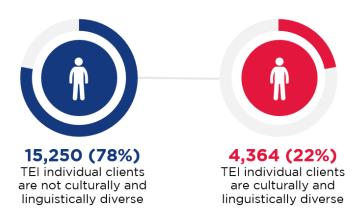
Note: Individual clients can self-identify as living with multiple disabilities, impairments or conditions.

Culturally and linguistically diverse clients

22% (4,364) of individual clients who were recorded as receiving a TEI service in WSNBM 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 WSNBM



Note: TEI individual clients can only be classified into two categories in 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 WSNBM were India (1,304 clients; 6.6%), Afghanistan (561 clients; 2.9%) and China (408 clients; 2.1%).

Other than English, the three most common languages recorded as being spoken at home were Arabic (975 clients; 5.0%), Dari (629 clients; 3.2%) and Hindi (544 clients; 2.8%) (Table 1).

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

Top 10 Countries of Birth		Top 10 Languages spoken at home	
Country	Number of individual clients	Language	Number of individual clients
Australia	12,152 (62%)	English	11,700 (60%)
India	1,304 (6.6%)	Arabic	975 (5.0%)
Afghanistan	561 (2.9%)	Dari	629 (3.2%)
China (excludes SARs and Taiwan)	408 (2.1%)	Hindi	544 (2.8%)
Pakistan	336 (1.7%)	Urdu	480 (2.4%)

Top 10 Countries of Birth		Top 10 Languages spoken at home	
Country	Number of individual clients	Language	Number of individual clients
Iraq	295 (1.5%)	Tamil	478 (2.4%)
Philippines	244 (1.2%)	Mandarin	380 (1.9%)
Sri Lanka	237 (1.2%)	Punjabi	186 (0.9%)
New Zealand	235 (1.2%)	Telugu	172 (0.9%)
England	166 (0.8%)	Persian (excluding Dari)	156 (0.8%)

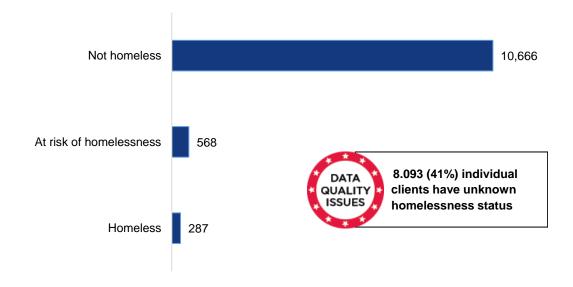
Note: Country of birth is unknown for 1,616 individual clients (8.2%). Main language spoken at home is unknown for 1,678 individual clients (8.6%).

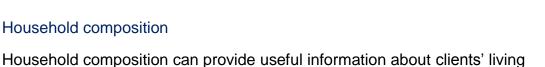
Homelessness status

287 individual clients with whom WSNBM TEI service providers were working reported they were homeless (Figure 10). This accounts for 1.5% of all individual clients. 568 (2.9%) clients reported they were at risk of being homeless. Combined, 4.4 of clients were homeless or at risk of homelessness.

It should be noted that the homelessness status of 8,093 clients (41%) 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 WSNBM





arrangements and how this may impact the challenges they face.

In 2020-21, the most common household composition for individual clients was 'couple with dependant(s)' (3,177 clients; 16% of all individual clients) (Figure 11). This was followed by 'Sole parent with dependant(s)' (1,979 clients; 10%).

It should be noted that household composition was not recorded for 63% of clients (12,344 clients). Ideally, TEI service providers are encouraged to ensure household composition is not known for less than 5% of individual clients.

Couple with dependant(s) 3.177 1,979 Sole parent with dependant(s) Single (person living alone) 856 Group (related adults) 580 543 Couple 12,344 (63%) Group (unrelated adults) individual clients have unknown household composition status Homeless/No household

Figure 11 Household composition for TEI individual clients in WSNBM

4.1.3 Referral pathways

How and why do clients access the TEI program?

Figure 12 shows the referral sources⁸ recorded for TEI clients in WSNBM. Note that no referral source was recorded for more than half (53%) of clients. This prevents us from understanding the pathways these clients have travelled into the TEI service system.

⁸ The referral source is the person or agency responsible for referring a client to the TEI service or activity.

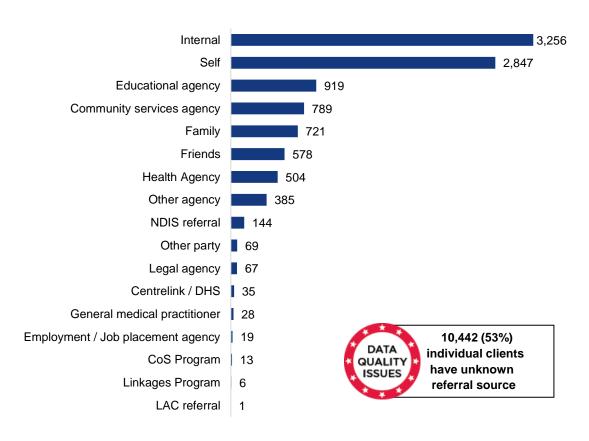


Internal (3,256) and self (2,847) referrals were the most common ways individuals accessed TEI services. Internal referrals are where clients were already engaged with a particular service provider who then recommended they participate in another activity delivered within the same organisation. A high number of self-referrals could reflect the extent to which TEI services in WSNBM are:

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

The next most common referral sources were educational (919) and community services (789) agencies.

Figure 12 Referral source for TEI individual clients in WSNBM



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

Individual clients accessed TEI services in WSNBM 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 reason (primary and secondary reason combined) was community participation and networks (2,643). 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.

Family functioning (2,374) and age-appropriate development (2,334) were the second and third most common reasons individuals sought assistance. 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.

A large number of clients (1,689) accessed TEI services for mental health, wellbeing and self-care. 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.

Note the reasons individual clients sought assistance are not known for more than half (61%) of clients.

Community participation and networks 1,483 1,160 2,643 Family functioning 620 2,374 Age-appropriate development 602 1,732 2,334 Mental health, wellbeing and self-care 739 950 1.689 Education and skills training 833 834 1.667 Personal and family safety 954 608 201 809 Financial resilience 448 218 666 Physical health Material wellbeing and basic necessities 11,960 (61%) individual clients have unknown Employment reason for seeking assistance. Housing

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

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.

■ Primary reason
■ Secondary reason

To what other services or programs were TEI clients referred?

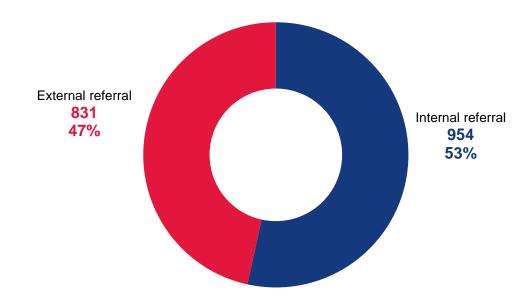
In 2020-21, WSNBM TEI services recorded a total of 1,785 referrals to other services/programs for individual clients. Referrals are conducted when:

- 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.

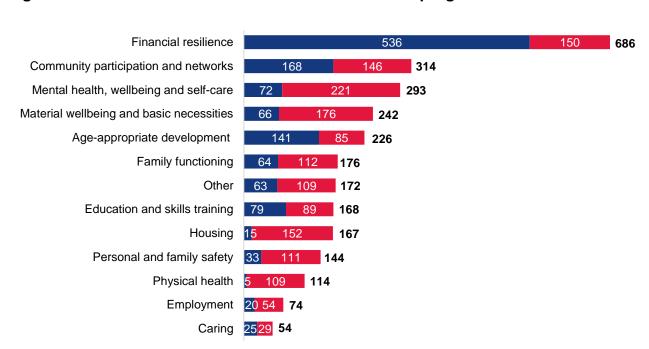
53% of the referrals were internal and 47% external. Internal referrals are to another activity offered within the same organisation. For example, a parent participating in a playgroup may be referred to a parenting group run by the same service provider. External referrals are to activities provided 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 limited data reported suggests that TEI service providers are supporting clients to navigate the service system and to find the services they need.

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



The most common reason for internal referral was financial resilience (536 referrals). This was followed by referrals for community participation and networks (168 referrals) (Figure 15). The most common reason for external referrals was for mental health, wellbeing and self-care reasons (150 referrals). This was followed by material wellbeing and basic necessities (176 referrals).



■Internal referrals
■External referrals

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

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 services providers should record Circumstances and/or Goals SCORE for at least 50% of their individual clients (see the <u>TEI Data Collection and Reporting Guide</u>)

In WSNBM in 2020-21, only 24% (4,666) of individual clients 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).

16% of clients (3,095) 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 WSNBM



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.







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 WSNBM 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 WSNBM. 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 WSNBM

Community Strengthening Stream Community Community Community Centres Support Connections 29% (1,623) 13% (336) 24% (1,246) individual clients with individual clients with individual clients with outcomes recorded outcomes recorded outcomes recorded

Targeted Support 27% (2,433) Individual clients with outcomes recorded Targeted Support 8.9% (64) Individual clients with outcomes recorded

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 low percentage of clients who had Circumstance and/or Goals SCOREs recorded, the data available suggests TEI services in WSNBM 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, the three domains used to measure outcomes that had the highest

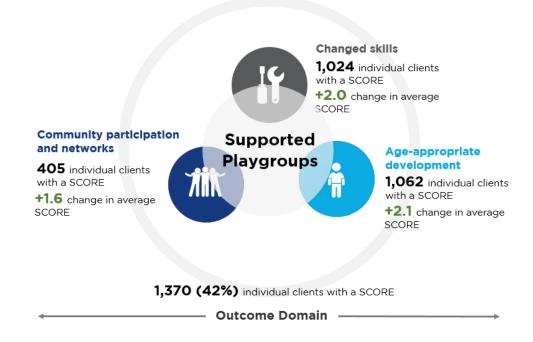


number of individual clients assessed were also selected⁹. Please see figures 19, 20 and 21 below for details.

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 Supported playgroups service type: individual clients with recorded SCOREs in the top three domains

Program Activity 4: Targeted Support



⁹ 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 Community Engagement service type: individual clients with recorded SCOREs in the top three domains

Program Activity 1: Community Connections

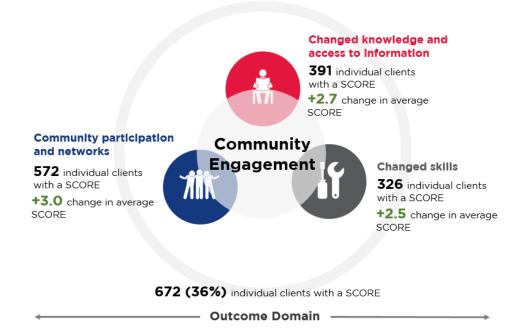
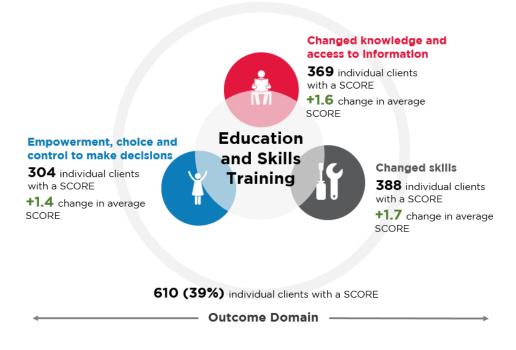


Figure 21 Education and Skills Training service type: individual clients with recorded SCOREs in the top three domains

Program Activity 3: Community Support



4.2.2 Client satisfaction



TEI service providers should record Satisfaction SCORE for at least 10% of clients (see the <u>TEI Data Collection and Reporting Guide</u>).

In 2020-21 in WSNBM, 29% of individual clients (5,607 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.

	2 – Limited	3 – Limited		
1 – No change	change with	change with	4 – Moderate	5 – Significant
i – No change	emerging	moderate	change	change
	engagement	engagement		

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 WSNBM?

Overall, community level outcome findings seem to indicate TEI service providers in WSNBM 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.

Average Community SCORES for eight of the nine service types show average SCORES of ranging from 3.1 to 3.9. These indicate positive change, though limited, with moderate engagement for those service types. The average SCORE for the remaining service type was 4.0, indicating positive change.



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

Program Activity 1: Community Connections



Information/advice/ referral

183 sessions with Community score Average Community Score 3.1



Community Engagement

161 sessions with Community score Average Community Score 3.9



Social Participation

136 sessions with Community score Average Community Score 3.4

Program Activity 2: Community Centres



Social Participation

148 sessions with Community score Average Community Score 4.0



Community Engagement

60 sessions with Community score Average Community Score 3.5



Education and skills training

13 sessions with Community score Average Community Score 3.2

Program Activity 3: Community Support



Education and skills training

161 sessions with Community score Average Community Score 3.7



Social Participation

147 sessions with Community score Average Community Score 3.3



Advocacy/Support

96 sessions with Community score Average Community Score 3.9





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 people using TEI services is very low. DCJ will be working with service providers and communities to understand why this is the case.

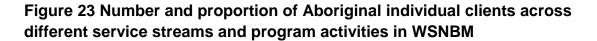
It is also noted that quantitative data collected in the Data Exchange about TEI services generally, but in particular services owned by, and for Aboriginal and Torres Strait Islander people, is limited in the person and community centred outcomes it measures. Again, DCJ will be working in partnership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

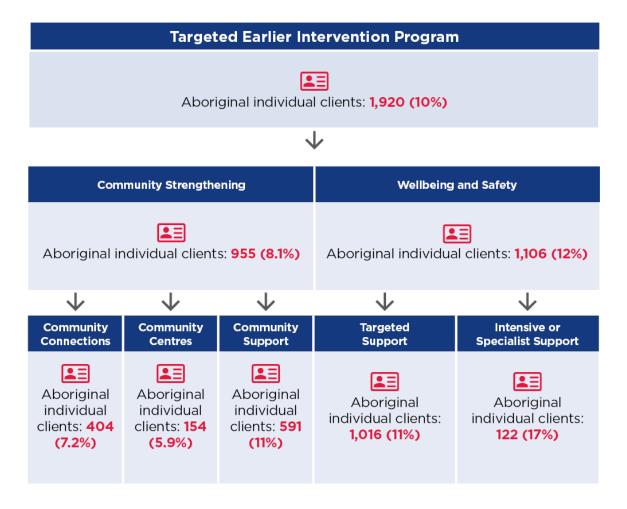
As mentioned in section 4.1.2, 1,920 clients with whom WSNBM worked selfidentified as being Aboriginal and/or Torres Strait Islander. 1,106 individual Aboriginal and/or Torres Strait Islander clients engaged with services in the Wellbeing and Safety stream and 955 in the Community Strengthening stream (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 (1,016 clients) and 122 clients received Intensive or Specialist Support services.







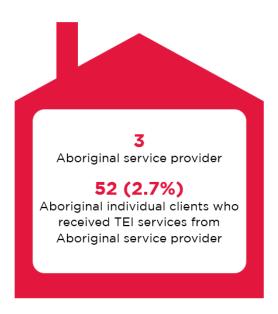
Note: The number of Aboriginal individual clients in different program activities, or different service streams should not be added up to get the total number of Aboriginal individual clients (1,920) as individual clients can receive more than one service in the TEI program.

4.3.2 Aboriginal service provision in WSNBM

Of the 36 Aboriginal TEI service providers across NSW who recorded data in 2020-21, three were in WSNBM.

2.7% of individual Aboriginal and/or Torres Strait Islander clients in WSNBM received a service from an Aboriginal service provider (52 clients).

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



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

Of the 1,920 individual Aboriginal and/or Torres Strait Islander clients who received a TEI service in WSNBM in 2020-21, 348 (18%) 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 WSNBM



348 (18%)
Aboriginal individual clients
were fully assessed and had
their outcomes recorded



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, 39% (75 clients)
- Community Centres program activity, 8.6% (23 clients)
- Community Support program activity, 17% (58 clients)
- Targeted Support program activity, 22% (187 clients)
- Intensive or Specialist Support activity, 13% (10 clients).

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





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).

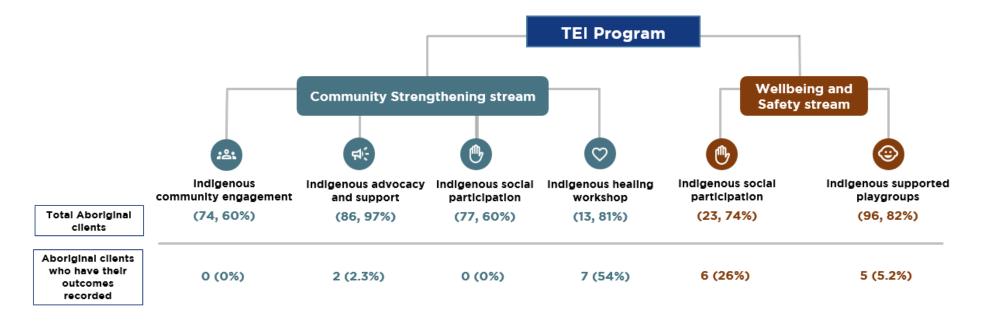
The three most common service types received were Indigenous supported playgroups (96 clients), followed by Indigenous advocacy and support (86) and Indigenous social participation in the Community Strengthening stream (77).

Within the Wellbeing and Safety stream, outcomes were recorded for 6 clients (26%) receiving Indigenous social participation services and 5 (5.2%) engaged with Indigenous supported playgroups.





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



All of the Indigenous service types have a universal equivalent, except for Indigenous healing workshops. 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 WSNBM

Program Activity	Service type	Number of Aboriginal clients	Aboriginal clients fully assessed with outcomes
	Community Engagement	117	1 (0.9%)
Community Connections	Indigenous community engagement	74	0 (0%)
	Social participation	131	24 (18%)
	Indigenous social participation	77	0 (0%)
	Advocacy/Support	176	5 (2.8%)
Community Support	Indigenous advocacy/support	86	2 (2.3%)
	Supported playgroups	177	67 (38%)
Targeted Support	Indigenous supported playgroups	96	5 (5.2%)

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 WSNBM TEI reporting. As outlined in section 3 of this report, this is to be expected in the first year of TEI Program reporting and given reporting only became mandatory from 1 January 2021.

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 WSNBM.

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 19,614 individual clients in WSNBM 23% (4,575) had a low-quality SLK (Figure 28)¹⁰. This means those clients' details are missing or inaccurate.

The main cause of low-quality SLKs was the use of an estimated date of birth instead of an actual date of birth (20% of individual clients).

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.

¹⁰ For the purpose of WSNBM 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.



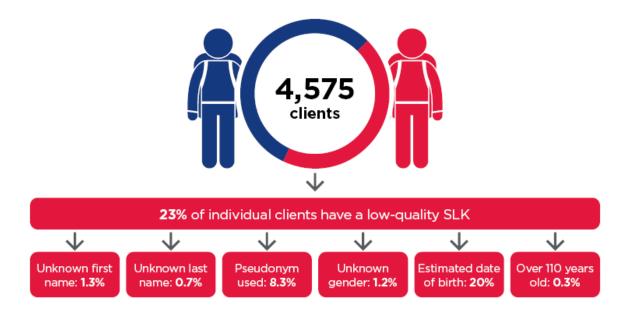


- missing first name: <2%
- missing last name: <2%
- pseudonym: <10%
- gender not stated: <2%
- estimated date of birth: <10%
- over 110 years old: <1%

For more information about how to check the quality of SLKs see: <u>Using Data in the TEI program</u>.

To see a comparison between the state-wide data and WSNBM 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 WSNBM



4.4.2 Missing information: not stated or unknown demographic information

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

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.

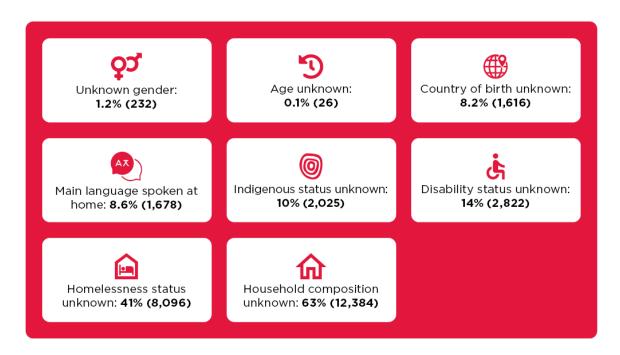
Figure 29 provides detail about unknown demographics in WSNBM. All of these demographic data items are mandatory fields. This means TEI service providers are

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 WSNBM is missing information about Aboriginal and Torres Strait Islander status, disability, homelessness and household composition.

Table 3 in Appendix 2 shows WSNBM 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 WSNBM



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 WSNBM. This limits the ability to draw conclusions about the ability of the TEI program in WSNBM 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 53% of WSNBM individual clients
- the reason 61% 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 WSNBM 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 WSNBM Districts, 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.

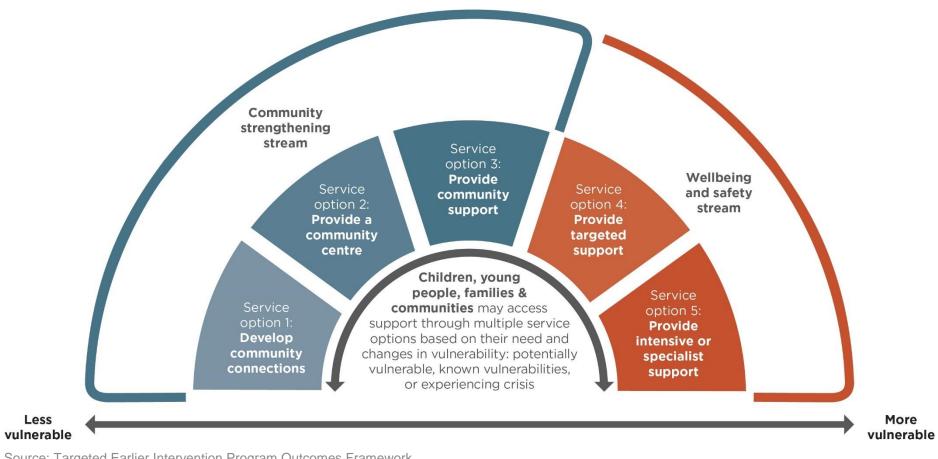
There are <u>existing resources</u> on the TEI Program site to support the recording of accurate data. The <u>Data Exchange Protocols</u>, <u>TEI Data Collection and Reporting Guide</u> and <u>Using data in the TEI program</u> guide set out data requirements and targets for TEI reporting. They include guidance on TEI Program goals for recording demographic information, program activity targets for recording individual clients, and minimum dataset¹¹ 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.

¹¹ The TEI Minimum dataset is the minimum data that service providers must report in the Data Exchange.

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 WSNBM against the TEI Program's goals

Not stated or unknown client demographics	WSNBM's reported data	TEI program's goals
Gender	1.2%	<2%
Age	0.1%	<2%
Country of birth	8.2%	<5%
Indigenous status	10%	<5%
Main language	8.6%	<5%
Disability status	14%	<5%
Homelessness status	41%	<5%
Household composition	63%	<5%

