Interim Report (Final)

NSW Department of Communities and Justice
Targeted Earlier Intervention Program Evaluation

30 May 2024

Document classification: Client use

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Table 1 – Glossary of terms

Term	Definition
ACCO	Aboriginal or Torres Strait Islander Community-Controlled organisation[(a)], as defined in the National Agreement on Closing the Gap. Some organisations funded to deliver services under the TEI Program are ACCOs.
Case	A case reflects how services are delivered. Depending on the nature of the program, a case may link to an individual, a couple, a family or a group of unrelated individuals. A case captures, where the service was or will be delivered, the program activity it is funded by and the client(s) who have or will attend this service.
Community Centres	One of the five program activities. It is designed to provide a community centre for people to meet, interact and volunteer, and also provide a soft entry point with supported referrals for people who need more targeted or intensive support. For a list of service types included in the program activity, see Appendix B.
Community Connections	One of the five program activities. It is designed to build social capital and local networks to promote tolerance and understanding, in turn, creating stronger communities. For a list of service types included in the program activity, see Appendix B.
Community Strengthening	One of the two program streams. It aims to connect more vulnerable members of a community with their broader community, while strengthening the community as a whole. The program stream is comprised of program activities Community Connections, Community Centres, and Community Support
Community Support	One of the five program activities. This activity is designed to increase the knowledge, skills, experience, confidence and wellbeing of community members to support their goals. For a list of service types included in the program activity, see Appendix B.
Concern report[(b)]	A child and young person concern report, which relates to the initial contact made at the Child Protection Helpline from mandatory or non-mandatory reporters who have reasonable grounds to suspect a child or young person is at risk of significant harm (ROSH) and has current concerns about the safety, welfare or wellbeing of the child/young person.
DEX	The Data Exchange platform. All TEI service providers are required to collect and report data through the Data Exchange in accordance with the Data Exchange Protocols[(c)].
Group client	Also referred to as 'unidentified group client' or 'unidentified client' throughout this report. All clients other than individual clients who do not have any identifying information collected in DEX. Only the total number of clients who participated in the service or activity is recorded in DEX.
HSDS	The Human Services Dataset. This key data source for the evaluation was used to measure risk factors and outcomes information. It was created by combining data collected through the administration of NSW Government services and some Commonwealth Government supports.

Term	Definition
	The version of the HSDS used for this report contains records up to 30 June 2021, for NSW residents born since 1 January 1990 and their family members (e.g. parents and siblings).
Individual client	Also referred to as 'identified client' throughout this report. A client who has a unique client record created for them in DEX, with their details and demographic information collected.
Intensive or Specialist Support	Also referred to as 'Intensive Support' throughout this report. One of the five program activities. Providing intensive and specialist support is designed to ensure the needs of people with high and/or complex needs are met, and their outcomes improved. For a list of service types included in the activity, see Appendix B.
Organisation	An organisation funded to deliver services under the TEI Program.
Out of home care[(d)]	The Out of Home Care Program is provided to children and young people who are unable to live with their own families. Foster carers take on the responsibilities of a parent for a period of time, to provide a safe, nurturing and secure family environment for children and young people needing care.
Outlet	An outlet is a location where a service took place or where staff travelled from to deliver a service, (TEI Data Collection and Reporting Guide, May 2023). facility at which an organisation delivers services under the TEI Program. An organisation may have multiple outlets.
Program activity	Sessions are classified under five activities. Activities comprise thematic groups of services. The activities are Develop Community Connections ('Community Connections'), Provide a Community Centre ('Community Centres'), Provide Community Support ('Community Support'), Provide Targeted Support ('Targeted Support') and Provide Intensive or Specialist Support ('Intensive Support'). For a list of service types under each program activity, see Appendix B.
ROSH report[(b)]	A concern report that meets the statutory threshold of risk of significant harm (ROSH). In assessing a child/young person concern report to determine if it meets the statutory threshold of significant harm, caseworkers in Child Protection Helpline apply the Structured Decision Making (SDM) Screening and Response Priority (SCRPT) tools to reports to determine the level of response category. A child or young person is at ROSH if the circumstances that are causing concern for their safety, welfare or wellbeing are present to a significant extent. This means it is sufficiently serious to warrant a response by a statutory authority irrespective of a family's consent.
SCORE	Standard Client/Community Outcomes Reporting (SCORE) reporting tool (see Section 7 for more details).
Service type	The primary focus of a session. Activities comprise relevant groups of services. For instance, the Community Centres activity includes the service types community engagement, education and skills training, information/advice/referral, and social participation. See Appendix B for further detail and the complete list of service types.

Term	Definition
Session	An individual instance or episode of service, such as a home visit or a counselling session.
Stream	There are two streams comprising groups of activities. The Community Strengthening stream includes activities that facilitate greater community cohesion, inclusion and wellbeing, and empowerment of Aboriginal communities. The Wellbeing and Safety stream includes activities that strengthen protective factors and respond to known risk factors, ensuring parents and caregivers are able to meet their personal wellbeing and safety outcomes, and are able to provide their children and young people with a safe and nurturing home.
Substantiated ROSH report[e]	A determination made after DCJ's legally mandated field assessment of whether a child is at risk of 'actual harm' following a concern report, to classify the report as either 'substantiated' or 'not substantiated'. A substantiation indicates there is sufficient reason to believe the child has been, is being, or is likely to be abused, neglected or otherwise harmed.
Targeted Support	One of the five program activities. This activity is designed to ensure that the needs of people with known vulnerabilities are met and their outcomes improved. For a list of service types included in the program activity, see Appendix B.
Wellbeing and Safety	One of the two program streams. This stream aims to ensure parents and caregivers are able to meet their personal wellbeing and safety outcomes, and are able to provide their children and young people with a safe and nurturing home. The stream is comprised of the program activities Targeted Support and Intensive or Specialist Support.

Sources and further information

(a) https://www.facs.nsw.gov.au/providers/working-with-us/working-with-you/aboriginal-community-controlled-organisations

(b) https://www.facs.nsw.gov.au/resources/statistics/services/metadata/chapters/responding-to-concerns

(c) https://dex.dss.gov.au/wp-content/uploads/2017/03/data_exchange_protocols.pdf

(d) https://www.facs.nsw.gov.au/families/out-of-home-care/about-out-of-home-care/care-types

(e) https://www.facs.nsw.gov.au/__data/assets/pdf_file/0003/806934/dcj-caseworker-dashboard-december-2020.pdf

1 Executive Summary

This interim report provides an update on the progress of the evaluation of the NSW Department of Communities and Justice (DCJ) Targeted Earlier Intervention program and outlines initial findings. This report focuses primarily on the process evaluation. The final report, due in mid-2024, will focus on the outcomes and economic evaluation of the Targeted Earlier Intervention (TEI) program. The process evaluation findings will also be refreshed in the final report, with the Data Exchange (DEX) data available up until 30 June 2023 (currently available up to 30 June 2022) and data taken from the 2021-22 Human Services Dataset (currently taken from 2020-21).

About the Targeted Earlier Intervention program

The Targeted Earlier Intervention (TEI) program is one of DCJ's key initiatives to strengthen families and communities across NSW. It prioritises children, young people and families who are experiencing or at risk of vulnerabilities, and aims to prevent the escalation of risks associated with child abuse and neglect and ensure that issues are addressed early on. It does this by increasing access to services at the point where they can have the most impact – early in life and early in need. In doing so, it aims to also reduce the number of children coming into contact with the child protection system.

The TEI program, which is delivered by close to 500 service providers, includes a diverse range of programs. These vary in duration and intensity, from community engagement in the Community Strengthening stream, to case management within the Wellbeing and Safety stream.

Evaluation methodology

For this interim report, the evaluation has included a review of program documentation, interviews with DCJ staff and sector representatives, an in-depth online survey of TEI providers, and an initial review of data captured on the Data Exchange (DEX) between 1 July 2021 to 30 June 2022, including client numbers, demographics, service sessions and client outcomes. In addition, the evaluation includes an analysis of the Human Services Dataset (HSDS), which supplements what can be observed from the DEX data to provide a better understanding of TEI clients. For the interim report, only data up to 30 June 2021 was available for the HSDS and hence relevant findings are limited to the first year of TEI only.

Limitations of the evaluation

The evaluation team recognises limitations facing the evaluation. Results from the evaluation should be interpreted with these limitations in mind. The currently known limitations are outlined below, and this list may be updated as the evaluation progresses:

- The TEI program is broad and heterogeneous. Insights into variation by program activity, district and service provider will depend on the volume, granularity, and quality of the data.
- Reporting through DEX is in its infancy having been implemented in 2020-21 and reporting in the first year was impacted by COVID and natural disaster. The TEI program is very early in its data journey to understanding its impact on outcomes, particularly longer-term outcomes.
- For whole of program analysis using individual client data from DEX and HSDS, the insights are predominantly based on clients receiving Wellbeing and Safety stream services since it has a much higher proportion of individual clients than the Community Strengthening stream. It is difficult to estimate the true number of clients that have received Community Strengthening stream support and the true proportion of identified clients (given the potential of double counting).
- The understanding of the risk profile of TEI clients and the broader population using the HSDS is based on how they have interacted with key government services including child protection, health, justice, housing, and education. TEI clients may have risk factors and vulnerabilities that can't be observed in government service data. This influences conclusions we make around where there might be unmet demand and what baseline outcomes we can expect for TEI clients.

Findings from the interim evaluation:

Implementation of the Targeted Earlier Intervention Program

Progress has been made against most TEI reform aims.

The TEI program was developed following a reform process, which included extensive consultation, Aboriginal specific consultations and evidence reviews. The reform process consolidated five legacy programs and implemented five key reform directions.

DCJ has made progress against most of the commitments in the reform, including introducing a simplified program structure, reforming contracting arrangements, implementing a new performance monitoring and evaluation framework, developing a new outcomes framework and data collection platform, supporting local governance arrangements and introducing additional training and development.

Funding allocations are still driven by historical contracts.

There has been less progress towards reallocation of funding based on levels of need. Instead, due to decisions of Government, existing funding allocations were maintained, which limited any significant reallocation of funding or increased investment in Aboriginal-led programs.

The environment in which TEI has been implemented has been exceptionally complex.

The current TEI program was launched during the COVID-19 pandemic. This had a major impact on service provision, both in the way that services could be delivered as well as the challenges being experienced by TEI clients. More recently, cost-of-living challenges have impacted the lives of existing TEI clients and has led to new cohorts seeking TEI services. Greater flexibility in TEI contracts (due to the reforms) enabled some providers to respond to changing local dynamics related to these crises. However, the increased level of demand generated by these crises was the most significant factor overall.

Providers have largely given positive feedback on TEI process, with some key exceptions.

When asked for feedback about TEI process, most providers had positive reflections about their current contract structures (including the terms and duration), their relationships with local DCJ commissioning and planning officers, the new TEI outcomes framework and program logic templates, the resources and evidence about local needs, communications and sector forums. Providers were far less positive about levels of funding and data reporting. Funding was noted as a key area for improvement, to reflect the reality of TEI service delivery.

Data quality is still a work in progress, which presents challenges for the evaluation.

The implementation of DEX has enabled greater collection of process and outcomes data, but there are still some issues with data coverage and reliability. Analysis of the current dataset shows that providers are collecting data inconsistently and sometimes not capturing data as anticipated. The large number of unidentified group client records makes it difficult to assess the reach of the program. In addition, inconsistent client outcome reporting makes it difficult to track client progress. These data challenges are described in detail in Section 7, including the implications for the final evaluation.

Reach of the Targeted Earlier Intervention Program in responding to need

To understand need for TEI services and the reach of the program, the evaluation analysed the state-wide HSDS to estimate need in each DCJ District based on observed risk profiles (e.g. population accessing homelessness supports and children with past interactions with the child protection system), and DEX data to understand actual service delivery (further detail in Section 5.2).

TEI client numbers seem to be increasing, although there is evidence of potential unmet demand in some districts.

Recorded client numbers have been increasing since the launch of the TEI program, with growth observed in nearly all districts (particularly South-Western Sydney). This growth in service use outpaces population growth, with new families and cohorts previously unknown to providers now accessing TEI. There was a 13% increase in unique client records between 2020-21 and 2021-22 and more than 30% increase in unidentified group clients. While growth in client records is expected due to data collection only being made compulsory from January 2021, the consistent growth in both individual and unidentified group client numbers after that date across each activity stream as well as responses from interviewees and surveys suggests that there is likely a genuine increase in clients served.

Although recorded client numbers are increasing, analysis shows a few districts where there is potential unmet demand. Some districts are seeing fewer entries into TEI than would be expected based on local risk profiles. There may also be fewer outlets or long distances required to be travelled to receive services. The Hunter, Far-West and Murrumbidgee districts may be experiencing some unmet demand for TEI services. Unmet demand may, in part, be due to commissioning constraints at the beginning of the TEI program, when existing funding allocations were maintained, rather than investment being matched to need.

TEI is reaching priority groups, but anecdotally the complexity of client needs is increasing.

About 40% of TEI clients are in one of the priority groups - either Aboriginal, 0 to 5 years old, a young person at risk of disengagement from school, or a young parent with risk factors. While some TEI programs can be considered universal, TEI activities generally aim to provide early support to clients with vulnerabilities, some of whom are already receiving crisis support. Providers also note that TEI is often used as a 'step down' service following more intensive casework with a family, within the statutory child protection system. As a result, TEI clients tend to have higher risk profiles than the general population. Feedback from providers suggests that clients are presenting to TEI services with increasing levels of risk and complexity, to which some TEI services and contracts are not necessarily equipped to respond. It is difficult to track trends in the data as DEX data is available to 30 June 2022 however HSDS data was only available for one year (up to 30 June 2021). HSDS data up to 30 June 2022 will be available for the final evaluation report.

The final evaluation report will review this issue of risk and complexity further.

TEI services with Aboriginal children, young people, families and communities

TEI has not met targets for investment in Aboriginal-led programs.

Aboriginal children, young people, families and communities are a priority group for TEI and form a significant proportion of the TEI client cohort. Aboriginal children make up around two in every five children in out of home care in NSW. And in 2021-22, 15% (or 19,583) of TEI clients identified as Aboriginal or Torres Strait Islander. A core aim of the TEI program is to provide access to effective and culturally safe early intervention services for Aboriginal children, young people, families, and communities with the aim of reducing entries to out of home care. To support this, a target was set to increase investment in Aboriginal Community Controlled early intervention services to 30% of overall DCJ investment. As of July 2023, 11% of funding was invested in Aboriginal Community Controlled Organisations in all DCJ early intervention programs.

Overall, TEI has not met its investment target for Aboriginal-led programs. This is primarily due to decisions by Government to maintain existing funding commitments at the beginning of the TEI program in 2020. This significantly limited DCJ from achieving the Aboriginal investment target as part of TEI recommissioning. Both ACCOs and many non-ACCO providers called for increased funding to ACCOs, and support for emerging ACCOs. DCJ has a policy directive that all relinquished funding is prioritised for allocation to ACCOs in the same district.

Cultural safety in TEI service delivery is an area for improvement

When asked about cultural appropriateness of current TEI services for Aboriginal children and families, many providers had positive responses. This was true for both ACCOs and non-ACCOs providers when surveyed. However, within the survey many providers also believe that the TEI program is not effective for Aboriginal children and families and/or that major changes are needed, such as an increase in Aboriginal staff, more co-designed and co-created programming and an increase in cultural competency among non-Aboriginal organisations. Both ACCOs and many non-Aboriginal providers called for increased funding to ACCOs, and support for emerging ACCOs. This component will be further examined in the next stage of the evaluation by having conversations with Aboriginal clients of the TEI program. This will provide further context regarding cultural safety in TEI services.

TEI reporting requirements were also noted as a challenge among ACCOs and non-ACCO organisations working with Aboriginal children and families. Providers described reluctance of their Aboriginal clients to provide personal data, especially before the provider can develop a trusted relationship. Providers also called out concerns about data sovereignty, lack of cultural outcomes in reporting frameworks, and the overall burden of data collection. Providers suggested opportunities to reduce the number of mandatory questions and allow greater flexibility about the timing of data collection (to allow time to build client trust before asking for personal information).

Emerging opportunities to strengthen the Targeted Earlier Intervention Program

There are opportunities to clarify TEI purpose and simplify its structure.

Stakeholders suggested that the TEI program would benefit from clarity about its role in the broader services system, including potentially a renewed focus on prevention. In addition, there may be benefit in further streamlining the structure of TEI to reduce duplication across program activities and simplify contracting arrangements, especially in the Community Strengthening stream.

The next commissioning round needs to be informed by local planning and evidence of need.

The next round of commissioning in 2025 will need to ensure more appropriate distribution of funding and considering of overall funding levels for activities. This should be informed by local planning processes and evidence of local needs, including the funding needs of both existing and emerging ACCOs.

Data collection and reporting procedures require improvement.

There is a need to review the TEI Data Quality Strategy and consider additional actions required and/or where alternate data collection procedures are needed (e.g. for ACCOs and/or Community Strengthening providers).

In addition, there is an opportunity for DCJ to work with providers and clients to refine the TEI outcomes framework, to ensure providers are supported to collect data that is most relevant to their programs, including culturally relevant outcomes for Aboriginal children, young people, families and communities.

Next steps for the evaluation

The primary focus of the next phase of the evaluation will be to understand the outcomes achieved through TEI and the differences in outcomes observed between different TEI steams, program activities and service types. This will include an assessment of the economic outcomes of the TEI program as compared to program costs. There will also be case studies reviews undertaken with a sample of providers and their clients to understand more about their experiences.

It is estimated the final evaluation report will be available in the second half of 2024. It will detail the outcomes and economic evaluation methodology and results, and will also include a refreshed process evaluation based on more complete datasets, including the DEX data available through to 30 June 2023 and the HSDS dataset from 2021-2023.

2 Overview of the Targeted Earlier Intervention Program

2.1 Background to the TEI program

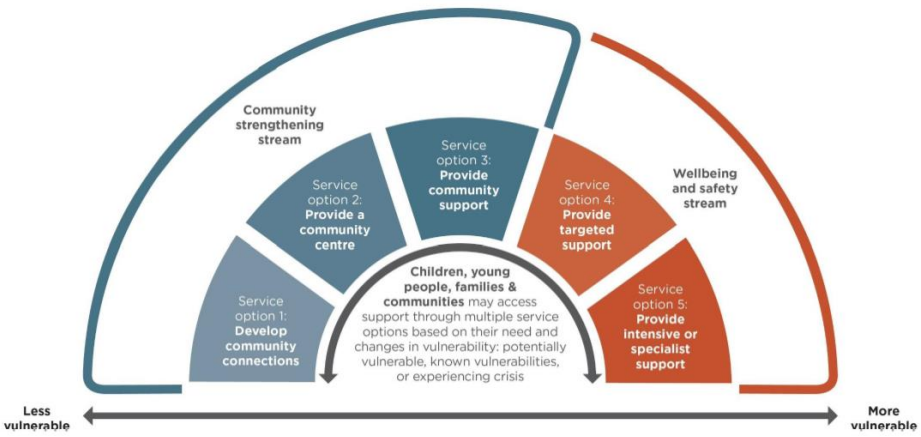
The Targeted Earlier Intervention (TEI) Program commenced in July 2020. It is one of the key early intervention initiatives for the NSW Department of Communities and Justice (DCJ), which aims to strengthen families and communities and reduce the number of children coming into contact with the child protection system. The target population for TEI is children, young people, families, and communities within NSW who are experiencing or at risk of vulnerability. This population may experience challenges and/or barriers to identifying and accessing the services they need to live independent and self-determining lives.

The TEI program is designed to provide targeted services at the point where they can have the most impact – early in life and early in need - ensuring the best investment for communities and government. By delivering support to children, young people, families and communities experiencing, or at risk of, vulnerability, the TEI program seeks to prevent risks associated with child abuse and neglect from escalating and ensure issues are addressed early. This includes a focus on supporting the following priority groups, which are recognised as particularly important in the early intervention space:

- Aboriginal children, young people, families and communities
- 0–5 year olds
- Children and young people at risk of disengagement from school, family and community
- Young parents with known vulnerabilities or who are experiencing hardships.

Each year, DCJ invests over $172 million in the TEI program. In 2021-22 financial year, it was delivered by 472 service providers, in 1,440 outlet locations. As of July 2022, the TEI program has 699 contracts funded up to June 2025. In 2021-22, a total of 127,897 unique individual clients[1] and 977,815 group clients[2] received services from the TEI program.

Figure 2.1 – TEI two Program Streams and five Program Activities



Source: TEI Annual Report 2020-21

[1] This client figure is lower than the 133,945 reported in the 2021-22 TEI annual report. The evaluation counted records with the same Statistical Linkage Key (SLK) as the same client, while the annual report treats each record with different client ID as different clients.

[2] Number of unidentified group clients for 2021-22 is likely to be inflated due to known reporting issues. Steps have been taken to ensure the issues are resolved for future periods, however the data was not able to be remediated for the period already submitted. See Appendix C.1 for details.

The TEI program has two streams of support (see Figure 2.1 above):

- **Community Strengthening**: which aims to connect members of a community experiencing, or at risk of experiencing, vulnerability with their broader community, as well as aiming to strengthen the community as a whole. This includes activities that facilitate greater community cohesion, inclusion and wellbeing, and empowerment of Aboriginal communities. Services include neighbourhood and community centres.
- **Wellbeing and Safety:** which aims to support children, young people and families with targeted or intensive support where they are experiencing identified vulnerabilities. This includes activities that strengthen protective factors and respond to known risk factors, ensuring parents and caregivers are able to meet their personal wellbeing and safety outcomes, and are able to provide their children and young people with a safe and nurturing home, such as, parenting programs, supported playgroups, counselling, peer support and mentoring.

Within each stream, there are a diverse range of program activities and service types that are implemented according to local community need. A full listing of services is provided in Appendix B., but some common ones for each activity are:

- Community Connections – Information & referral, Social Participation, Community engagement.
- Community Centres – . Information & referral, Social Participation (with a greater emphasis on group meetings)
- Community Support – Advocacy & Support, Education & Skills training, Information & referral, Social Participation
- Targeted Support – Family capacity building, Counselling, Information & referral, parenting programs, supported playgroups
- Intensive & Specialist Support – Family capacity building, Counselling, Information & referral, Specialist Support.

While there are overlaps in the service categories, emphasis within will often vary – see the detailed descriptions in Appendix B.

People may access services across both program streams at the same time. Vulnerabilities may increase or decrease over time for people and therefore their access to program activity options will change depending on their level of need for more or less intensive support. The TEI Program structure provides the flexibility for providers to deliver services across any or all of the program activity options. Service providers are contracted to deliver particular program activity options (either in combination or individually). These options will be negotiated locally through District commissioning processes that determine local priorities for TEI service provision.

The TEI program supports the following practice principles across TEI service delivery: person centred with the child, young person and/or family at the centre and leading decision making; strengths based using a strengths based approach to service design and implementation, which support people to build their capacity for change; evidence-informed across the life course, using natural development phases and transition points as ‘triggers’ for service delivery; holistic and collaborative working in partnership with other relevant services and/or organisations to achieve better outcomes; capability building to build social capital within communities; trauma informed to recognise the impact of trauma on those accessing services, and develop and implement trauma informed policies and practices; and flexible and responsive in working with families, recognising that families’ needs are not static, and that families may be transitioning in and out of hardship and disadvantage over time.

TEI services do not operate in isolation, but sit within a complex and diverse human service system. The willingness of services to collaborate, co-design and co-ordinate with other services, both government

and non-government, universal and targeted, is vital for the TEI Program to achieve outcomes for its target group. For all service types in the TEI program see Appendix B.

2.2 TEI outcomes and program logic

The DCJ TEI Program Outcomes Framework[3] leverages the Human Services Outcomes Framework to define a broad set of potential outcomes associated with TEI program delivery. The Framework also includes a program logic (reproduced in Appendix G) that reflects this breadth, as well as how the evidence and mechanisms of change feed into outcomes.

The TEI program is also diverse. In recognition of this, all providers are asked to produce their own tailored program logic, focusing on the outcomes and impact that they expect to see due to their activities. Guidance on construction of provider program logics is provided by DCJ, including the set of recommended outcomes to draw from.

While outcomes evaluation is not a focus of this interim report, we similarly reflect the breadth of outcomes in our evaluation design.

2.3 TEI evidence base

The current TEI program was designed in response to the TEI reform process completed in 2016. That reform was based on extensive consultation as well as reviews of available evidence, which led to five key reform aims:

1) Improve outcomes for clients of TEI services.
2) Create a service system continuum grounded in evidence-informed practice.
3) Target resources to those with the greatest needs
4) Facilitate district decision making on the design and delivery of local services.
5) Increase flexibility so that clients are the centre of the system.

To achieve the reform aims, DCJ committed to commission local service providers to deliver services, focussing on key priority groups. In addition, DCJ committed to monitor and review client outcomes, including through regular program evaluations.

2.3.1 TEI consultation process

As part of the TEI reform process, over 500 written submissions were received, DCJ held 26 district consultation forums with over 1,100 participants, and 11 Aboriginal stakeholder forums were conducted. In addition, over 1,800 clients of TEI services provided feedback via an online survey, with 85 clients participating in focus groups and/or one-on-one interviews.

A consultation report was released in 2016, which summarised eight themes from the consultation. These included greater service flexibility, improved accessibility for 'at risk' groups, services designed to reflect Aboriginal needs and priorities, strengthened partnership and networks, increased overall funding and reach, improved information systems and sharing, increased capability building, changes to funding arrangements.[4]

[3] https://www.facs.nsw.gov.au/__data/assets/pdf_file/0006/679857/DCJ-TEI-Program-Outcomes-Framework.pdf

[4] NSW Family and Community Services (2016). "Targeted Earlier Intervention Program Reform Consultation Summary Report: What you told us", https://www.facs.nsw.gov.au/__data/assets/file/0008/371996/Executive-Summary.pdf

2.3.2 Evidence base informing TEI program design

In addition to consultations, the TEI reform was informed by research into effective approaches to early intervention. [5] In 2015, the Australian Research Alliance for Children and Youth, in partnership with the NSW Government, released the report *Better systems, better chances – A review of research and practice for prevention and early intervention.*

The report provided a strong evidence base for the TEI program and reforms. For example, it shows that protective and risk factors at the individual, family and community levels are highly predictive of life outcomes, and effective prevention and early intervention can dramatically change life trajectories.[6]

The TEI program has a strong focus on evidence-based programming. As part of TEI, DCJ has commissioned a range of evidence reviews to inform program design as well as aspects of service delivery. DCJ also built and maintains an evidence portal on its website, which provides access to a broad range of research and evidence from Australia and overseas, which can be used by providers to design evidence-informed services.[7]

The design of the TEI program focuses on protective factors related to community wellbeing and child, youth and family wellbeing. Community wellbeing relies on conditions that enable individuals to flourish and fulfil their potential such as connectedness (social connections, social groups and community organisations). TEI's community wellbeing stream focuses on strengthening connectedness, particularly for vulnerable groups within the community, and contributing to improvements in other community conditions where possible.

Child, youth and family wellbeing can be affected by a combination of risk and protective factors, which can collectively either build resilience or escalate vulnerabilities. TEI aims to support child, youth and family wellbeing through targeted supports at the points where the evidence suggests they will have most impact – early in life and early in need. TEI prioritises supports for specific target groups as described below.

2.3.3 Evidence supporting TEI priority groups

The TEI program prioritises supports to four key groups of clients, based on evidence of need and evidence of the points in a person's life where intervention can be most effective.[8]

The TEI program prioritises **children aged 0-5 years old and younger parents experiencing vulnerabilities**. This is in response to evidence that intervention can be most effective in early childhood, while the brain is rapidly developing. Negative experiences in early childhood can have a greater impact on outcomes later in life. Environmental stresses experienced early in life, such as poor nutrition, abuse, neglect and poverty, can lead to increased risks of mental and physical illness throughout the individual's life. Young parents can benefit from parenting, practical, advocacy and other support to help them build a nurturing and stimulating home environment for their child, and connect with the services they need

[5] NSW Family and Community Services (2016). "Targeted Earlier Intervention Program Reform: Reform directions – local and client centred, https://www.facs.nsw.gov.au/__data/assets/file/0007/379366/TEI-Program-Reform-Directions-local-and-client-centred.pdf

[6] Fox, S., Southwell, A., Stafford, N., Goodhue, R., Jackson, D. and Smith, C. (2015). *Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention.* Canberra: Australian Research Alliance for Children and Youth (ARACY). http://www.community.nsw.gov.au/__data/assets/pdf_file/0008/335168/better_systems_better_chances_review.pdf

[7] Department of Communities and Justice, Evidence Portal, https://evidenceportal.dcj.nsw.gov.au/

[8] See: Department of Communities and Justice TEI Program Specifications (2019) https://facs-web.squiz.cloud/__data/assets/pdf_file/0009/679896/TEI-Program-Specifications.pdf citing the above ARACY report.

to raise their child, secure independence and support themselves and their family.[9] This also aligns with the NSW Government's Brighter Beginnings initiative, reflecting the lifelong impact of adverse experiences during this period, as well as the opportunities to build resilience, mitigate against vulnerability and influence positive life course outcomes during this period.

The TEI program also prioritises **children and young people at risk of disengagement from school, family and community**. Family and community connections can be central to the development of positive self-identity. A child or young person's experiences and support during transition periods can have a significant impact on school engagement, school completion and later employment.

Aboriginal children, young people, families and communities are a TEI priority. The cumulative effect of historical and intergenerational trauma has led to widespread disadvantage among Aboriginal people in Australia. In NSW, Aboriginal children make up 42% of the out of home care population despite being just 5% of the population.[10] DCJ has a strategic commitment to improve the outcomes of Aboriginal families and communities, and to ensure that all Aboriginal people in NSW have the opportunity to achieve their aspirations. Impact of adverse experiences during this period, as well as the opportunities to build resilience, mitigate against vulnerability and influence positive life course outcomes during this period.

TEI key groups align with priorities highlighted by the Stronger Communities Investment Unit – 2018 Insights Report.

2.4 TEI data collection

As part of the TEI reform, the TEI program adopted a stronger focus on client outcomes, which included defining the core set of client outcomes embedded in the TEI Program Outcomes Framework. TEI providers are required to collect data, with the expectation that this will inform ongoing learning, innovation and continuous improvement for each service.

TEI also introduces a new data collection process using the Data Exchange (DEX) platform hosted by the Department of Social Services. All TEI services must report data through DEX. Service providers commenced collecting data in DEX 1 July 2020, and this has been mandatory since 1 January 2021.

Individual client records are required in the Wellbeing and Safety Stream, whereas they are only required for a subset of Community Strengthening stream (where full collection of details is not practical), with the remainder recorded as unidentified group clients.

DEX has functionality for the collection of client satisfaction and outcome scores. Collection of outcomes is mandated for a target fraction of clients a provider supports. Providers have flexibility what outcomes are most suitable to record.

The nature of the DEX collection places some limits on the evaluation analysis that can be undertaken – see Section 3.3. Further detail on current data collection, and the opportunities for improvement, are provided in Section 7.

[9] This aligns with NSW Health's First 2000 Days Framework, reflecting the lifelong impact of adverse experiences during this period, as well as the opportunities to build resilience, mitigate against vulnerability and influence positive life course outcomes during this period Ibid.

[10] The Department has a strategic commitment to improve the outcomes of Aboriginal families and communities, and to ensure that all Aboriginal people in NSW have the opportunity to achieve their aspirations. impact of adverse experiences during this period, as well as the opportunities to build resilience, mitigate against vulnerability and influence positive life course outcomes during this period See Productivity Commission information repository: https://www.pc.gov.au/closing-the-gap-data/dashboard/socioeconomic/outcome-area12/out-of-home-care

3 Approach for this evaluation

3.1 Context for the evaluation and its purpose

The purpose of this evaluation is to understand the overall impact of the Targeted Earlier Intervention (TEI) Program, which commenced in July 2020. It includes a process, outcome, and economic evaluation, examining Program Activities, Service Types, target groups and service regions, using existing quantitative data and research as well as additional surveys and interviews. Results from the evaluation will inform the re-commissioning process in 2025.

This evaluation focuses on the TEI program from mid-2020 (when current TEI program contracts were commissioned) through to June 2023 (the latest available reporting data), subject to any limitations in data availability for that time frame.

3.2 Overview of methodology

3.2.1 Evaluation questions

The evaluation team developed a set of evaluation questions to guide the evaluation, with input from the Department of Communities and Justice (DCJ). This interim report focuses on the questions related to the process evaluation, which are described in the table below.

Table 3.1 – Process evaluation questions and sub-questions

Process Evaluation: How well has the TEI program been implemented?	
1a) Has the TEI program been implemented as planned?	▪ Did the TEI program commission the anticipated level & type of services/activities in the areas planned? If not, has there been improvement and is it expected to do so in the future? ▪ How well did the program reach the target populations and priority cohorts and in what locations? ▪ Has the TEI program been appropriate for Aboriginal families and communities? What adaptations have been/are still required to better meet their needs? ▪ What were the barriers and facilitators of implementation? ▪ Have there been any unexpected circumstances that affected program implementation (e.g. the COVID-19 Pandemic, natural disasters, etc)?
1b) Have there been effective processes in place to ensure that the services were well designed and implemented by providers?	▪ To what extent has the program been able to ensure that services are client-centred, flexible, and responsive to client and community needs? ▪ To what extent has the program been able to ensure that services are culturally safe and appropriate? Do current reporting systems adequately reflect cultural outcomes, values and considerations, especially for people of Aboriginal or CALD background? ▪ To what extent has the program been able to encourage/ensure that clear referral/client pathways were developed and effective partnerships between services formed? ▪ Are new services and service features being designed and delivered by community for community?

Process Evaluation: How well has the TEI program been implemented?	
1c) What opportunities are there to improve or expand the TEI program?	▪ Are there opportunities to improve the program design and its two program streams? ▪ Are there opportunities to improve implementation of the program and commissioning of services? ▪ What factors should be considered in scaling up or expanding the program? ▪ Are there opportunities to make the program more culturally safe, especially for Aboriginal people? ▪ Are there opportunities to improve the data collection and reporting of the TEI program?

The remaining evaluation questions (detailed in the tables below) relate to the outcomes and economic evaluation and will be the focus of the next phase of the evaluation, with the results detailed in the final evaluation report.

Table 3.2 – Outcomes evaluation questions – to be answered in the next phase of the evaluation

Outcomes Evaluation: Is the TEI program making a difference?
▪ Where/when did TEI achieve better outcomes for clients (especially fewer children entering the child protection system)?
▪ Where/when did TEI achieve poorer outcomes?
▪ What were the factors that contributed to better (or poorer) outcomes?
▪ What unanticipated outcomes (positive or negative) did the program produce?
▪ Which of the service types worked, for whom, where and why? Should there not be enough data available the question should look at program activities.
▪ What was the influence of the TEI program in supporting and hindering client and service system outcomes?
▪ Have there been improvements in outcomes for Aboriginal children and families, particularly any reduction in the rate of over-representation of Aboriginal children in out-of-home care? How do these improvements compare to non-Aboriginal children and families?
▪ What factors influenced change in outcomes for Aboriginal children and families and what adaptation, if any, was required to better meet the needs of Aboriginal children and families

Table 3.3 – Economic evaluation questions – to be answered in the next phase of the evaluation

Economic Evaluation: To what extent did the TEI program represent value for money and deliver economic benefits to the community and government?
▪ What are the quantifiable benefits of the overall TEI program and/or at a program stream level (for example, what that the longer-term out-of-home care savings associated with the TEI program)? And are there benefits that cannot be quantified?
▪ What are the costs of delivering the TEI program, and do the quantifiable benefits of the program outweigh its costs?
▪ For which program stream/program activities did benefits outweigh costs?
▪ What is the cost to provide culturally safe services to Aboriginal families?
▪ Is there a greater benefit for Aboriginal children and families' relative to cost compared with non-Aboriginal children and families?

3.2.2 Data sources

The findings contained in this interim report are informed by multiple sources of evidence. These include:

- **Program documentation and literature provided by DCJ:** A range of materials has been supplied by DCJ and/or are in the public domain detailing the original intent of the TEI reform, evidence to support it, and process of implementing it. For example, TEI Program Specifications, TEI Outcomes Framework and TEI Annual Reports. These materials have been used to verify elements of the TEI program's history and activity to date.
- **Focus group and interviews with DCJ staff:** The evaluation team conducted focus groups and interviews with over 25 DCJ representatives across TEI management, district commissioning and planning officers and Transforming Aboriginal Outcomes unit to understand perspectives on TEI's strengths and opportunities for improvement, particularly for TEI processes.
- **Interviews with TEI peak bodies:** The evaluation team conducted interviews with five state-wide peak bodies representing TEI service providers (AbSec, Fams, NCOSS, Youth Action and LCSA)
- **Online Survey of TEI providers:** An in-depth, two-part survey was issued to all 472 TEI providers to understand perspectives on TEI process and effectiveness. The second part of the survey focussed specifically on TEI data reporting processes including the Data Exchange (DEX) platform. Providers were asked to nominate the most appropriate person in their organisation to complete each survey. 371 individual service provider responses were received for Part 1 and 225 responses were received for Part 2.
- **Data Exchange data (DEX):** Analysis of data reported by TEI service providers through DEX from 1 July 2020 to 30 June 2022, including client numbers, demographics, service sessions[11]. Reporting into DEX was voluntary in the first six months of the period analysed and became compulsory from 1 January 2021. Clients may either be recorded in DEX as individual clients, where client details and demographic information are recorded, or as unidentified group clients when it is not practical to collect client details. Only the number of people who participate in a service/activity is recorded for unidentified group clients.
- **Community Wellbeing Survey –** The Local Community Services Association (LCSA) Community Wellbeing Survey which captures community level data.
- **Human Services Dataset (HSDS):** The HSDS brings together 27 years of data from across government and over seven million records about children, young people and families. The records contain de-identified information from all NSW residents born on or after 1 January 1990 (the Primary Cohort) and their relatives (i.e. family members, guardians and carers – the Secondary Cohort). The HSDS was created by de-identifying and combining data collected through the administration of different NSW Government services including child protection, health, education and justice.[12] The HSDS supplements what can be observed from the DEX TEI program data to provide a better understanding of who are using TEI services and what outcomes have been achieved (Note: Only limited HSDS data up to 30 Jun 2021 were available in the lead up to the drafting of the interim report, hence findings are limited at this time to 1 year from TEI program commencement. Additional HSDS data is expected to be made available in the subsequent evaluation phase.)

For the final evaluation report, additional evidence will be collected to support the outcomes and economic evaluations. This will include three case study reviews, which will consist of focussed site visits, interviews and surveys with a select number of TEI providers and TEI clients across NSW. These case

[11] A session is an individual instance or episode of service, such as a home visit or a counselling session

[12] https://www.facs.nsw.gov.au/resources/research/human-services-dataset-hsds/about-the-human-services-dataset

study reviews will provide further context to the evaluation findings to better understand differences in TEI results.

3.2.3 Human research ethics review and approval

Both DCJ and the evaluation team are committed to achieving the highest standards of ethical research. The evaluation plan has been reviewed and approved by the Aboriginal Health and Medical Research Council (AH&MRC) (AH&MRC Reference: 2115/23).

3.2.4 Approach to categorising open-text survey responses

As part of the TEI online provider survey, respondents were provided with several open-text questions. These were included to allow for a greater diversity of responses and were particularly important in collecting recommendations and suggestions in relation to TEI.

Open text responses were categorised based on a thematic analysis. The categorisation is based upon the total number of responses containing the same sentiment/suggestion.

Where appropriate, the report provides a percentage of respondents who responded to a particular theme. However, in many cases a percentage would be misleading, as provider comments were not always a direct response to a question. As such, we cannot know the proportion of respondents who would agree or disagree with that sentiment if a direct question had been raised. In these cases, the proportion of responses have been categorised into three ranges and these terms have been used in the report:

- **A small number:** An isolated subset of responses only. In most situations limited to one or two similar responses.
- **Several:** A noticeable subset of responses. In most situations around five responses and up to one quarter of responses.
- **Many:** A significant subset of responses. More than one quarter of responses.

3.3 Limitations

The evaluation team recognises limitations facing the evaluation. Results from the evaluation should be interpreted with these limitations in mind. The currently known limitations are outlined below, and this list may be updated as the evaluation progresses:

- The TEI program is broad and heterogeneous. Insights into variation by program activity, district and service provider will depend on the volume, granularity, and quality of the data. We look at overall results as well as those by larger categories, such as streams. However, it is not feasible to evaluate in detail down to a service or provider level.
- For whole of program analysis using individual client data from DEX and HSDS, the insights are predominantly based on clients receiving Wellbeing and Safety stream services since it has a much higher proportion of individual clients than the Community Strengthening stream. For client analysis at the program activity or a service type level, the insights for the Community Strengthening stream are based on individual clients which only makes up a small proportion of the total clients in the stream. In 2021-22, the proportion of clients with individual records out of total individual and unidentified group clients is 7% for Community Strengthening activities and 59% for Wellbeing and Safety activities.[13]

[13] Numbers might be slightly understated due to double counting of unidentified group clients. Individual clients may also be represented in group client numbers too.

- Any insights at the district level would be affected by differences in the quality of client data collection.
- Reporting through DEX is in its infancy having been implemented in 2020-21 and reporting in the first year was impacted by COVID and natural disasters. Data collection only became mandatory from 1 January 2021, six months after the commencement of the program. Additionally, the TEI program is very early in its data journey to understanding its impact on outcomes, particularly longer-term outcomes. Additionally for DEX outcomes data:
  - Providers have flexibility on which client outcomes they choose to score in DEX, which can increase the appropriateness of scores at a provider level, but reduces program-level comparability.
  - There are different tools for measuring outcomes that are then mapped onto a common scale. How these tools are used by assessors are another source of potential inconsistency.
  - There may be selection effects around which clients are more likely to be surveyed for outcome scoring. We explored this issue in our provider survey, but the true effect, if there, will be hard to quantify.
- Due to the potential double counting that exists in the count of group clients and the inconsistencies identified in the recording of group clients, it is difficult to estimate the true number of clients that have received Community Strengthening stream support and the true proportion of identified clients. Therefore, to supplement the individual client analysis the evaluation also examines the number of outlets and sessions provided to assess program reach and potential unmet demand.
- Some biases exist in the HSDS data which may impact the results reported. People born before 1990 are less likely to be captured in the data. This is because by construction of the HSDS, records of people born before 1990 are only included if there is evidence from key datasets (e.g. NSW birth data) that the person is related to someone born after 1990. Despite this, it is expected that the relative comparison of rates between districts and cohorts remains valid.
- The understanding of the risk profile of TEI clients and the broader population is based on how they have interacted with key government services including child protection, health, justice, housing, and education. TEI clients may have risk factors and vulnerabilities that can't be observed in government service data. This influences conclusions we make around where there might be unmet demand and what baseline outcomes we can expect for TEI clients.
- Relatedly, the definition of two of the priority groups is deliberately broad (*Children and young people at risk of disengaging from school, family and community* and *Younger parents with known vulnerabilities or hardships).* We have had to operationalise these definitions for parts of our work based on government administrative data (see for example Section 5.3 and the full definitions in Appendix E). Providers are likely to have different working definitions of these cohorts.
- There are some queries regarding certain HSDS datasets which are yet to be resolved for this report. Some findings need to be considered with this in mind. We have included notes where the data issues may affect interpretation of results.
- Where the report references feedback from TEI providers, this is referring to responses to the TEI Evaluation Survey issued to all TEI providers in July and August 2023. While the survey had over 370 responses and coverage across all TEI districts, the collective dataset may not necessarily be representative of all TEI providers and staff members delivering services.
- Due to the scale of the program and the sheer number of districts and providers, it is not feasible to conduct in-depth qualitative research with all TEI providers. Instead, this evaluation draws on qualitative data provided in the survey of providers, and a limited number of case study reviews which will focus on specific identified themes that need to be explored in more depth. There will be case study reviews that will have a targeted focus on a theme, which may be about location,

program activity or cohort or finding to understand differences identified in the data analysis, what is working, the contributing factors and if there are any lessons for the future. Because complete coverage cannot be achieved, there will be a risk that the research will yield biased or skewed results.

4 Program implementation findings

This section of the report considers the following process evaluation questions:

- Was TEI implemented as planned?
- What were the barriers and facilitators of implementation?
- Have there been any unexpected circumstances that affected program implementation?
- To what extent has the program been able to ensure that services are client-centred, flexible, and responsive to client and community needs?
- To what extent has the program been able to encourage/ensure that clear referral/client pathways were developed and effective partnerships between services formed?
- Are new services and service features being designed and delivered by community for community?

To answer these questions, the evaluation draws on multiple sources, including interviews with 25 TEI stakeholders and a survey of TEI providers which was completed by 371 providers. These interviews and survey were conducted in July and August 2023.

4.1 Implementation of the TEI program

4.1.1 Background to TEI implementation

The TEI program is based on the TEI reform directions which were announced in 2016[14]. To implement the TEI program, DCJ committed to restructure five legacy programs. This included:

- Reviewing resource allocation to align to local needs
- Developing new frameworks to measure performance and track client outcomes
- Strengthening service delivery for Aboriginal children, young people, and families.

In addition, the current TEI program focuses on four priority groups:

- Aboriginal children, families and communities
- 0-5 year olds
- Children and young people at risk of disengaging from school, family and community
- Younger parents with known vulnerabilities or hardships.

This represents a shift from the previous arrangements, in which each individual program had different target groups and eligibility criteria, which created additional complexity and limited flexibility of services.

[14] NSW Families and Community Services (2016). *TEI Program Reform Directions* https://www.facs.nsw.gov.au/__data/assets/file/0007/379366/TEI-Program-Reform-Directions-local-and-client-centred.pdf

4.1.2 From TEI reform objectives to implementation

Some elements of the TEI reform are still in-progress and have not yet been fully achieved.

The TEI reform aimed to address shortcomings of previous programs, however some key aspects remain relatively unchanged. In particular, the majority of TEI funding allocations were maintained from the previous programs. This decision was made in early 2020 to reduce uncertainty for providers and ease the transition to TEI. This meant, however, that redistribution of funding to align to TEI reform aims and/or local needs was limited. This also limited redistribution of funding to increase investment in Aboriginal-led programs and ACCOs.

Despite this constraint, TEI is making progress towards elements of the reform agenda. The below table provides an overview of progress towards key reform aims, based on document review, stakeholder interviews and a survey of TEI service providers. Themes generally apply to both program streams.

Table 4.1 – Progress against TEI reform aims

Reform aim	DCJ commitments	Status
Improve outcomes for clients of TEI services	Develop and implement a Performance Monitoring and Evaluation (PME) Framework.	DCJ implemented the PME framework and commissioned its first TEI evaluation. While there are some challenges with data collection and reporting mechanisms (see Section 7), almost all providers are now supplying both activity and outcomes data. In addition, DCJ funded and provided a range of supports to service providers, including a TEI Data Quality Strategy introduced in 2022 to improve output and outcomes reporting.
Create a service system continuum grounded in evidence-informed practice	Gradual transition to having an increasing number of evidence-informed services.	All service providers are required to complete a program logic and participate in an annual program logic review. DCJ has commissioned a range of evidence reviews to inform program design and service delivery. It also maintains an evidence portal, which provides access to a broad range of research and evidence which can be used by providers to design evidence-informed services. DCJ is currently developing an approach for implementing the evidence with TEI service providers. This involves developing tools and resources to support TEI services to align practice with the TEI core components from the Preventing Child Maltreatment Evidence Review.
Target resources to those with the greatest needs	Restructure the TEI program; Embed the Aboriginal Services Strategy into each element of the reform process; Reallocate financial resources, including consolidating these resources into service streams.	The TEI program was created by bringing together five legacy programs However, there has been very limited reallocation of resourcing due to maintaining existing funding allocations. Districts did, however, undertake some reallocation of funding within their district to target need. Note: Service provision for Aboriginal children, and families is discussed in Section 6 below.
Facilitate district decision making on the design and delivery of local services	Develop formalised governance arrangements involving the NSW Government and NGO sector.	All Districts engaged with community and the NGO sector locally as part of planning, identifying and testing District priorities, and service design in the lead up to TEI commissioning 2020. All providers are expected to take part in local networks, such as interagency groups, as part of the TEI Program Specifications.

Reform aim	DCJ commitments	Status
Increase flexibility so that clients are the centre of the system	Develop common processes across all agencies working with children, young people & families; provide additional training and development for practitioners; implement a mix of output and outcomes-based contracts with longer durations.	Consistent program guidelines have been developed for all of TEI. DCJ's sector assistance strategy delivered hundreds of hours of sector support, in the lead up to the program commencing and since. Support has been delivered face to face and online, both in group settings and one-on-one, to help the sector build their knowledge of outcomes reporting, program logic development, and using the Data Exchange. The sector has also had access to online e-learning modules, including a module about Program Logics, the Aboriginal Case Management Policy, as well as access to Change Together, the online NGO training platform, which became available following program commencement. Contract lengths have been extended with the majority being five-year contracts for TEI service providers. This provides greater certainty to providers. The new contracts outline both service levels (outputs) as well as outcomes. Contracts are able to be amended by negotiation between service providers and DCJ, to address changing needs and the impact of significant events.
	Ensure that the TEI program design is for community, by community.	There were some examples of community-led programming. For example, in some Aboriginal and CALD communities, providers actively engaged with clients and communities (via outreach) to build trust and rapport. This was supplemented with CALD or Aboriginal staff (or interpreters) to help navigate language and cultural barriers. Providers also highlighted efforts to include elders/community within program design.

4.1.3 Unexpected circumstances that affected program implementation

The environment in which TEI has been implemented has been exceptionally complex.

The current TEI program has been affected by significant, external circumstances since commencement in mid-2020. The program was launched during the COVID-19 pandemic and the associated lockdowns and restrictions had a significant impact on TEI service provision. Providers highlighted that the pandemic significantly limited engagement and relationship development with clients and community, as well as training for staff.

Many providers also highlighted the economic effects of COVID-19 and increasing cost-of-living. Providers spoke often of the rising costs of delivering the TEI program, indicating that funding increases were not keeping pace with the rapidly accelerating costs of services, rent and staffing. Some providers drew links with the rise of working from home arrangements, the prominence of which meant staff retention and recruitment became substantially more challenging.

Finally, providers believed that the ongoing impact of COVID-19 and cost-of-living, as well as concurrent natural disasters, have changed the level of demand and type of demand for the TEI program. These providers indicated they were not adequately funded to meet these changes. This is discussed in further detail in Section 5.4.

The flexible contracting nature of TEI is designed to enable service providers to negotiate contract amendments to alter service delivery in response to changing needs and circumstances.

4.2 Program design and implementation

This section covers how the features and components of the broader TEI program, including the design of TEI services, has influenced provider's implementation of TEI.

4.2.1 Provider perceptions on the role of the TEI program

Providers are largely positive about supports provided through the TEI program, with some key exceptions.

Following the TEI reform, there have been significant changes to the structure and terms of provider contracts and changes in the way that DCJ provides support to providers. Several providers [15] noted that the shift to longer term contracts has been important for both organisational stability and service quality. One survey respondent commented that:

"the length of our funding contract gives the workers more a sense of sustained support for not only themselves (as this is not well-paid work) but the families and children they support."

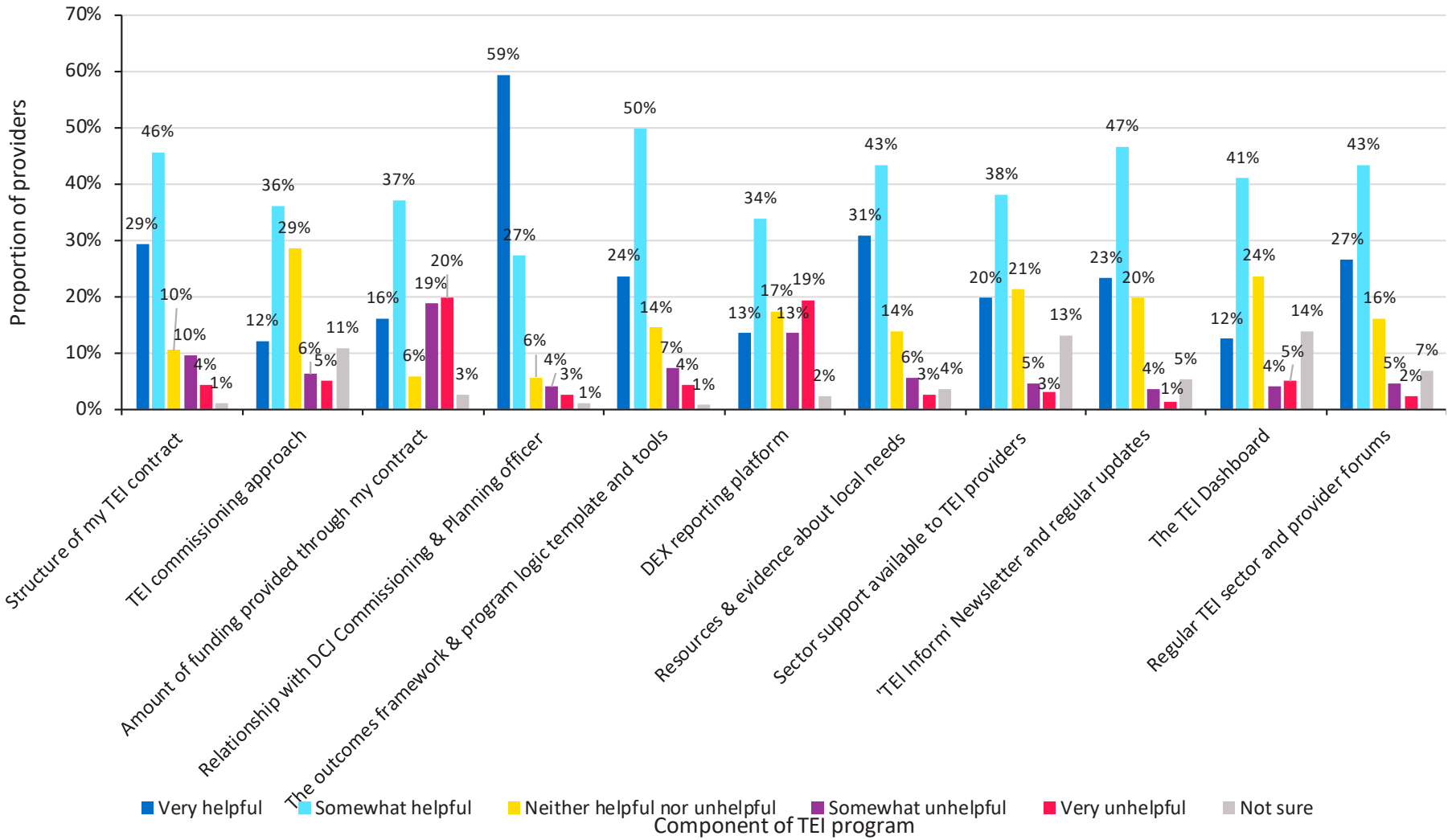
Multiple new resources have also been developed to improve providers' ability to deliver evidence-based service delivery, increase capability of staff and practitioners, and improve connections and networks among providers.

TEI providers were asked to reflect on how helpful these components of the TEI program are in supporting them to achieve outcomes with clients. Overall, many responses (in this case more than three quarters) were positive or neutral, suggesting the vast majority of providers are at least relatively happy with the management of the TEI program (see Figure 4.1).

The most helpful component was the relationships with DCJ commissioning and planning officers, followed by TEI resources and evidence about local needs, structure of TEI contracts (including duration) and regular TEI sector and provider forums. The TEI dashboard and sector support (e.g. training) had the highest rate of 'unsure' answers with respondents commenting that they weren't aware of these options. It is important to note that the TEI dashboard has only recently been implemented in 2023, which may have impacted the sector's knowledge and understanding of the dashboard's use.

[15] As set out in section 3.2.4, "several" refers to a noticeable subset of responses. In most situations around five responses and up to one quarter of responses.

Figure 4.1 – Provider survey results – "To what extent are the following components of the TEI program helpful in supporting you to achieve outcomes with your clients?", n = 305



Several provider responses identified that the least helpful components were funding levels and the DEX reporting platform (Section 7 provides more detail about data reporting and DEX).

Providers emphasise that funding needs to reflect the reality of providing TEI services.

Detailed further in Section 5, recorded client numbers have increased significantly from 2020-21 to 2021-22. That section also outlines the level of complexity facing their services, with providers highlighting the referral of families with increased levels of risk. TEI funding levels were set at the point of commissioning in 2020 and, according to feedback received from providers, have not shifted significantly to reflect the current reality of delivering TEI services, and have only been adjusted for indexation In the provider survey, many providers emphasised that levels of funding are one of the most critical areas for improvement. They note that more funding would support them to tackle a wide range of delivery challenges such as:

- Responding to demand, keeping up with growth and wait lists
- Increasing running costs of delivery
- Ensuring the right expertise is available to deliver services
- Adequate team capacity is in place.

4.2.2 Meeting service delivery principles (flexible, responsive, and client-centred)

Client satisfaction responses are high.

The TEI program sought to commission flexible, responsive, and client-centred services. One way to understand if this is being achieved is through SCORE data[16], which captures client satisfaction and outcomes after completing a program activity. For the satisfaction SCORE, clients are asked to rate on one or more of the following:

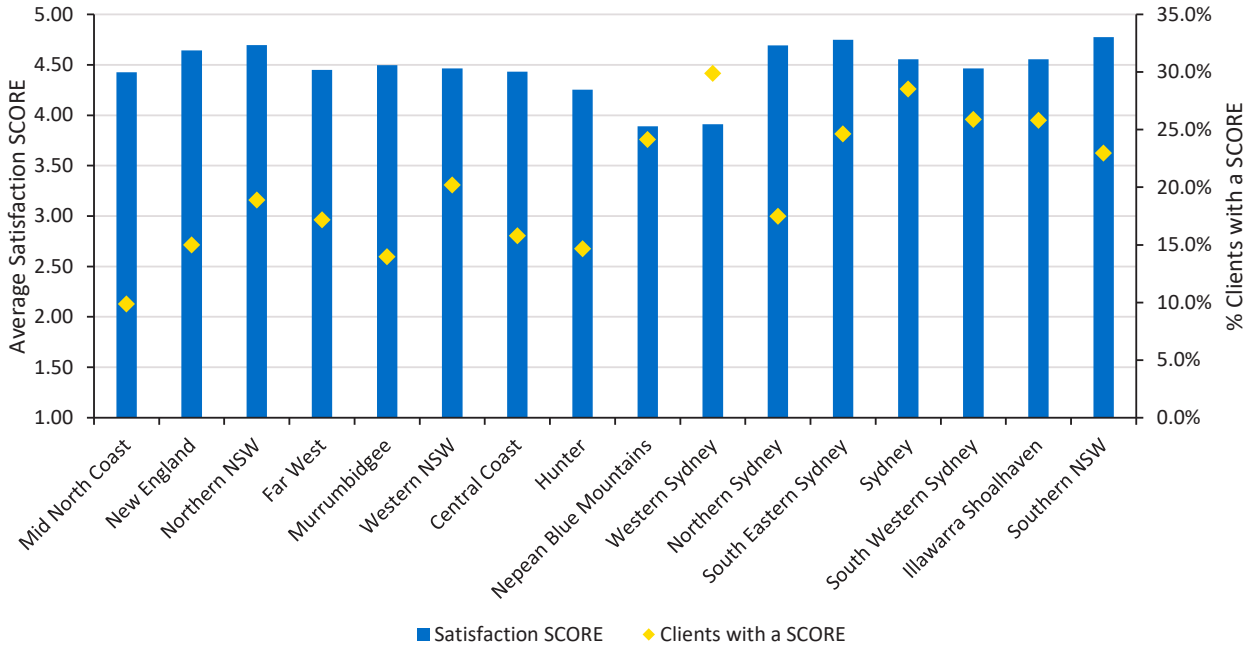
- The service listened to me and understood my issues
- I am satisfied with the services I received
- I am better able to deal with issues that I sought help with.

Client satisfaction, as measured by the average client rating across the three questions, tended to be very high at an average of 4.5 out of 5 in both 2020-21 and 2021-22 (on a scale where 1 represents strongly disagree and 5 represents strongly agree to the statements above). The average is used as all three of the questions relate to the service delivery principles of being flexible, responsive and client-centred. In the final report, the average rating from the individual questions will also be assessed and compared. About 20% of individual clients (as reported in DEX) had a satisfaction SCORE recorded in at least one of the questions above, which is above the target of 10% completion. More detail regarding SCORE collection is discussed in Section 7.

Sample sizes are large – about 128,000 satisfaction scores for 2021-22, with 560 for the smallest region (Far West).

[16] Standard Client/Community Outcomes Reporting (SCORE) reporting tool (see Section 7 for more details).

Figure 4.2 – Average Satisfaction SCORE and % of clients with satisfaction SCORE by district in 2020-22 (DEX)



There were differences between districts in terms of both average satisfaction SCORE and percentage of clients with satisfaction SCORE as shown in Figure 4.2. This could be due to genuine differences in service quality, but it may also be due to differences in client mix and/or data recording[17]. Some cohorts of clients were more likely to have SCOREs recorded (see Section 7), which means SCOREs might not be representative of the overall TEI population and some caution should be applied in drawing conclusions at a program-wide level. The final evaluation report will also look at how satisfaction SCOREs differ between different cohorts of clients.

Provider feedback suggests opportunities to increase flexibility of service delivery.

In survey questions about their own services, many TEI providers (representing more than two thirds of responses) believe they are providing flexible and responsive service delivery. Providers responded that they were able to flexibly adapt to specific community and client need. Stakeholders interviewed were slightly less positive, suggesting that clients may have variable experiences depending which TEI provider they are working with.

Providers indicated that one area of potential improvement was the level of flexibility within TEI contracts. While the increased length of contracts was seen as positive, providers commented that greater flexibility would allow them to better adapt to client and community need. One example frequently provided in was age groupings–limits on age groups have been seen as restrictive, and a potential barrier to achieving better outcomes for communities. It should be noted that the TEI program does not set age restrictions as an eligibility criterion for receiving services. Districts may through contract negotiations with service providers, agree to specify age groups based on local need. Districts may then be monitoring the age groups in clients shown in DEX, as part of contract management.

Some of the flexibility that has already been introduced into the TEI program specifications may not be flowing through into practice in all cases. TEI program specifications do not place limits on the amount of

[17] SCOREs may be collected at the end of each session or at regular intervals. It may also be completed by the client directly or by the provider on behalf of the client. Differences in when and how the SCOREs are collected affects the comparability of SCOREs. For the final report, we will examine whether there are material differences between SCOREs completed by different parties.

time that a TEI provider can spend with a client or family. However, survey responses indicated that many [18] TEI providers believe there are time limits for delivering support, particularly for case management in the Wellbeing and Safety stream. One respondent stated:

"We are making adjustments to make the program fit the TEI structure (e.g. 12 weeks) rather than being able to develop a program that can make tangible difference by building trust and rapport between mentors, creating community connections and providing support over time (e.g. 6 months or longer)."

Another respondent states that:

"Our contract allows for a maximum of 3 months intervention per client. Particularly in the Targeted Intervention category, clients often have long term or generational disadvantages which require longer term interventions to address root causes and facilitate change."

These time frames are also observed in DEX data. Only a third of clients receive additional support more than three months after their initial session with the program, and less than 15% of clients receive support more than a year after their first session. The period of engagement is slightly higher if their first session was Intensive Support and slightly lower if their first session was Community Strengthening support. This is consistent with the Intensive Support clients being more complex and having higher support needs.

It is unclear what is driving these time limits. It may be a carryover from legacy programs or potentially other contractual elements such as defined service quantities which make longer program durations unfeasible. Provider feedback suggested contractual obligations have an important influence. For example, one provider noted that if they spend more time with existing clients to provide the medium to long term support that they need, they may have trouble meeting contractual obligations in terms of the total numbers of people supported.

"We would like to be able to adjust our contracted numbers to reflect the changing service needs… Since our contract was negotiated our service has seen an increase in young people needing medium to long term support. We have noticed that young people are referred to our service and then access a range of our programs within our service. Therefore, our intake numbers have decreased but our activity numbers have increased. Our contract doesn't reflect this change."

TEI program stakeholders note that ongoing contract negotiation is encouraged, to ensure contracts are aligned with local need, however feedback such as the comment above suggest that this may occur inconsistently. The next stage of analysis will continue to Investigate the extent to which services have been flexible, responsive and client-centred, and opportunities for TEI program structure to support this to occur in practice.

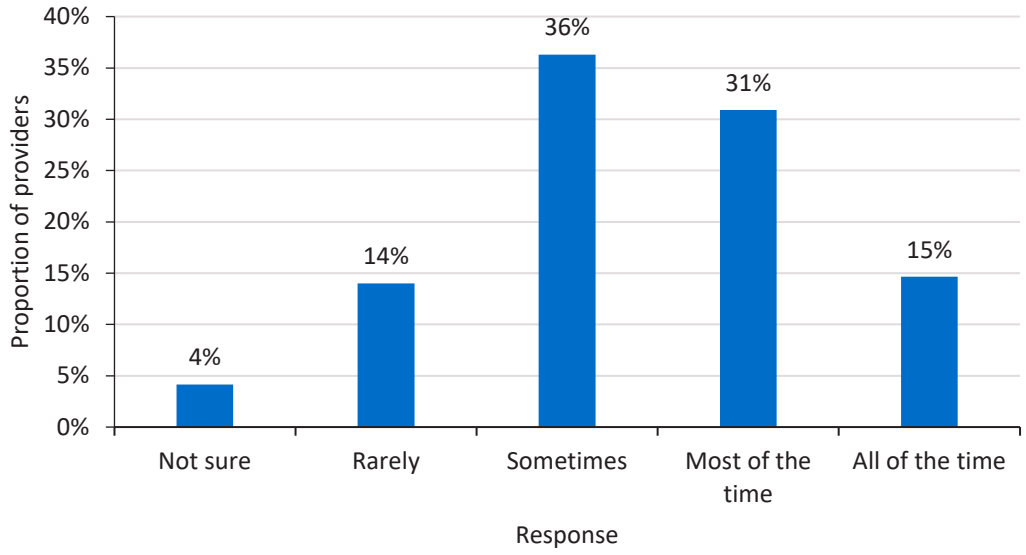
4.2.3 Availability of referral pathways for providers

Some referral pathways appear to be working well, but there are challenges in some areas.

In the case that they are unable to meet demand for TEI services, around half of survey respondents report that they were able to refer a client to another suitable provider who has capacity. It is important to note that providers will be providing other services alongside TEI, meaning that their responses could be referring to other services as well.

[18] As set out in section 3.2.4, "many" refers to a significant subset of responses. More than one quarter of responses

Figure 4.3 – Provider survey results – "If you don't have capacity to work with a child, young person or family, how often are you able to refer them to another suitable service that does have capacity?" n=314



When asked specifically about Family Connect and Support (FCS)[19], many survey responses cited issues with making or receiving referrals from the service, with many providers unaware of the service. Others commented on incomplete or inappropriate referrals, or lack of capacity within FCS. For example, one provider stated:

"It is fair to say that the TEI programs are not necessarily adequately linked to the Family Connect and Support, a service which is not always understood or promoted properly. The end result is a disconnect between TEI and FCS. There is scope for improvement in this regard."

Despite these challenges, several examples were provided where referrals pathways, either through FCS or other means, were working well. Some of the most positive comments came from providers who operate more than one service and can make effective internal referrals. For example, one provider noted:

"In [one district] we have FCS and TEI in our organisation. This works extremely well as we are able to refer into each program internally. This reduces families having to retell their story and it is more likely that the family will stay engaged if they have an already established relationship…. [It] ensures families have access to more long-term appropriate support. This reduces the gap in case management services within our local government area."

DEX data indicates 15% of clients and 7% of individual sessions having either an internal or external referral recorded. This may reflect on referral challenges as expressed by survey respondents. The full list of referral types and definitions are included in Appendix A. The most common types of external referrals for Wellbeing and Safety Stream services are family functioning and mental health wellbeing and self-care, while for Community Strengthening services the most common are financial resilience, material wellbeing and basic necessities, and community participation and networks. In particular, Northern NSW and Central Coast have by far the greatest number of internal referrals to material wellbeing and basic necessities compared to other regions (>10% of individual clients). In contrast, referrals to other areas such as education and skills training and employment which also contributes to the individual's overall

[19] Family Connect and Support is statewide, voluntary, an advice, information referral and case coordination service for more information - https://www.familyconnectsupport.dcj.nsw.gov.au/

financial wellbeing are less than 1% in most DCJ districts including Northern NSW and Central Coast, which shows potential for more effective partnerships between services in address the clients' need.

While local coordination meetings are seen as helpful for relationships, there is a need for additional support to broaden partnerships including with other government services.

Providers suggested that, where capacity exists, interagency forums and local coordination meetings can be helpful in supporting effective referral pathways. For example, providers commented on the benefits of these types of forums to share information, build relationships among providers and identify opportunities to make better referrals or to collaborate to support clients and families.

"We attend regular interagency meetings to keep up to date with the issues that impact the community, as well as other supports that are available that clients may want to access."

These local forums and interagency forums may be more effective in some locations than others, with some providers stating that there is still a lack of knowledge and awareness of what services are being offered by other providers in the district, or how to refer families. Several suggested that regular provider forums no longer exist in their district. For example, one provider noted:

"There are no longer any regular TEI sector meetings, forums etc since the introduction of the TEI reform. I have had to organise my own in the past to be able to connect with other TEI service in the region. This would be very beneficial."

Additionally, many providers commented that stronger relationships between TEI and other service providers were an important missing element of the current program. Providers felt that DCJ needed to play a more active role in building relationships within local ecosystems, as well as in embedding partnerships across major government services such as housing and employment. By doing so, providers believed that these partnerships could help promote a higher degree of coordination that would not only promote referral pathways but also the overall impact and client experience of TEI services. For example, when asked what would be needed for the TEI program to achieve better outcomes, one provider stated:

"improving active and/or embedded partnerships with housing, employment, specialist family violence and other relevant services; partnerships with services … who could provide specialist services for children while TEI works on parent factors in parenting capacity."

4.2.4 Cultural Appropriateness

Most providers feel that TEI supports culturally safe and appropriate program delivery, but overcoming language and cultural barriers is an ongoing challenge.

The cultural appropriateness of the TEI program for Aboriginal children and families is covered in detail in Section 6.

For Culturally and Linguistically Diverse (CALD) communities[20], the majority of providers feel that TEI programs are usually being delivered in a culturally safe and appropriate way. CALD clients are a major component of the TEI client cohort, with 21,000 clients identified as CALD in 2021-22. This comprises 17% of the total client cohort. In South-Western Sydney and Western Sydney districts, CALD clients comprise ~30% of the total client cohort.

Providers highlighted the following key factors in successfully promoting cultural appropriateness:

- Establishing trusted relationships within communities, particularly via outreach efforts.

[20] Definition of CALD in the DEX protocols - Under standard data collection definitions used by the AIHW, two questions are used to record a client's CALD status: (a) Country of birth (b) Main language spoken at home. A list of values is based on the Australian Bureau of Statistics Australian Standard Classification of Languages (ASCL), 2016

- Hiring staff with the same language background as clients, or where this is not possible, hiring interpreters. Providers did note that this was becoming more and more difficult with increasing interpreting costs.
- Ensuring staff are trained to provide services in a trauma-informed way.

Some providers who work with a large number of CALD communities noted there are very frequent challenges for people with language and/or cultural barriers accessing other TEI services. Those services that do cater to CALD communities are said to be under pressure due to increased migrant populations, complexity of needs and the very high cost and limited availability of interpreters.

"Without an increase in funding, our program is limited in the support we can provide to a growing population of newly arrived migrants with complex needs and issues … [We] are continuously working with CALD communities that other services are funded to work with, but our clients do not feel well supported or heard and return to [us] as a safety net."

5 TEI service provision and demand

This section of the report considers the following process evaluation questions:

- Did the TEI program commission the anticipated level & type of services/activities in the areas planned?
- How well did the program reach the target populations and priority cohorts and in what locations?

To answer these questions, the evaluation draws on multiple sources of evidence, including analysis of data submitted by providers in the Data Exchange (DEX) platform, population data captured in the Human Services Dataset (HSDS), and a survey of TEI providers. As noted in the limitations section, reporting into the DEX platform is a relatively new process that only became mandatory from 1 January 2021 and the data of quality may have evolved over time. Insights from the analysis are subject to the quality of data in DEX and assumes that the client and service provision data submitted to DEX is a representative sample of all clients and services delivered in each district.

5.1 Client numbers and service provision

TEI client numbers are likely increasing at rates higher than population growth.

Recorded client numbers for the TEI program have been increasing from 2020-21 to 2021-22 to just under 130,000 individual clients and 980,000 unidentified group clients[21]. South-Western Sydney is the largest district by number of individual clients, sessions[22], and outlets, reaching nearly 30,000 individual clients in 2021-22. Western Sydney is the second largest district in terms of individual client numbers. Over the period, recorded client numbers were:

- 113,565 individual clients in 2020-21 and 127,897 in 2021-22. This represents a 13% increase. Around 90,000 of the clients from 2021-22 were new to TEI.[23]
- 712,416 unidentified clients (clients who do not have any individual information recorded, predominantly from group sessions) in 2020-21 and 977,815 in 2021-22[24]. This represents a 37% increase. These are counted through number of unidentified attendees in each session – note that a client could be counted multiple times in these figures.

For individually-identified clients, average number of sessions per quarter are 5.5 for Intensive Support activity, 3.5 for Targeted Support, and 2 sessions for the Community Strengthening Stream – see Appendix C.4 for more detail.

[21] Unidentified group clients describe the number of clients who participate in a service/activity, where no identifying information is collected. Clients are recorded as unidentified group clients when it is not practical or possible to collect client details. For an example, a large community event.

[22] A session is an individual instance or episode of service, (Data Exchange Protocols), April 2023.

[23] These client figures are slightly lower than those reported in the TEI annual report. The evaluation counted records with the same Statistical Linkage Key (SLK) as the same client, while the annual report treats each record with different client ID as different clients.

[24] Number of unidentified group clients for 2021-22 is likely to be inflated due to known reporting issues. Steps have been taken to ensure the issues are resolved for future periods, however the data was not able to be remediated for the period already submitted. See Appendix C.1 for details.

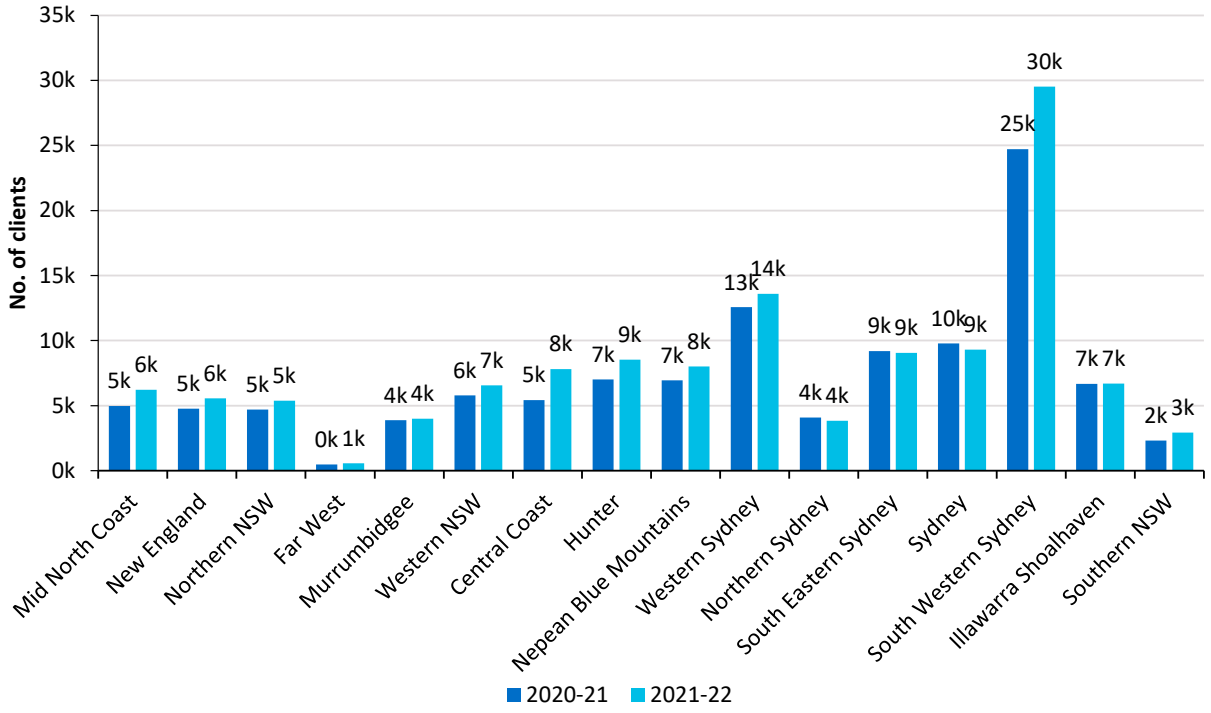
Nearly all DCJ districts experienced an increase in either individual or unidentified clients served, except Northern Sydney where client numbers declined slightly.

In theory, increasing client numbers recorded could be explained by better data collection plus more sessions per client, rather than a genuine increase in clients serviced. However, we believe that the simpler and more likely explanation is that more clients are being served:

- There is a large increase in both individual and unidentified clients, making it less likely to be a substitution effect from unidentified to individual.
- Among individual clients, there are only mild changes in the number of sessions per client in a year.
- Increases are seen within each activity stream – for example, the Targeted Support stream has grown, where the vast majority of clients are individual.
- Increasing client numbers is also observed over periods post 1 January 2021 after data collection was mandatory.
- Interviewees and several survey respondents also highlighted that families and cohorts previously unknown to providers are now accessing TEI services, often due to cost-of-living pressures or following natural disasters, further supporting that client numbers have genuinely increased.

More details of the number of individual clients and unidentified group clients by year and DCJ District can be found in Appendix C.1.

Figure 5.1 – Number of individual TEI clients by DCJ District (DEX)



Note: As with most chart data, table equivalents are available in Appendix F

TEI is delivered by almost 500 organisations across more than 1,400 outlets.

There were 472 organisations delivering TEI services in 2021-22, across 1,440 outlets.[25] Western Sydney and South-Western Sydney have the highest number of organisations delivering services, with over 50 organisations in each district. This is consistent with the two districts being the largest by the number of individual clients served. Far West and Southern NSW districts have the fewest number of outlets and organisations, while Northern Sydney and Central Coast have the fewest outlets amongst districts that cover metropolitan areas. Charts of the number of organisations and outlets by DCJ District can be found in Appendix C.2.

With increasing client numbers, there has been a 15% increase in TEI sessions[26] delivered from 2020-21 to over 460,000 sessions delivered in 2021-22. South-Western Sydney district delivers the highest number of sessions (by a large margin) with over 90,000 sessions in 2021-22, followed by Hunter and Sydney delivering around half the number of sessions delivered in South-Western Sydney. All districts except Sydney and Illawarra Shoalhaven had an increase in number of sessions conducted. Central Coast and Far West had the highest increase. Sessions per outlet in 2021-22 averaged 340, with generally higher averages for metropolitan regions – see Appendix C.3.

Targeted Support is the most common program activity comprising over 60% of sessions delivered across all program activities in both Wellbeing and Safety and Community Strengthening streams, but there is significant variation in the mix of sessions by program activity in each district. No Intensive Support sessions were conducted in Far West in the last two years, and very few were conducted in the other remote districts (except Western NSW) and in Central Coast. In comparison, Illawarra Shoalhaven has a particularly high proportion of Intensive Support sessions delivered (20% versus an average of 6% across all districts). Outlets in metropolitan districts also tended to conduct more sessions with individual clients per outlet than more remote districts. Further breakdown and insights of sessions delivered by DCJ District and program activity is included in Appendix C.3.

Clients who had Intensive Support as their first session tend to remain engaged with the program for longer – around 25% are still receiving services after two quarters compared to 15% for other clients. After a year, the proportion of clients still receiving support drops to 5-10% overall. Note that this does not consider any services that they had received as an unidentified group client which may have been their initial interaction, and so the length of interaction could be understated. The average number of sessions per quarter is relatively constant regardless of how long a client received services, with an average of 5.5 sessions per quarter for Intensive Support, 3.5 sessions per quarter for Targeted Support, and 2 sessions per quarter for Community Strengthening Stream. Charts of client entry point and engagement can be found in Appendix C.4.

5.2 Potential unmet demand

Despite rising TEI client numbers, there are signs of unmet demand in some districts.

The analysis of data shows that there are some gaps between the expected level of demand and the actual level of TEI services provided. This suggests that there is unmet demand for TEI in some districts.

Several analyses are summarised below, with full details provided in Appendix D. While each analysis has its limitations, the results help guide the design of the final evaluation where unmet demand will be investigated further.

[25] An outlet is a location where a service took place or where staff travelled from to deliver a service, (TEI Data Collection and Reporting Guide, May 2023).

[26] A session is an individual instance or episode of service, such as a home visit or a counselling session.

- **HSDS demand analysis** – By comparing entry rates of individual TEI clients against what might be expected based on the risk profiles[27] of each DCJ District as observed in the HSDS, it is possible to identify districts with potential unmet demand. From this analysis, Murrumbidgee, Hunter and Far West had the lowest rates of entry relative to their risk profiles. This indicates that the reach or capacity of providers in those districts are potentially not equal to the demand. These differences could be explained by differences in data quality between districts (e.g. a district recording a larger number of clients as unidentified clients rather than individual clients), however it provides an indication of potential unmet demand to be investigated further. For the final report, unmet demand will be further examined relative to the amount of funding and type of services provided in each district which can help distinguish between differences driven by under-funding and by varying data collection quality.
- **Coverage of TEI outlet analysis** – The number of TEI outlets in a district is compared against the number of children with concern reports in the district to identify areas with a potential lack of outlet coverage. The number of children with concern reports is used as a proxy for demand as it is a common characteristic amongst TEI clients, but families without child protection history are also eligible for the program[28]. This analysis is also imperfect since the number of outlets is only a proxy for the level of service delivery and in reality, different outlets may be able to support different numbers of clients. Noting these limitations, the results from this analysis are still useful when interpreted together with other results from this evaluation, especially when the lack of outlets relative to children with concern reports is observed in conjunction with lower entry rates into TEI. Consistent with the observation from the HSDS demand analysis, Hunter district has one of the lowest ratios of the number of outlets to the number of children with concern reports. This was observed for every program activity besides Intensive Support. Northern Sydney district was another district with a relatively low number of outlets. Detailed breakdowns of outlet coverage by District can be found in Appendix D.2. For Intensive Support, there is no outlet delivering the program activity in the Far West district and very few outlets in most other remote districts. As discussed in later sections, Intensive Support tends to be used to help clients with higher needs in areas where the program activity is available. As such, it is important to consider availability in more districts in future contracting arrangements and the availability of skilled staff required to deliver Intensive Support.
- **Distance travelled by individual clients to receive services** – By reviewing distance travelled to receive services[29] for individual clients, it is possible to identify areas with either a lack of outlet coverage or outlets that do not have the capacity to meet the local demand. Overall, clients in more remote areas tend to travel further to attend their sessions, with clients in Far West District travelling the furthest. Community Connection sessions appear to be less readily accessible than the other activities in a few districts, with clients in Hunter and Northern Sydney travelling further for these sessions. Examining results by LGA, clients in Wentworth, Balranald, Central Darling and Cobar LGAs travelled over 100km on average for Targeted Support sessions, mainly due to a lack of coverage of TEI outlets in these remote areas. Clients in Clarence Valley LGA also travelled over 100km on average. This was due to many clients recorded to have received support in Sydney,

[27] The Risk profile is of each District is calibrated from a combination of demographic factors (e.g. age and SEIFA scores) and historical risk factors (e.g. Child protection history, hospital admissions) that impact the likelihood of entry into TEI. Further details of the method and the full list of factors used is provided in Appendix D.1)

[28] As children with concern reports is an imperfect proxy for TEI demand, additional proxies for demand will also be considered in the final report, such as the number of children with ROSH reports, number of people who have experienced domestic violence, as well as the general population.

[29] Also includes a small proportion of sessions (<10%) where the service provider had travelled to the client's location to deliver the service. This does not change the conclusions from the analysis as long distance travelled by service provider would also be a sign of lack of local service coverage for the client.

indicating potential lack of capacity in the area. More detailed breakdowns of distance travelled by DCJ District and LGA are included in Appendix D.3.

- **Local coverage of Community Strengthening stream supports** – A final approach to identify potential unmet demand is to compare the coverage of Community Strengthening stream sessions in LGAs relative to the number of children with concern reports (again as a proxy for the level of support needed in that LGA)[30]. The number of sessions delivered relative to children known to child protection in each of these LGA groups are listed in Appendix D.4. Providers emphasised the importance of local presence and knowledge when delivering Community Strengthening stream supports. There were four LGAs or group of connected LGAs with a lack of local Community Strengthening Stream sessions compared to numbers of children known to child protection in these areas. They are located in four different districts: Northern NSW (Inverell), Western NSW (Gunnedah, Liverpool Plains), Northern Sydney (Hornsby, Ku-ring-gai) and Murrumbidgee (Coolamon, Lockhart, Narrandera, Wagga Wagga, Leeton).

5.3 Program reach to priority groups

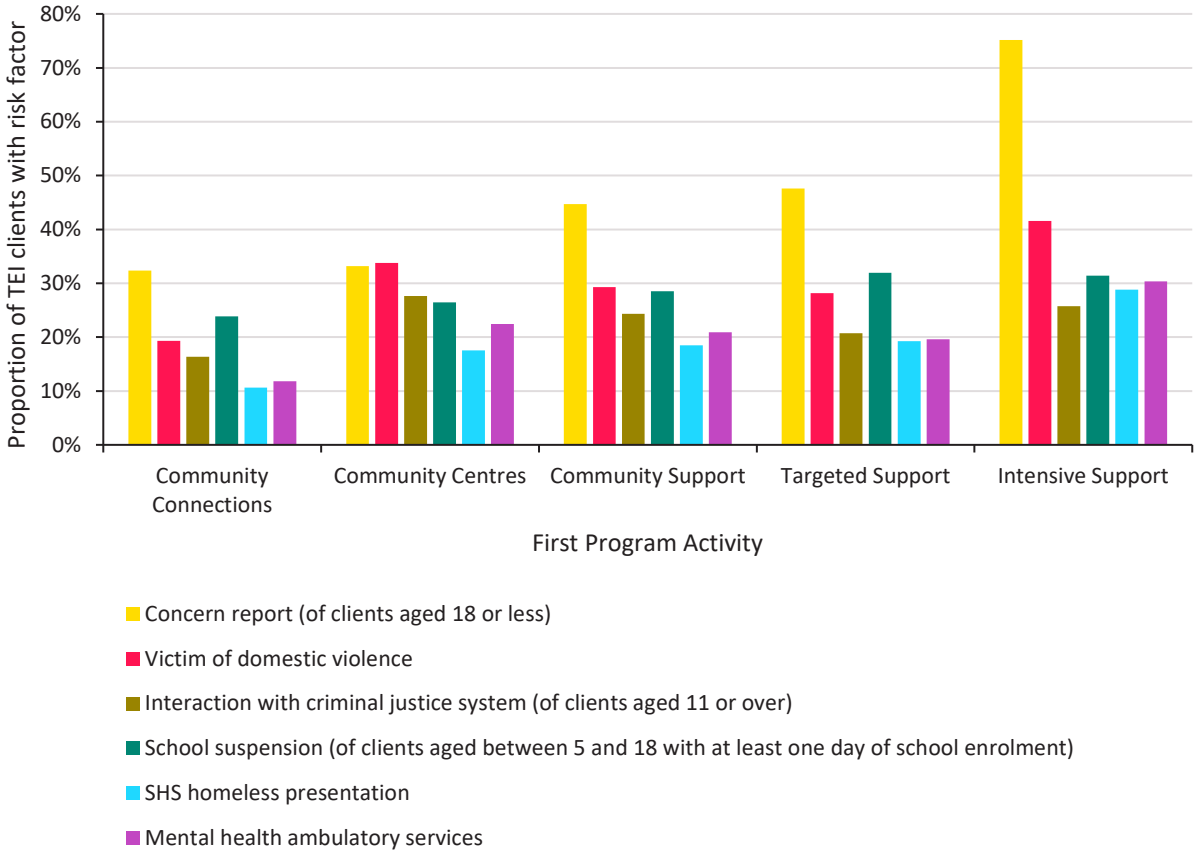
The TEI program appears to have been effective in targeting and prioritising clients with known risk factors and vulnerabilities and in reaching the four priority groups. Many providers, however, highlighted that the level of client complexity is beyond what was expected and what they are resourced to respond to.

5.3.1 Reaching clients with risk factors and vulnerabilities

Analysis of linked government service datasets in the HSDS showed that the risk profile of individual clients entering TEI in 2020-21 was higher than the general population. TEI clients were at least twice as likely to have each of the risk factors examined (see Figure 5.2 and Appendix E for more detail). This is consistent with the TEI program expectation that clients will have known risk factors, vulnerabilities, or will already be receiving a crisis response. It is also consistent with stakeholder feedback and provider commentary about using TEI as a step-down response following successful casework with families noting these families would be expected to have a significant risk profile.

[30] Additional proxies for demand will be considered in the final report, such as the number of children with ROSH reports, number of people who have experienced domestic violence, as well as the general population.

Figure 5.2 – Risk profile of individual clients by first program activity (HSDS)



The Wellbeing and Safety stream has the highest proportion of clients already known to the child protection system (i.e. had a previous concern report), and most other risk factors, as expected. More than 70% of children in Intensive Support had a history of interacting with child protection prior to program entry compared to about 30% for children in Community Connections. The Wellbeing and Safety stream aims to provide early and/or preventative support to people with known risk factors or vulnerabilities, which is evident in the data. The Community Strengthening stream did have a slightly larger proportion of clients who had interacted with the criminal justice system prior to TEI service provision. However, this result might be due to the analysis only being able to use individual client data while unidentified clients make up most records in the Community Strengthening stream.

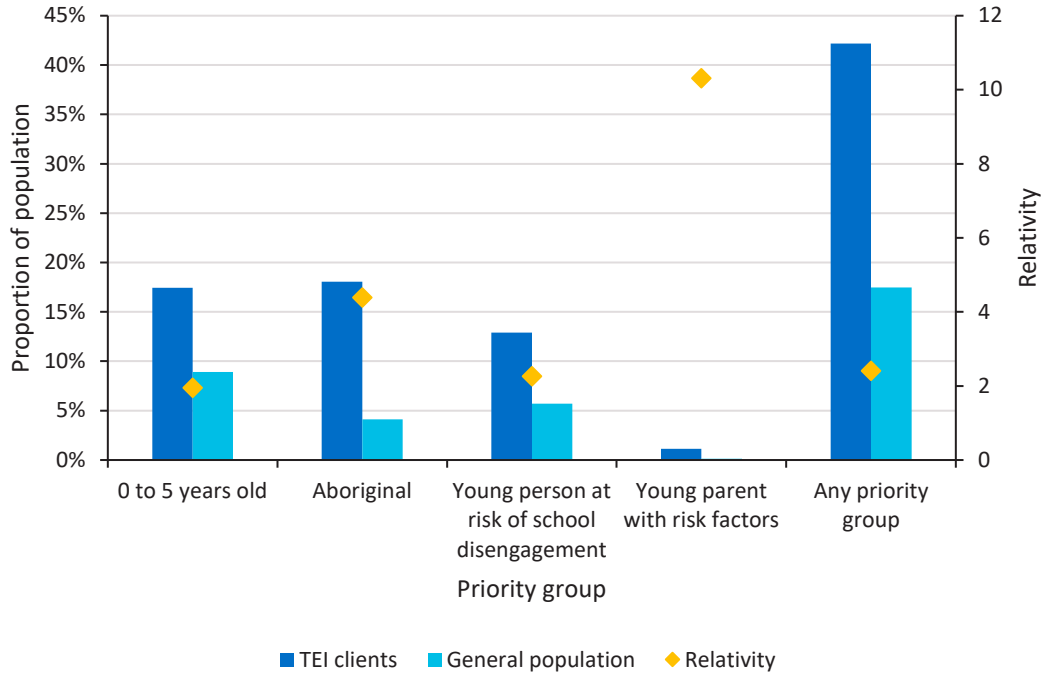
As highlighted during the stakeholder interviews as well as within several survey responses, TEI providers are supporting clients with increasing risk profiles. While multi-year HSDS data is not yet available to allow analysis of such trends, this will be further explored in the final evaluation report. Provider feedback on this trend is described below in Section 5.4.

5.3.2 Reaching priority groups

Service providers have successfully been targeting the four priority groups of the TEI program for program entry. People in the priority groups were more prevalent in the TEI population compared to the general population, with over 40% of TEI individual clients being in a priority group. Figure 5.3 shows as bars, the proportions of the TEI population and general population that are in each of the four priority groups. The figure also shows as orange markers the ratio of TEI prevalence to general population prevalence graphed in bars (relativity). The relativity indicates how much more likely a TEI client is to be in a priority group compared to the general population. The figure shows targeting was most effective for the young parent with risk factors (10 times more prevalent in the TEI population) and Aboriginal

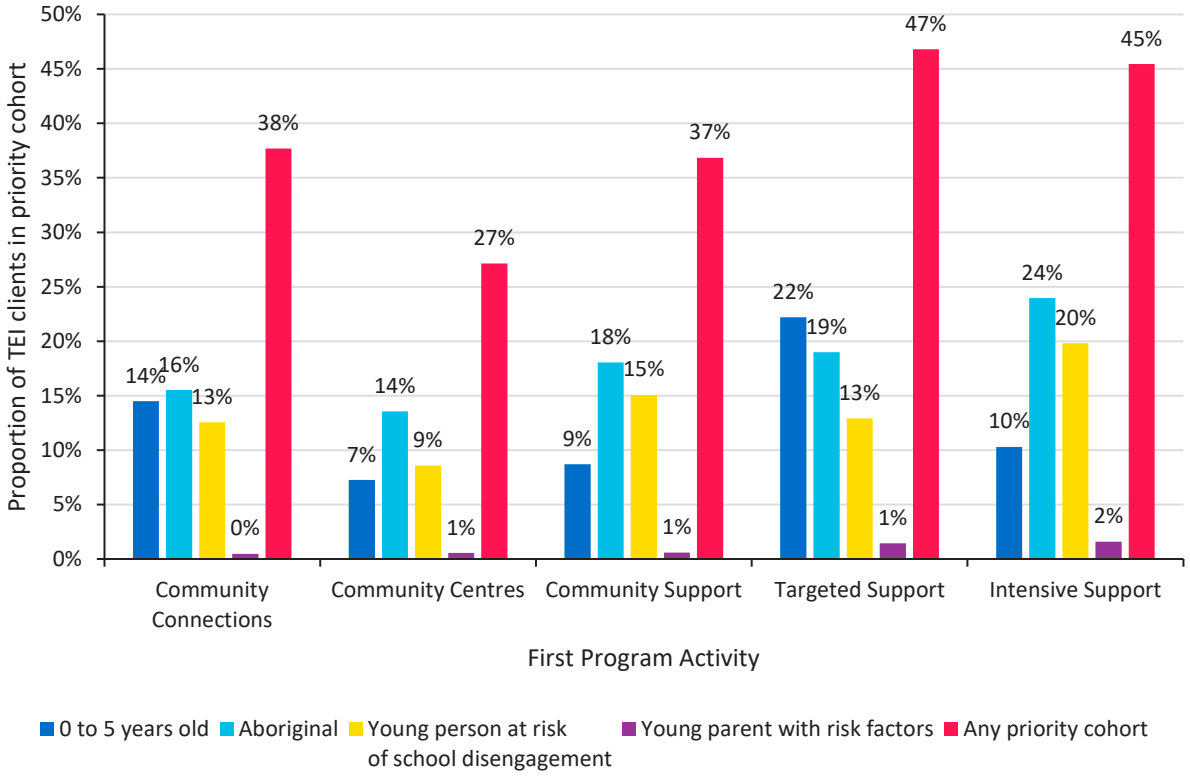
(four times more prevalent in TEI population) priority groups. Further details about the analysis and results are included in Appendix E.

Figure 5.3 – Proportion of TEI individual clients and general population in priority groups (HSDS)



The Wellbeing and Safety stream had larger proportions of priority clients as would be expected given it is intended to provide service to more complex clients There is also more uncertainty around the result for the Community Strengthening stream since many unidentified clients make up this stream. Figure 5.4 shows the proportion of clients in each priority group by first program activity. Over 45% of individual clients in Targeted Support and Intensive Support belonged to a priority group compared to over 25% of individual clients in Community Centres.

Figure 5.4 – Proportion of TEI individual clients in priority groups by first program activity (HSDS)



5.4 Challenges identified by providers in responding to demand

Provider feedback suggests that TEI services are supporting clients with increasingly complex challenges and levels of risk.

While it is expected that TEI clients would have higher risk profiles than the general population, it is unclear what level of risk and vulnerability would be considered 'appropriate' for the TEI program.

One of the service reform principles for TEI was that "Earlier intervention remains the focus and priority of TEI services – commissioning of these services is not subsumed by child protection services." This was in response to provider feedback that they felt pressure to target clients with higher levels of risk and vulnerability, rather than those families in the earlier stages of need.

Despite this, providers noted in interview and in several survey responses that they continue to be referred families with increased levels of risk, with no clear solutions for referring them to more appropriate services. They explained that many keep supporting these families because they cannot find a suitable alternative but note the inadequacy of their current resourcing to provide more intensive support over several months (or more). This is most often cited by providers within the Wellbeing and Safety stream although providers within the Community Strengthening stream also note that they are often called on to assist community members who have complex challenges who do not meet eligibility requirements for specialist services. For example, some provider comments included:

"When we originally received funding our client intake was very different. We currently work with complex clients and due to the targeted approach, we are working with vulnerable families who need a lot more time and experience to support their needs. When our contracts increased in numbers without additional budget it did put a strain on the workers."

"Currently there are gaps in the pathways to support families in our region. The early intervention pathway is blocked by high need complex families who need intensive support. They are ending up in our

early intervention service as there is no [more appropriate] service picking them up, particularly in DV and child protection because those services are at capacity and not taking referrals."

"We recently researched this locally and found that services were finding that there was an increase in the complexity of the cases they were seeing, resulting in an increase in time, resources, and skill required to deal with this."

COVID-19, natural disasters and cost of living have increased complexity for TEI.

In interview and in several survey responses, providers highlighted that recent events, such as the COVID-19 pandemic, natural disasters, and the rising cost of living, have increased both the level and complexity of TEI service provision.

Providers noted that COVID-19 lockdowns had led to delays in child developmental milestones, resulting in increased incidence of behavioural and developmental challenges. With schools being unable to keep pace with these challenges, this was described as a key driver of increased referrals with clients requiring complex support. Providers have commented that it has been difficult to meet this change in demand complexity as these clients requires much higher levels of support and staff expertise. For example:

"Since COVID we have seen an increase in school refusal, young people who are disengaged from school, this is creating stress and pressure for families who do not have the parenting skills to respond to this issue."

"Since COVID particularly, there has been what we consider a tidal wave of young people disengaged from schooling, and those that are presenting with (often undiagnosed) mental illness."

Providers also emphasised rising cost of living as a key driver of demand, particularly for families that were previously not part of the service system. A number of providers also highlighted the linked between cost-of-living pressures and rising rates of mental health illness, homelessness and domestic violence, each of which were viewed as key drivers of greatly increased need within the community. Cost-of-living pressures were also seen as a factor in reducing the parenting capacity of families, with multiple providers referencing food affordability as a critical factor in generating increased service demand. Providers also commented that these impacts will continue to accumulate over time, with cost of living seen as a clear factor in generating underlying disadvantage amongst communities that will eventually flow through as demand for programs such as TEI.

"Over the past year we have had multiple situations where families have been in crisis. We have had situations where, for example, the parent has had to choose whether to buy food for the family or buy petrol so they can drive the children to school."

Finally, within regional areas, providers commented that repeated floods and fires have also been a key driver for increased demand for TEI services. These providers commented that current funding meant that they were unable to meet the full level of demand in these communities – particularly given the lack of other support services in these locations.

We note that while evidence from stakeholder interviews and from several provider surveys suggests that TEI providers are supporting clients with increasing risk profiles, this cannot yet be verified from the available datasets. Once it becomes available, analysis of multi-year data will commence and be included in the final evaluation report.

6 Emerging findings relating to Aboriginal children and families

This section outlines the interim findings from the evaluation as they relate to Aboriginal children, young people and families, with reference to the following process evaluation questions:

- Has the TEI program been appropriate for Aboriginal families and communities? What adaptations have been/are still required to better meet their needs?
- To what extent has the program been able to ensure that services are culturally safe and appropriate?
- Are there opportunities to make the program more culturally safe, especially for Aboriginal people?
- Do current reporting systems adequately reflect cultural outcomes, values and considerations, especially for people of Aboriginal or CALD background?

To answer the above questions, the evaluation considers quantitative data on the numbers of Aboriginal clients and service providers, as well as qualitative data obtained through stakeholder interviews and responses to the TEI service provider survey. In addition, the evaluation is guided by an independent Aboriginal Reference Group[31] who have provided input to the evaluation process, survey questions and interpretation of findings. The evaluation team includes a specialist Aboriginal researcher and DCJ's internal evaluation working group is supported by an Aboriginal Advisory Group comprised of Aboriginal DCJ staff.

This interim report does not include evaluation of outcomes for Aboriginal children and families. This will be addressed in the final report.

6.1 Background on TEI services with Aboriginal children and families

Aboriginal children, young people, families and communities in NSW are a priority group in TEI. Despite this, targets for funding to Aboriginal Community Controlled Organisations have not been met.

Aboriginal children, young people, families and communities are a priority group for the TEI program. In NSW, Aboriginal children make up 42% of the out of home care population despite representing just 5% of the population.[32] In 2021-22, 19,583 or 15% of all individual clients and 19% of individual clients aged 0-17 identified as Aboriginal or Torres Strait Islander. The TEI program is one of the NSW Government's key initiatives aiming to reduce entries into out of home care.

At the time of TEI commissioning, it was envisaged that the TEI program would provide *access to effective and culturally safe support and services for Aboriginal children, young people and families*.[33] The

[31] The Aboriginal Reference Group is made up of provider representatives from Aboriginal Community Controlled Organisations that deliver TEI services.

[32] See Productivity Commission information repository: https://www.pc.gov.au/closing-the-gap-data/dashboard/socioeconomic/outcome-area12/out-of-home care.

[33] See: NSW Family and Community Services (2016). "Targeted Earlier Intervention Program Reform: Reform directions – local and client centred, https://www.facs.nsw.gov.au/__data/assets/file/0007/379366/TEI-Program-Reform-Directions-local-and-client-centred.pdf

stated goal was to implement a consistent emphasis on prioritising the needs of Aboriginal children, young people and families to achieve better outcomes. To this end, the TEI reform envisaged:[34]

- Increased opportunity for Aboriginal involvement in program and service design and delivery (i.e. co-design)
- The improved capturing of outcomes delivered by Aboriginal services
- Improvement in funding equity, particularly for more disadvantaged LGAs.

The TEI reform was also intended to assist with the growth in capacity of Aboriginal organisations, as well as supporting these organisations to play a more active role in developing and implementing the TEI program. DCJ's Aboriginal Outcomes Strategy 2017-2021 set a target of 30% investment in Aboriginal-led early intervention programs by 2021, however these targets for investment in Aboriginal-led programs are not being met.

The investment targets are derived from several current state and national government strategies that combine to provide a mandate to improve service delivery to Aboriginal people by building the ACCO sector and investing in early intervention. These strategies include:

- the National Agreement on Closing the Gap (July 2020), Priority Reform 2, which sets out the commitment to building the Community-Controlled Sector (albeit without specific targets around overall funding targets).
- Family is Culture Review Report (2019), Recommendation 22, which holds that the NSW Government should ensure that financial investment in early intervention support is commensurate with the proportion of Aboriginal children in OOHC, with a preference for delivery of early intervention and prevention services by Aboriginal Community Controlled Organisations. This proportion currently sits at approximately 44%.
- Action 2 (Investing in the Community Controlled Sector) of Safe and Supported: National Framework for Protecting Australia's Children 2021-2031. This sets out a shift toward adequate and coordinated funding of early, targeted and culturally safe supports for Aboriginal and Torres Strait Islander children and families.

The amount of investment in Aboriginal early intervention was 11.3% in 2023/24 (as of 17 July 2023), equating to $22,940,314 in total funding. No new investment in TEI and the requirement to negotiate with existing TEI providers in the 2020 re-commissioning cycle, has significantly reduced the opportunity to shift investment towards Aboriginal organisations. Current strategies to increase Aboriginal investment are limited to relinquished funds from expiring TEI contracts being prioritised for reallocation to Aboriginal organisations.

More generally, the TEI program supports other Closing the Gap aims:

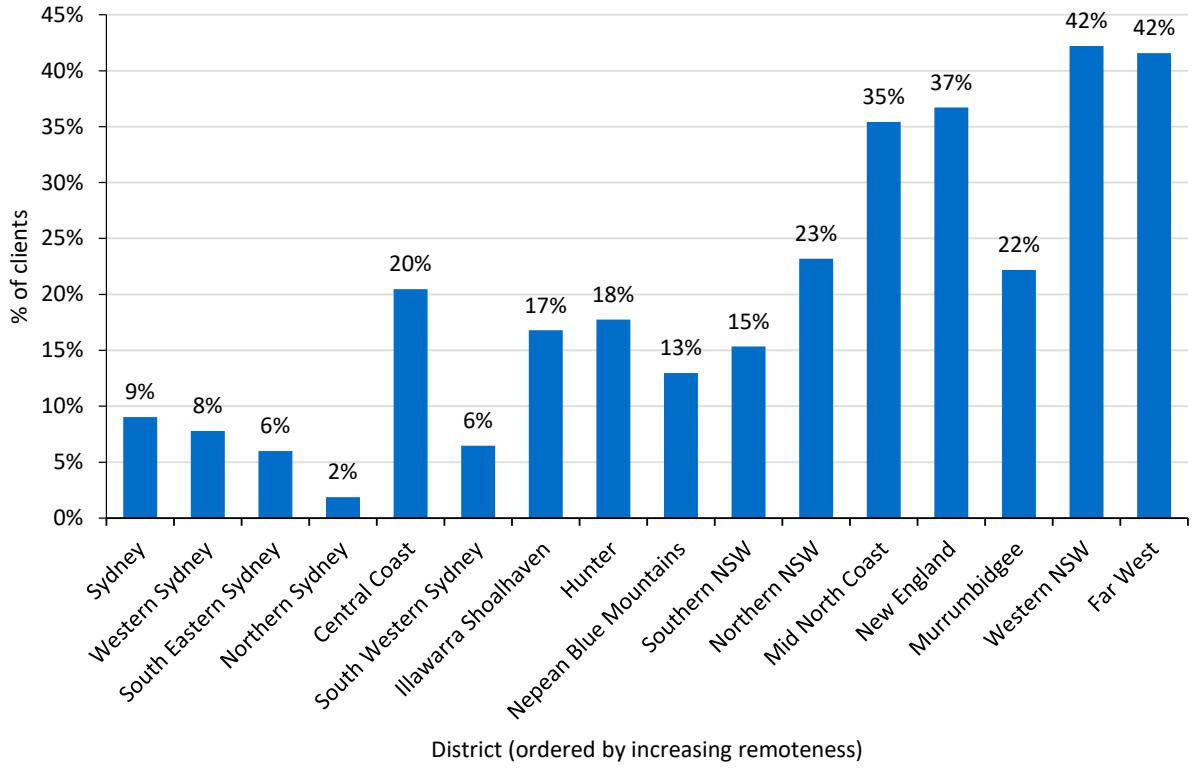
- Socioeconomic target 12 relates to overrepresentation in the child protection system. To the extent TEI services to Aboriginal people offers early intervention and diversion from child protection, it will support the target.
- In addition to child protection, the TEI program logic includes the potential for improvements in outcomes across a broad range of socioeconomic areas too. For example, improvements in targets 3 (childhood education), 4 (school readiness), 5 (year 12 completion), 6 (tertiary qualifications,), 7 (young people in employment or education) and 13 (reduced family violence) are all consistent with program objectives.

[34] NSW Family and Community Services (2016). "Targeted Earlier Intervention Program Reform: Reform directions – local and client centred, https://www.facs.nsw.gov.au/__data/assets/file/0007/379366/TEI-Program-Reform-Directions-local-and-client-centred.pdf

Aboriginal children and families within the TEI client cohort.

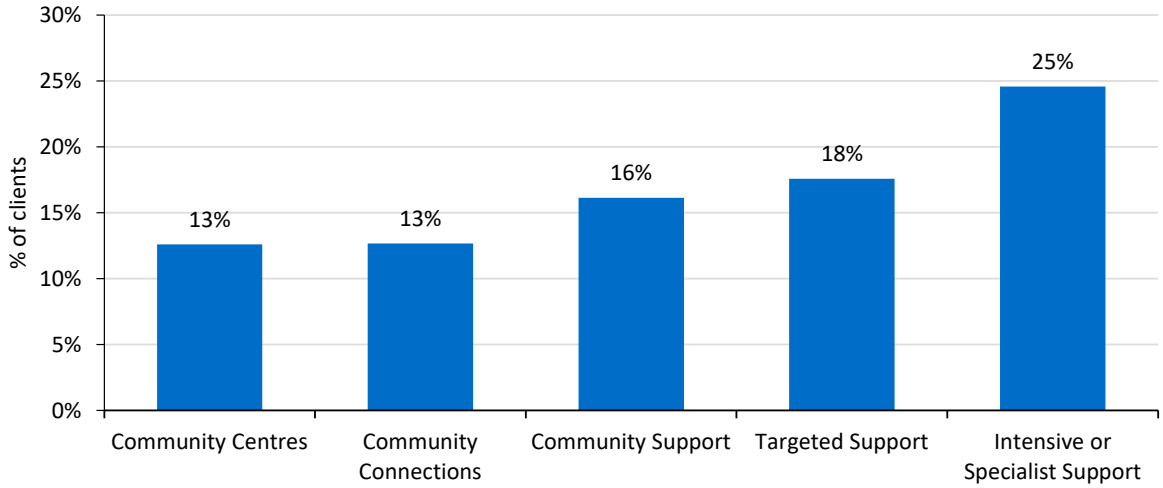
Figure 6.1 shows that Aboriginal people make up a greater proportion of individual TEI clients in more remote areas, with over 40% of individual clients identified as Aboriginal in Western NSW and Far West districts. In the final report, the proportion of individual clients identified as Aboriginal will also be compared against the proportion of people identifying as Aboriginal in the general population and the share of Aboriginal children in Child Protection interactions to assess the reach of TEI organisations to Aboriginal people.

Figure 6.1 – Proportion of individual clients who are Aboriginal in each DCJ District in 2021-22 (DEX)



Despite the lack of availability of Intensive Support sessions in remote areas (see Section 5), Aboriginal clients make up 25% of all clients to receive Intensive or Specialist Support sessions as shown in Figure 6.2.

Figure 6.2 – Proportion of individual clients who are Aboriginal in each program activity (DEX)



6.2 Feedback on TEI services with Aboriginal children and families

6.2.1 Culturally safe services

Most providers believe TEI is culturally appropriate, but improvements are needed.

Respondents to the provider survey had generally positive views about TEI cultural appropriateness. In response to an open text question "*Do you believe that the TEI program has been appropriate for Aboriginal families and communities?*", more many providers (more than two-thirds) who responded (including 80% of the 18 total ACCO respondents) were generally positive about the cultural appropriateness of TEI.

In positive responses, most of these providers reflected on their own programs, for example commenting about how they incorporate local cultural knowledge and activities into their programs, or about efforts to recruit Aboriginal staff to deliver programs.

However, several providers indicated that changes were needed to improve TEI's cultural appropriateness and safety for Aboriginal clients or pointed out shortcomings within the program. The most common suggestion from many providers in the survey (including many non-ACCOs) was enhanced training. These providers noted the effectiveness and importance of trauma-informed approaches to service delivery – and suggested that this type of training be mandatory. One provider explained that:

"One of the easiest ways for a provider to improve is to ensure that their staff have completed regular cultural and trauma informed trainings. It doesn't solve everything but it's a first step."

Some stakeholders expressed a view that TEI represents a "business as usual" approach that has been imposed on Aboriginal communities rather than being co-created with them. In their view, this does not reflect principles of self-determination and Closing the Gap commitments. Overall, some stakeholders and several ACCO providers expressed that the current approach is not working as well as it could be for Aboriginal children. In some cases, this comment was made in the context of the high rates of Aboriginal children in out of home care and failures of the broader child protection system (not solely TEI) to reduce this issue.

The findings from this section will be further explored and corroborated alongside direct feedback from Aboriginal clients and service users in the next phase of the evaluation. This analysis will be included within the final evaluation report.

6.2.2 Role of Aboriginal staff

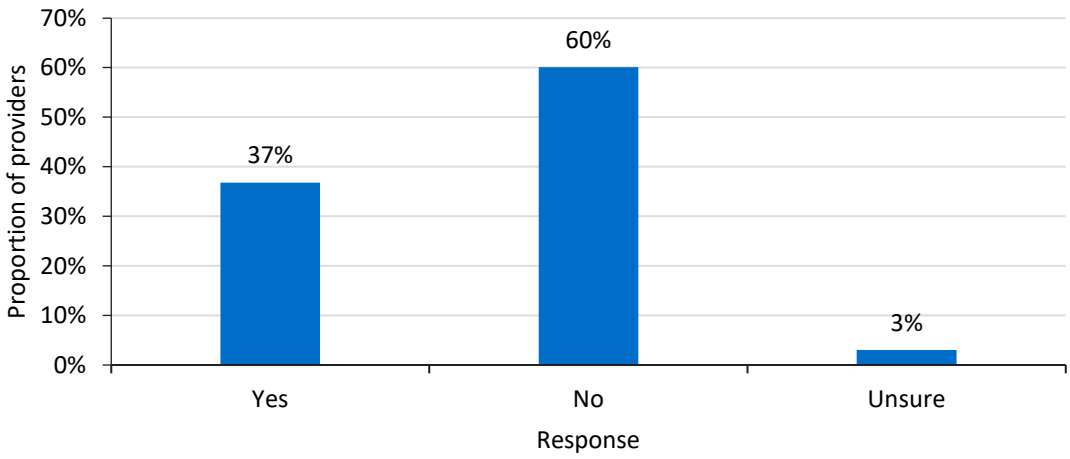
Providers have struggled to recruit Aboriginal staff.

Interviews and several survey responses highlighted the critical role that Aboriginal staff can play in delivering culturally safe and appropriate services.

"If delivered by an appropriate organisation and staff TEI is very effective. Aboriginal ACCOs and staff will always be able to create a better connection to an Aboriginal community and families. It is when staff that don't have the knowledge or rapport with Aboriginal people that problems occur" – Survey respondent.

In the survey, many providers cited that a shortage of Aboriginal staff in organisations impacts TEI's cultural appropriateness. Some organisations commented that they struggle to recruit Aboriginal staff. Close to two thirds of all organisations responded that they did not have Aboriginal staff delivering the program (see Figure 6.3).

Figure 6.3 – Provider survey results – "Does your organisation have Aboriginal Staff delivering the TEI program?", n = 326



Amongst the survey providers who indicated that they did not have an Aboriginal Staff delivering the program, 30% of these providers previously indicated that they provided services to a significant Aboriginal client base (more than 10% Aboriginal clients). This means that in the survey response, there were just over 60 organisations with a significant Aboriginal client base that did not have any Aboriginal staff. This amounts to around one fifth of total survey respondents.

6.3 Feedback on TEI data collection with Aboriginal children and families

Stakeholders highlighted concerns around data collection from Aboriginal children, young people, families and communities.

One key aim of the TEI reform was to improve the understanding of outcomes for Aboriginal children, young people families and communities, including qualitative and quantitative measures.35

Qualitative data and capturing storytelling are often the preferred way for Aboriginal people to demonstrate outcomes. In the TEI program, it is not mandatory to collect and analyse qualitative data. Qualitative data cannot be recorded in DEX. Stakeholders within TEI program management state that service providers are encouraged to collect qualitative information in order to support continuous service improvement, and that service providers can collect and report qualitative information in a way that best suits their unique service delivery context and share this with their DCJ contract manager. TEI management also notes that an optional reporting tool is available to sector development organisations in the TEI program to supplement data recorded in DEX and to better enable these organisations to demonstrate the impact of their work.

Despite the abovementioned strategies, in stakeholder interviews and in several survey responses, challenges were raised relating to TEI data collection within Aboriginal communities. A key part of this is the requirement to collect personal data up front, before a relationship had been established, between provider and client. Aboriginal communities have historically met government data collection with suspicion due to past misuse and intervention. Providers gave examples of clients who refused to identify as Aboriginal due to stigma or fear of discrimination.

[35] NSW Family and Community Services (2016). "Targeted Earlier Intervention Program Reform: Reform directions – local and client centred, https://www.facs.nsw.gov.au/__data/assets/file/0007/379366/TEI-Program-Reform-Directions-local-and-client-centred.pdf, page 9.

Data sovereignty was also highlighted as a core concern. Some ACCO providers gave examples of clients who were concerned that data would be used by other government services to discriminate against them. Some providers were also critical of the fact that data collected from Aboriginal communities was not made available to these communities or to ACCOs for the purposes of Aboriginal-led local decision making.

The TEI Data Quality Strategy intends to increase Aboriginal-led approaches to data collection and lead to better alignment with the principles of Indigenous data sovereignty, but the impact of this strategy was not yet apparent to providers and stakeholders who provided input to the evaluation.

Stakeholder interviews and a small number [36] of survey responses noted the absence of cultural outcomes in reporting. They emphasised that the current reporting framework would understate outcomes for Aboriginal clients and families as it did not allow for qualitative data or culturally specific stories, events and outcomes.

6.4 Suggestions for the program with Aboriginal children and families

During the stakeholder interviews and provider surveys that were conducted as part of this evaluation, four themes emerged for improving the TEI program for Aboriginal children, young people, families and communities.

6.4.1 Increased funding for ACCO TEI providers

Many Aboriginal Community Controlled Organisations (ACCO) and a small number of non-ACCO providers called for increased funding for ACCO service provision, with current funding to ACCOs not proportionate to the number of Aboriginal TEI clients. Many ACCOs surveyed felt that TEI could only be effective for Aboriginal clients and families when trusted networks and relationships can be established, something ACCOs are best placed to do within Aboriginal communities. This view was also echoed by some non-ACCO providers.

Provider perception over the distribution of funding to ACCO providers bears a direct relationship with the unmet investment targets outlined in section 6.1.

A small number of providers emphasised the importance of providing Aboriginal families with the choice between ACCO and non-ACCO providers. There are times that an Aboriginal family may prefer a provider with workers from outside their own community.

A small number of non-ACCO service providers noted caution about transfer of funding to ACCOs if this resulted in reduced funding to other providers. They noted that some established non-ACCO services are trusted and valued by local Aboriginal communities and the potential reduced services coverage for non-Aboriginal clients, especially for clients from CALD backgrounds.

6.4.2 Better incorporation of Aboriginal-led commission or co-design

Interviews and several survey responses highlighted the critical importance of empowerment and joint decision making in improving outcomes for Aboriginal families. This means a renewed focus on Aboriginal-led commissioning, co-designed approaches to identifying needs, setting priorities, procuring services, monitoring delivery and reviewing outcomes. ACCO providers noted that without adequate Aboriginal-led commissioning or co-design, Aboriginal people and their perspectives will not be front and

[36] As set out in section 3.2.4, “a small number” refers to an isolated subset of responses only. In most situations limited to one or two similar responses.

centre. There is an opportunity for the TEI program to play an important role in building the evidence base of 'what works' in program design and delivery for Aboriginal communities.

6.4.3 Critical role of Aboriginal staff

Interviews and many survey responses highlighted the critical role that Aboriginal staff can play in delivering culturally safe and appropriate services. Despite the challenges experienced in recruiting Aboriginal staff, more service delivery involving Aboriginal staff was highlighted as a key goal.

Several survey responses emphasised that non-ACCOs will still need to prioritise Aboriginal-led decision making and co-design in order to adequately support Aboriginal families and communities, not simply recruit Aboriginal staff. They noted examples where non-ACCOs hired Aboriginal staff without providing the organisational support to create a culturally safe approach to Aboriginal clients or for their Aboriginal employees.

6.4.4 Focus on staff training

The most common suggestion from providers in the survey when asked "What steps does your organisation take to ensure that the TEI program is culturally safe and appropriate?" was enhanced training to improve cultural appropriateness. These providers noted the effectiveness and importance of trauma-informed approaches to service delivery – and suggested that this type of training be mandatory.

ACCO organisations suggested that in addition to training, providers themselves can take simple steps to ensure that their services are welcoming and culturally safe for Aboriginal clients and families. These steps include:

- Attending and having an active part in the planning of local cultural events i.e. NAIDOC, Sorry Day. This could include displaying supportive messages of these events within offices.
- Making efforts to establish links and relationships with local Aboriginal services.
- Including Aboriginal artwork, words and flags within offices.

7 Data collection and reporting

This section of the report considers the following process evaluation questions:

- Are there opportunities to improve the data collection and reporting for the TEI program?

To answer this question, the evaluation includes a review of existing DEX data collected by TEI providers, to examine data coverage and reliability. It also draws on feedback provided by stakeholders via interviews and the survey of TEI providers.

7.1 TEI data collection and reporting

7.1.1 Background on TEI data collection and reporting

As part of the TEI reform, the TEI program adopted a stronger client outcomes focus, which included defining a core set of client outcomes in the TEI Program Outcomes Framework. TEI providers are required to collect data to demonstrate that they are working towards these TEI outcomes. There is an expectation from TEI management that the data will inform ongoing learning, innovation and continuous improvement for each service.

To implement the TEI Outcomes Framework, new data collection processes were introduced, which rely on the Data Exchange (DEX), a web-based platform hosted by the Department of Social Services. All TEI services must report data through DEX. Service providers commenced collecting data in DEX 1 July 2020, and this has been mandatory since 1 January 2021.

As part of their reporting, TEI providers are required to collect background information about the clients that they serve – this information is contained in individual client records. The purpose of DEX is to:

- Ensure service delivery information and client outcomes are reported in a consistent way
- monitor performance and progress
- have a clear understanding of the TEI client base
- track client pathways through the service system
- measure the impact TEI has on client and community outcomes
- enable the TEI program to be responsive to changing local needs.

Programs in the Wellbeing and Safety Stream are required to create individual client records for each client. For Community Strengthening programs, individual client records are not required for each client (often it would not be practical or possible to collect this information). Instead, providers are expected to create unidentified group records which contain the numbers of participants at an event / session, but do not have identifiable information about individuals and/or create individual client records for a random sample of clients. In the latter case, each of the Community Strengthening Program Activities has a threshold of what proportion of clients should be reported as individual clients, as follows:

- Community connections – 25% or more of clients will be recorded as individual clients
- Community centre – 50% or more of clients will be recorded as individual clients
- Community support – 50% or more of clients will be recorded as individual clients.

Providers are required to capture data about client satisfaction and short-term outcomes up to 12 months after completing a program activity. It is expected that at least 10% of individual clients have a

satisfaction score per reporting period and an initial SCORE and at least one subsequent Circumstance/Goal SCORE for at least 50% of individual clients.

They can do this via their choice of outcomes tools, but most use the 'Standard Client/Community Outcomes Reporting' (SCORE) reporting tool, for which DEX is configured. Providers may also conduct SCORE assessments in a variety of ways – clients conduct self-assessments, workers conduct the assessment, and/or have workers conduct the assessment together with the client.

For Wellbeing and Safety stream clients, SCOREs should be recorded at the beginning of service delivery (pre-SCORE) and then at regular intervals during service delivery (post-SCORE) for ongoing services, or before the session begins (pre-SCORE) and then at the end of the session (post-SCORE). Three types of SCOREs are recorded for individual clients (in all cases higher SCORE represents better client outcomes):

- Circumstance SCORE – measures if clients' circumstances are adequate and stable across a range of domains such as health, family safety, material wellbeing, employment, education and housing.
- Goal SCORE – measures clients' progress towards achieving their goals across domains such as increasing access to information and knowledge, changing behaviours, ability to respond to crisis and having choice and control in making decisions.
- Satisfaction SCORE – measures clients' satisfaction in the services they received and whether they think the support was client centred and helpful. Note that Satisfaction SCORE should only be recorded after service delivery unlike the other two types of SCOREs.

For Community Strengthening clients, a Community SCORE may be captured for groups of unidentified clients in DEX. Methods of collecting a Community SCORE vary. Where appropriate, clients may be surveyed at the start and end of a program (e.g. a multi-session activity) or there may be just one survey at the end of a program (e.g. a community-wide event). In these cases, results are collated and a single Community SCORE assigned. Providers can also use observations and professional judgement to assign a Community SCORE rather than conducting surveys.

It is important to note that the collection and reporting of standardised outcomes data has inherent challenges that is common across other programs of similar nature in the Human Services Sector. These challenges were introduced in Section 3.3 and include:

- Ensuring outcomes data is collected at program entry so progress can be tracked over time – providers find that a trusting relationship first needs to be built with the client before they are comfortable with participating in data collection. The amount of time it takes to build trust can vary depending on the circumstances of the client resulting in initial outcomes to be recorded at different time points after program entry, making progress tracking more difficult.
- Getting the right balance between breadth of outcomes captured and not having too many options – a smaller, standardised list of outcomes is easier to analyse and report on but this means some specific outcomes relevant to certain service offerings or client cohorts can be missed. Some outcomes included may also not be relevant for the client.
- Consistency in the way outcomes are measured – there is a wide range of tools that can be used for outcomes collection and while there are matrices designed to standardise the results from these, there may still be inconsistencies in how the tools are utilised by each organisation and the degree which the results are based on input from the client and/or judgement by the assessor.

7.1.2 Feedback on TEI data collection and reporting experiences

DEX reporting is a common source of frustration for TEI providers.

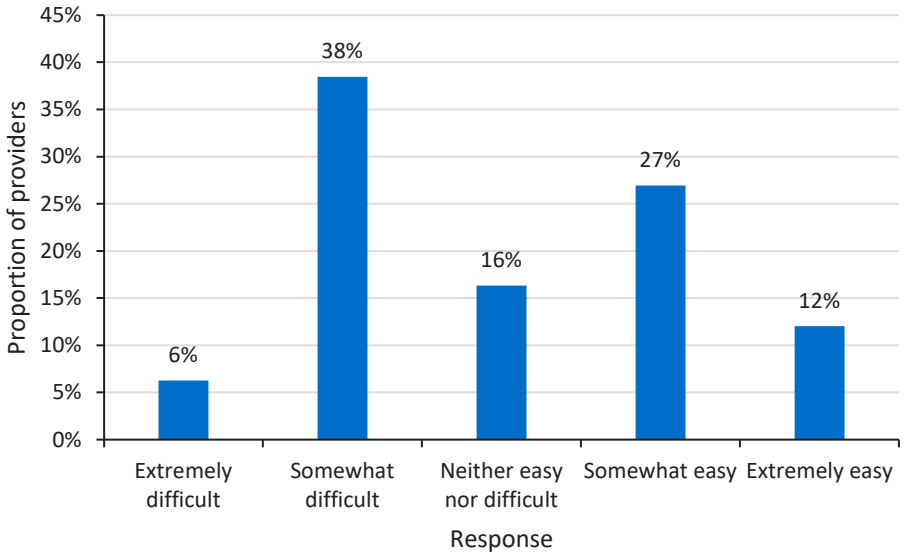
On the whole, more than half of providers surveyed had either positive or neutral reflections about whether DEX reporting was a useful process. There were some positive comments raised about DEX in open text responses in the survey, primarily about the fact that DEX provides a way to capture accurate data on the services the organisation provides.

"I think it is good to have the clients' data as collected on DEX, and I believe this is going to be very valuable. DCJ and [our] organisation can clearly see what is being delivered to whom, where."

"The DEX provides accurate data and this has indicated the amount of work we have undertaken (although does not change our funding)."

However, regarding ease of use, many providers surveyed found DEX somewhat or extremely difficult to use (See Figure 7.1).

Figure 7.1 – Provider survey results – "How easy or difficult do you find it to use DEX?", n = 208



In addition, DEX was also one of the most commonly cited sources of frustration in open text responses in the survey, with some very strong statements from providers about DEX processes, ease of use and amount of time spent on reporting. Some examples include:

"The DEX data reporting process is one that takes us a proportionally long time to complete. If there was any way of cutting down on the amount of information required or streamlining this it would make the task much quicker."

"DEX is completely onerous and unhelpful. It is IN ADDITION to all other reporting we do - it does not replace other internal reporting methods, nor help us at all. We understand it may be necessary for DCJ, but given it is COMPLETELY unhelpful to us, it needs to be streamlined."

"DEX reporting is cumbersome, costly, outdated, and completely irreverent to design or developing the program objectives…. does nothing for the end service user or the provider. It is potentially detrimental to the program as it diverts limited resources away from delivery by those who have been doing effective work for decades."

There are also a range of specific challenges with TEI data collection and reporting for services supporting Aboriginal communities. These findings were provided in Section 6 of this report.

Several providers feel that DEX is not a fit for purpose reporting platform for Community Strengthening programs. **This sentiment was also echoed by several providers when asked about SCORE.**

Several providers noted that current reporting mechanisms do not capture an accurate reflection of Community Strengthening program outcomes. Community Strengthening programs are more focused on whole of community rather than individuals, for which DEX is better suited.

Some comments from several Community Strengthening providers included:

"DEX is not a useful data capture platform for community centres. Our organisation now has to keep two sets of data so that we can still capture information that is relevant and useful for service planning and delivery in our community"

"Problems with DEX need to be addressed. It is not fit for purpose for collecting data on many of the TEI programs and even when data is put into DEX correctly, it is not able to be interpreted by DCJ staff easily and poorly reflects our work."

"DEX is important as the only way we have to collect data but it is not fit for purpose for Neighbourhood Centres and as we are small providers with limited staffing it is a burden on our resources … the data portal allows us to report our outcomes but gives us nothing usable in return as we usually have to have secondary data systems to be able to access usable information. There has got to be a better solution."

These sentiments were also echoed by Community Strengthening providers when commenting on SCORE specifically. They noted that SCORE does not capture population wide data or longer-term impacts for communities.

Some comments from several Community Strengthening providers included:

"The community SCORE is too broad and doesn't tell us enough about what the community has gained from the session."

"It is impossible to get individuals to SCORE at a public event, especially if there are large numbers. We can utilise some simple methods and anecdotal feedback, but it does not necessarily capture everyone that is attending."

"There is no capacity to articulate outcomes in qualitative ways (which in some circumstances may be more culturally appropriate). In many community initiatives such a family events and cultural celebrations such as the recent NAIDOC collecting qualitative information on the outcomes would provide much richer data than can be collected"

DCJ is aware of these concerns and has resourced a separate voluntary mechanism for collection of community outcomes data, via the TEI Community Wellbeing Survey which is administered by the Local Community Services Association (LCSA). This survey was formally adopted as an optional data tool for Community Strengthening programs in 2022, after an initial pilot. However, this does not address provider concerns about the burden of DEX reporting.

7.2 Data recording and coverage

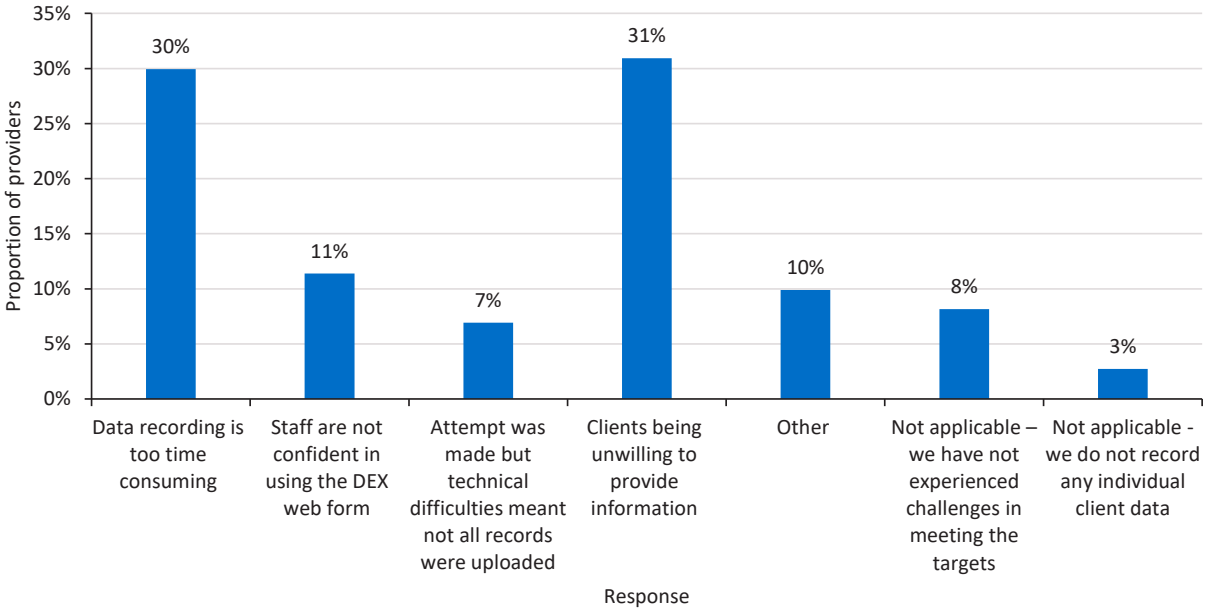
7.2.1 Recording individual client records

Providers appear to be experiencing challenges recording individual client records in DEX – these gaps in the data have implications for the evaluation.

As mentioned in the Limitations section, in 2021-22, the proportion of clients with individual records is 7% for Community Strengthening activities and 59% for Wellbeing and Safety activities. While these levels are likely to be understated due to potential double counting of unidentified group clients which reduces the proportion of individual clients, they are below TEI program targets of 25-50% for Community Strengthening activities and 100% for Wellbeing and Safety stream activities.

In the survey, several providers surveyed reported challenges recording individual client data, with these providers saying that it is too time consuming and/or that their clients who are unwilling to provide information about themselves. In several responses, providers noted that they are recording large numbers of 'group clients' in DEX. For group clients, only the number of people who attended a service/activity is recorded, and no identifying information about individuals within this group. Groups clients are only meant to be used where it is not practicable to collect client details such as a large community event, or workshops delivered in schools for example.

Figure 7.2 – Provider survey results – "What challenges do providers face when recording individual clients into DEX", n = 210



Issues with individual client records have implications for the evaluation. It means that it is not possible to understand the exact number of unique individuals using the program or the level of engagement with the program (i.e. average engagement appears understated). It also makes it challenging to understand the effectiveness of program activities for individual clients. Even for those clients that do have an individual record, the recorded entry date is not certain – an individual client record may not have been created at the point they actually started accessing the program. This affects the ability to measure the full extent of change that TEI has created for that individual.

7.2.2 Recording client outcomes including SCOREs

SCORE is an intentionally flexible tool, but many providers still experience challenges capturing SCOREs, leading to inconsistency in data coverage and quality.

Most providers choose to use SCORE assessment tools, which include standardised client surveys - DEX is configured for recording these results. A smaller number of providers use other validated tools (e.g. the Personal Wellbeing Index) or their own customised tools. To record these results in DEX, they must be translated into SCORE ratings using a translation matrix provided.[37]

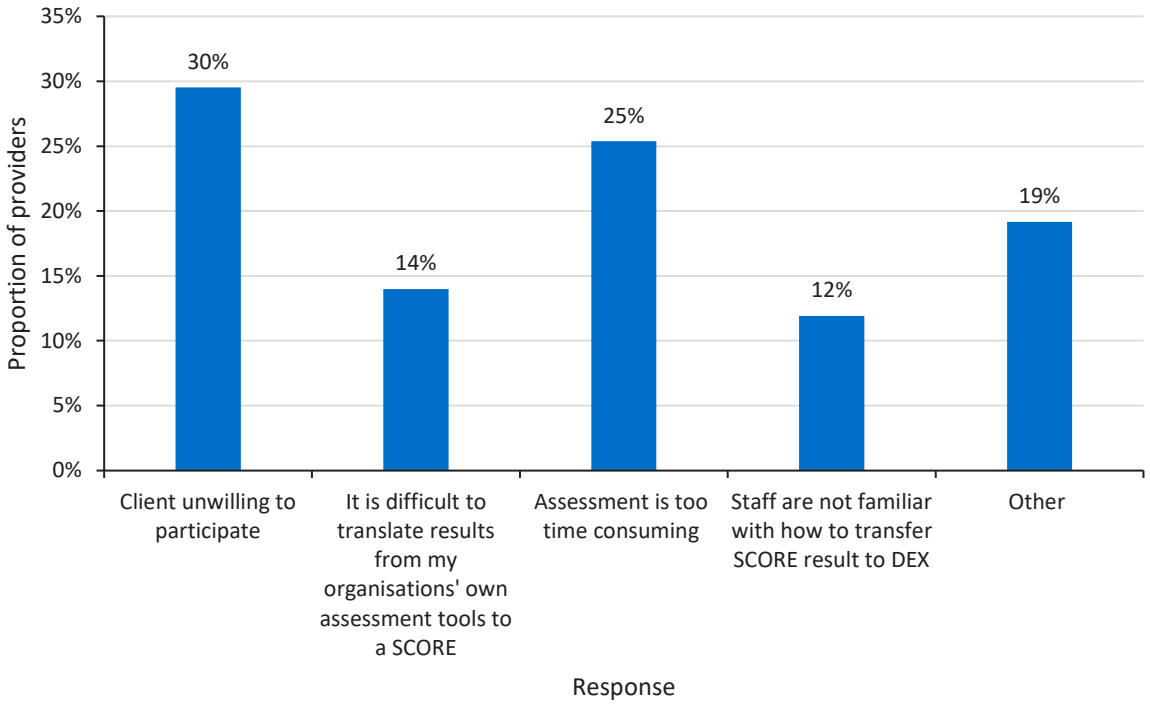
In the survey, many respondents reported using SCORE tools, and responses varied for whether the assessments were completed by the clients themselves, by the workers and/or joint. This flexibility allows providers to collect data in a way that makes the most sense for their service and client, however

[37] Australian Government (2019), *Data Exchange SCORE Translation Matrix*, https://dex.dss.gov.au/sites/default/files/documents/2022-07/1133-doc-score-translation.pdf

it also makes comparative data analysis more complex as data is not collected in the same way in all circumstances. For example, tracking client progress is more difficult if a change in SCORE can also be due to a difference in who conducted the subsequent assessment. In the final report we will further examine more granular SCORE results this will enable us to better judge both the value of SCOREs (particularly the current paired SCOREs) and the potential for simplification and improvements in their collection.

SCORE assessments are a relatively new process and the proportion of clients with a SCORE recorded for a session is trending upwards over time. However, the survey results suggest many providers may be experiencing difficulties inputting SCORE data. Many providers surveyed (more than 40% in this instance) also find it difficult to assess a client SCORE, at least some of the time, usually because a client is unwilling or it takes too much time. Figure 7.3 shows the breakdown of reasons provided.

Figure 7.3 – Provider survey results – "Do you find it difficult to assess a client SCORE for any of the following reasons?", n = 193



Analysis of the SCORE data reveals similar consistency and reliability issues as the survey. The evaluation team used TEI individual client data in the HSDS to see if there are client groups that are more likely to have SCOREs completed (using a model to understand likelihood based on client characteristics). The result shows that factors such as age and location have an impact on the likelihood of having a SCORE (for circumstance, goal and satisfaction):

- Clients in metro districts tend to be more likely to have a SCORE recorded compared to remote districts. Clients in Sydney and Western Sydney have the highest likelihood of being assessed using SCORE, while clients in Southern NSW, Far West and Mid-North Coast have the lowest likelihood.
- Clients who live in relatively disadvantaged areas (based on Socio-Economic Indexes for Areas (SEIFA) are about 15% more likely to have a SCORE recorded.
- Non-Aboriginal clients are about 20% more likely to have a SCORE recorded.
- The likelihood of having a SCORE increases with age up until around 12 years, then remains stable for older ages.

These results mean that SCOREs are potentially not representative of the overall TEI population without adjustment/standardisation. In addition, for SCOREs that have been recorded, some might not be reliable due to data issues observed in DEX and confirmed by the provider survey:

- Assigning a SCORE based on other assessments – where almost all (>99%) post-SCORE recorded by an outlet are higher than the pre-SCORE for the same domain and from the same session. This indicates that one of the results is likely to be inferred from the other.
- Use of default SCOREs – where over 90% of SCOREs recorded by an outlet within a domain are identical, especially for pre-SCOREs. This further undermines its reliability.

7.2.3 Recording client satisfaction

Completion rates for Satisfaction SCOREs are above target but with completion rates higher for certain client groups, care needs to be taken when using these results to draw conclusions about the overall TEI population.

There are three SCORE survey questions relating to client satisfaction that can be rated by clients:

- The service listened to me and understood my issues
- I am satisfied with the services I received
- I am better able to deal with issues that I sought help with.

Overall, providers have surpassed the 10% target completion for measuring Satisfaction SCOREs with 20% of clients attending a session having a SCORE recorded. The results for client satisfaction SCOREs tend to also be very positive (this was discussed in Section 4.2.2). However, the finding that SCOREs are more likely to be populated amongst certain client groups means that care needs to be taken when using the results to draw conclusions about the overall TEI population.

8 Emerging opportunities for TEI program

This section of the report considers the following evaluation questions:

- Are there opportunities to improve the program design and its two program streams?
- Are there opportunities to improve implementation of the program and commissioning of services?
- Are there opportunities to make the program more culturally safe, especially for Aboriginal people?
- Are there opportunities to improve the data collection and reporting of the TEI program?

The opportunities outlined are based on the qualitative and quantitative analysis undertaken to date. The final evaluation report will contain a more comprehensive set of recommendations, based on all the available evidence.

It is important to note that some of these opportunities are not new, rather they represent activities that were intended as part of the TEI reforms but have not yet been fully realised. For example, the opportunities listed below around commissioning were partially implemented during the original TEI reform process, but were not continued following a ministerial decision to maintain previous contract funding.

8.1 Potential opportunities for overall Program design

There is an opportunity to better define the role of TEI within the child protection system, to ensure TEI remains focussed on providing support early in need and is well integrated along the continuum of need. This would require greater clarity on the definition of early intervention, and the level of need that is appropriate to be addressed through TEI as compared to more intensive services.

As part of the process of defining TEI's role in the broader system, it is important to consider whether 'prevention' should be included within TEI, and effectively resourced. This was something noted by multiple stakeholders during interviews for the evaluation as well as submissions to the TEI reform.

In addition, it is important to consider the overall funding for TEI that is required to achieve meaningful change. Providers repeatedly mention funding constraints as a core issue affecting their ability to meet demand and achieve impact with clients. The TEI Evaluation does not yet have a recommendation on total funding.

There is an opportunity to revisit elements of the program design to ensure they provide flexibility for providers and reduce the burden of contract compliance and reporting.

Stakeholders suggested streamlining program structure and reducing the number of program activities. In the Community Strengthening stream, both providers and stakeholders noted that there is substantial overlap and duplication between program activities, and limited benefit in separating these out into separate program areas to which providers must align and report against.

8.2 Potential opportunities for implementation/commissioning

While there has been activity against each of the TEI reform aims, full implementation of TEI reform is a work in progress. In particular, there is a significant opportunity to 'target resources to those with greatest needs'. This would include local planning processes to inform the next round of TEI commissioning, to enable the distribution of funding based on need rather than historical contracts. This

should support TEI providers to better meet local demand and reduce instances of unmet demand which are apparent in the current data.

Providers and stakeholders repeatedly mentioned funding as a core constraint on their ability to achieve outcomes with clients, hence adequate funding and appropriate distribution of funds is a major priority. As part of the recommissioning process, there is an opportunity to see greater funding of ACCOs and Aboriginal led programs, including support for emerging ACCOs to become TEI providers. This will see an increase in culturally appropriate and community led programs, greater progress towards the target of 30% investment in ACCOs to both meet local demand and contribute to a stronger services system.

Local planning processes will be important to ensure that an appropriate mix of ACCO and non-Aboriginal services are provided, acknowledging that, as highlighted by stakeholder consultations, there are many non-ACCO organisations that are trusted and valued by local Aboriginal communities.

There are opportunities to improve some aspects of DCJ's support to TEI providers and to better leverage some underutilised supports. The provider survey showed that relationships with DCJ commissioning and planning officers can be extremely helpful to TEI providers, but there are opportunities to increase consistency across districts – with several providers responding that they have had less positive experiences.

TEI resources and evidence about local needs were also considered to be very helpful, but there are still some gaps in awareness of available tools and resources such as the sector support and the TEI dashboard. TEI sector and provider forums were called out as being very useful, although again this seems to vary by district. In terms of delivery, some providers seem to be maintaining historical approaches, such as time-bound programs which do not necessarily meet their clients' needs, despite the fact that these restrictions have been removed from current program guidelines. It is important to understand why this is occurring (for example, resourcing constraints or other contractual obligations) and work with providers to see that the intention of flexible, client-centred program design can be delivered.

8.3 Potential opportunities for TEI with Aboriginal children and families

Information collected from stakeholder interviews and several survey responses suggested that better allocation of funding would have benefits for Aboriginal children, young people and families, as greater funding could be directed to ACCOs and Aboriginal led programs. Providers note the need for funding decisions to be informed by local planning, to ensure that it supports access to appropriate choices of services that are trusted and valued by local Aboriginal communities

There is an opportunity for the next commissioning round to see a renewed focus on co-design and co-creation of programs to support Aboriginal children, young people and families. This includes co-designed approaches to identifying needs, setting priorities and identifying appropriate services to support local communities.

Empowerment and joint decision making were highlighted as critical by multiple stakeholders. TEI can also play a role in building the evidence base of what works in early intervention in Aboriginal communities.

There is a need to review workforce constraints among the Aboriginal TEI workforce, noting that most organisations working with Aboriginal children, young people and families do not have any Aboriginal staff, and many non-ACCO organisations cite difficulties recruiting Aboriginal staff.

While stakeholders note that having a single Aboriginal staff member does not necessarily make an organisation culturally appropriate or relevant, it can be an important factor. Furthermore, given the scale and number of TEI providers as compared to the proportionally small Aboriginal population, there is also a practical challenge in finding and recruiting Aboriginal staff for many organisations.

In addition to recruiting Aboriginal staff, there is a need for increased training on cultural competency as well as trauma-informed practice.

8.4 Potential opportunities for data collection and reporting

Alongside funding, data collection and reporting were the most frequently raised concerns during the stakeholder interviews and survey part of the evaluation. There are also data consistency and quality concerns from data analysis undertaken. DCJ is already aware of these issues and began implementing a TEI Data Quality Strategy in 2022[38], focusing on a range of issues such as:

- Levels of confidence with using DEX
- Quality of personal identifiers and demographic information being collected
- Percentage of individual client records being created
- Alignment between TEI contracts, Program logics and DEX outcomes
- Rates of SCORE collection, including unpaired outcomes.

There may be a need to consider additional actions to strengthen data quality, such as consistency and reliability of SCORE assessments and to address challenges related to obtaining individual client data.

In addition to the issues with data collection (see below), there were some providers who noted concerns about the underlying outcomes framework underpinning TEI data collection and reporting. In particular, several ACCOs commented on the absence of culturally relevant outcomes. There is an opportunity for DCJ to work together with TEI providers and clients to review and refine the current TEI Outcomes Framework, including ensuring culturally relevant outcomes. This should be pursued although we note an potential tension between improving the culturally relevance of outcomes and maintaining comparability for Aboriginal and non-Aboriginal participants.

Many TEI providers noted challenges with clients being unwilling or reluctant to provide personal information or data, especially before a relationship and trust can be developed. This challenge was heavily emphasised by ACCOs where their clients believed that their data could be misused. This presents a challenge as individual client information and timely data capture are important to be able to be able to measure program reach and client progress. To help to alleviate this issue, providers could further clarify with clients the intended use data collected and how it benefits them. Providers suggested allowing personal information to be collected at a later point in time once relationships have been developed with the client.

To improve data quality, there is a need to ensure SCORE is recorded more consistently for all client cohorts, and to encourage providers to record a SCORE upon initial client intake or commencement of a program to ensure there is a basis for measuring client progress. Ideally the method should also be consistent across providers.

The usefulness of SCORE indicators are less clear for the Community Strengthening stream. Several providers in the Community Strengthening have suggested that DEX, and SCORE in particular, are not fit for purpose for Community Strengthening programs. This will be further explored in the next phase of the evaluation, which will also consider the findings of alternative data collection mechanisms including the TEI Community Wellbeing Survey.

Another issue with the current data collection mechanism is the double counting of group clients and the issue it creates in counting the true number of clients that TEI have reached. Currently, providers attempt to reduce double counting of clients by estimating the maximum unique number of clients that

[38] https://familyconnectsupport.dcj.nsw.gov.au/content/dam/dcj/dcj-website/documents/children-and-families/tei/tei-data-quality-strategy-summary-for-tei-sector.pdf

is served by a case[39] of sessions, however double counting may still occur if a client attended session across multiple cases or providers. One option to improve on this would be to ask clients (anonymously) if it is the first time that they are receiving support from any TEI program. This should be collected from the first recorded session of all individual clients and as many clients as possible from group sessions, such as by asking the clients as they walk through the door, including it as part of the community SCORE assessment survey, or conducting a virtual poll in an online session. The result can then be used to infer how many returning clients and new clients there are from the session. This will provide valuable insights for program evaluation, including the unique number of clients reached and client engagement based on the number of returning clients.

For individual clients, it is also useful to collect the timing of their initial interaction with the program if their first individual session was not their first interaction. This would give a more accurate representation of when their intervention had begun, which allows better evaluation of engagement with the program as well as the impact the program has had since the intervention began.

[39] A case captures one or more instances of service (sessions) received by a client or group of clients that is expected to lead to a distinct outcome. A case may contain between one and an unlimited number of sessions. A case record helps understand what funded activity is being delivered, the location it is being delivered from, the reason clients came to the service and the number of clients receiving a service.

9 Next steps for the evaluation

This report has focussed on process evaluation questions relating to how well the TEI program has been implemented. The next report, due in mid-2024, will focus on the outcomes created by TEI for children, young people and families. It will also consider the economic impacts of TEI.

Key next steps for the evaluation include:

- **Additional analysis of data reported through DEX**: This phase of the evaluation used DEX data up to June 2022, noting that whilst DEX data has been collected since 1 July 2020, it has only been compulsory to provide DEX data since 1 January 2021. The next phase of the evaluation will have an additional year of data, up to June 2023. The evaluation team will use the updated DEX data to further understand program reach and to inform analysis of economic impacts.
- **Additional analysis of linked Human Services Dataset (HSDS) data:** The evaluation team has only had access to limited HSDS data in the lead up to drafting the interim report. Over the coming months, the evaluation team will be working with the NSW Government to access additional HSDS data which will enable analysis of correlations between TEI participation and interaction with other key government services such as child protection, health, justice, housing and education. This is one important way to understand the impact that TEI has had for a child, young person or family. The results will also inform analysis of economic impacts.
- **Three case study reviews:** In addition to the above quantitative analysis, the evaluation team will conduct focussed qualitative analysis through three case study reviews. These will consist of site visits, interviews and surveys with a select number of TEI providers and clients across NSW. They will provide further context to the evaluation findings and additional detail on the outcomes that TEI creates and the conditions in which it is more or less likely to have a positive impact. Case study reviews are expected to be conducted in early 2024. Providers within the deep dive focus areas will be contacted to request their participation and support in November/December 2023.

In developing findings and recommendations, other sources of evidence commissioned by DCJ for the TEI program will also be considered (e.g. the TEI Community Wellbeing Survey and Community Strengthening Evidence Review).

The full evaluation findings and recommendations will be documented in final evaluation report in the second half of 2024.

Appendix A Types of referrals to other services recorded in DEX

Purpose	Explanation
Physical health	the client is referred to assist with the impact of their physical health on their independence, participation and wellbeing.
Mental health wellbeing and self-care	the client is referred to help the impact of client's mental health and self-care issues on their independence, participation and wellbeing.
Personal and family safety	the client is referred to help with the impact of personal and family safety issues on their independence, participation and wellbeing.
Age-appropriate development	the client is referred to help improve age-appropriate development.
Community participation and networks	the client is referred to help with the impact of poor community participation and networks on their independence, participation and wellbeing.
Family functioning	the client is referred to improve family functioning and change its impact to improve the client's independence, participation and wellbeing.
Financial Resilience	the client is referred to help improve financial resilience and change its impact to improve the client's independence, participation and wellbeing.
Employment	the client is referred to help with the impact of a client's lack of employment on their independence, participation and wellbeing.
Education and skills training	the client is referred to help with the impact of a client's inability to engage with education and skills training on their independence, participation and wellbeing.
Material wellbeing and basic necessities	the client is referred to help with the impact of the client's immediate lack of money and basic items needed for day-to-day living to improve their independence, participation and wellbeing.
Housing	the client is referred to improve their housing stability or address the impact of poor housing on their independence, participation and wellbeing.
Support to caring role	the client is referred to help with their caring responsibilities.
Other	the referral purpose is not captured in the list provided.

Appendix B Service types

Table B.1 – Service types and descriptions under Community Connections program activity

Service type	Description
Indigenous community engagement	Organise Aboriginal community events or festivals that support Aboriginal communities or community events promoting Aboriginal issues. This can only be counted if the service is responsible for organising and running the event. For example contributing resources, time and staff to organise it, not just participating or attending. If an event runs for 3 days, record one session for each day the event occurs, therefore 3 sessions would be recorded for this event.
Indigenous social participation	Initiate or facilitate activities for Aboriginal communities that are in line with TEI outcomes. This could include social, cultural, recreational, youth, art or language activities; workshops; or linking up members of a community around a shared issue, memorial days, reconciliation activities, erecting plaques or monuments.
Social participation	Initiate or facilitate community activities that are in line with TEI outcomes. This could include social, cultural, recreational, youth activities, art or language activities; workshops; or linking up members of a community around a shared issue.
Community engagement	Organise community events or festivals that are in line with TEI outcomes. This can only be counted if the service is responsible for organising and running the event. For example contributing resources, time and staff to organise it, not just participating or attending. If an event runs for 3 days, record one session for each day the event occurs, therefore 3 sessions would be recorded for this event.
Community sector planning	Activities undertaken to assist organisations and community networks to plan and support their communities to achieve TEI outcomes. Examples include representation/advocacy, brokering partnerships, networking, information clearinghouse, research and evaluation, policy advice and professional development. Sector staff attending these activities may be recorded as an unidentified group or as individual clients.
Community sector coordination	Activities undertaken to support coordination and collaboration; strengthen organisational capacity of local TEI organisations. Examples include coordinating inter-agency activities (chairing, secretariat, venue, etc); backbone support to collective impact work; interdisciplinary place-based projects; local consultation processes; coaching/mentoring; good governance; and being a conduit between NGOs, government, business and wider community. Sector staff attending these activities may be recorded as an unidentified group or as individual clients.
Education and skills training	Activities that increase the knowledge and skills of community organisations to strengthen social capital, local networks, social inclusion, and sense of belonging to different communities. Sector staff attending these activities may be recorded as either unidentified or individual clients.

Service type	Description
Information/advice/referral	Provision of standard advice/guidance or information for individuals or families in relation to a specific topic. Referrals include to another service provider or within the organisation. This referral is effective and timely, facilitates client engagement, builds and maintains referral pathways and partnerships, and proactively helps individuals and families to easily access services and determine the way their support is provided.

Table B.2 – Service types and descriptions under Community Centres program activity

Service type	Description
Community engagement	Planning activities undertaken with community members to develop plans that would achieve the TEI outcomes. Examples could include: a child protection, housing, education, health or employment plan or a plan that addresses a number of these. Note: Service has to facilitate the sessions and write the plan to count this as an activity, not just participate in consultations run by other services. Plans should include the change that the community is trying to achieve and how this will be measured, including both short and medium/long term measurement. Each meeting held to discuss a plan would be counted as a session.
Education and skills training	Community centre activities that build the knowledge and skills of community members to better meet, interact and/or volunteer. These may include individualised, group based, or other client-centred approaches. Online activities can be recorded where specific workshops or modules are delivered to a group of individual clients.
Information/advice/referral	Provision of standard advice/guidance or information for individuals or families in relation to a specific topic. Referrals include to another service provider or within the organisation. This referral is effective and timely, facilitates client engagement, builds and maintains referral pathways and partnerships, and proactively helps individuals and families to easily access services and determine the way their support is provided.
Social participation	Provide clients an opportunity to connect with others, such as a community centre, informal location, or online to achieve the TEI outcomes. Examples could include providing a meeting space or hiring out rooms to functions or forums, parenting groups, youth groups, early childhood education, care or support, maternal and child health services, Aboriginal Elders, Men's and Women's Groups, Aboriginal enterprises; and/or providing access to internet and Wi-Fi; and/or equipment, such as toys, books and car seats. Count each occasion of service as a session. Providers should aim to collect individual client details for each participant/attendee where possible.

Table B.3 – Service types and descriptions under Community Support program activity

Service type	Description
Advocacy and Support	Includes advocating for, problem solving and being an intermediary for child/ren, young people, families and communities, to help and inspire people to find the support that is right for them.
Business Planning	Initiate or support the development of Aboriginal led enterprises that are in line with the TEI outcomes. Examples could include: a social enterprise run by Aboriginal people which produces and sells Aboriginal art or bush tucker for profit. Count each planning meeting as a session.
Education and Skills Training	Community support that increases community member's knowledge, skills, experience, confidence; wellbeing; social inclusion, participation, or individual capacity. Examples could include literacy, numeracy, life skills, financial management/budgeting, whether delivered to individuals or in a group. Online activities can be recorded where specific workshops or modules are delivered to a group of individual clients.
Facilitate Employment Pathways	Programs that build the skills of community members, including young people, to provide facilitate pathways to employment. Examples could include résumé writing workshops, employment skills development and volunteering, whether delivered to individuals or in a group.
Indigenous Advocacy/ Support	Includes advocating for, problem solving and being an intermediary for Aboriginal child/ren, young people, families and communities, to help and inspire people to find the support that's right for them.
Indigenous Healing Workshops	Any activity which facilitates healing for Aboriginal communities, families or individuals. Examples could include grief and loss workshops.
Information/ Advice/Referral	Provision of standard advice/guidance or information for individuals or families in relation to a specific topic. Referrals include to another service provider or within the organisation. This referral is effective and timely, facilitates client engagement, builds and maintains referral pathways and partnerships, and proactively helps individuals and families to easily access services and determine the way their support is provided.
Social Participation	Activities that encourage connectedness for community members, which would increase social inclusion and participation. For example mentoring, leadership programs, relationship, social skills, whether delivered one on one or in a group.

Table B.4 – Service types and descriptions under Targeted Support program activity

Service type	Description
Counselling	Counselling provided by a qualified practitioner such as a Psychologist or Psychotherapist to one or more clients or family members. Techniques, orientations and practices used should be broadly accepted, validated and based on client need.
Education and Skills Training	Targeted support that builds the knowledge and skills of people with known vulnerabilities, e.g. domestic and family violence, mental health needs, drug and/or alcohol needs, and social/economic disadvantage. These may include individualised, group based, or other client-centred

Service type	Description
	approaches. Online activities can be recorded where specific workshops or modules are delivered to a group of individual clients.
Family Capacity Building	Family support activities provided during case management, which involve undertaking activities to implement the case plans of individual clients (child/ren, young person or family). This could include home visiting, support (legal, language or to access TIS), advocacy, counselling; mediation; referrals and skills development to help clients achieve outcomes. It could also include providing education (such as life skills or budgeting) in line with the case plan. It also includes a review with the client of what has been achieved and an exit plan. Services should be able to demonstrate that they use a system for doing case management (including file notes, templates, policies and case management meetings), monitoring and evaluating the effectiveness of the services being delivered to the child/ren and family.
Indigenous supported playgroups	Supported playgroups are an opportunity for Aboriginal parents or parents of Aboriginal children to share experiences of parenting and learn new parenting skills while being supported by workers who coordinate the activities. They also provide children with an opportunity to socialise play and learn in a structured and positive environment as well as participating in age-appropriate learning experiences and activities to help them become school ready. Supported playgroups are facilitated by a professional worker with qualifications or experience in early childhood or in working with families with children.
Indigenous social participation	This only includes camps for Aboriginal children, young people and families to experience Aboriginal culture, language or traditions.
Information/ Advice/Referral	Provision of standard advice/guidance or information for individuals or families in relation to a specific topic. Referrals include to another service provider or within the organisation. This referral is effective and timely, facilitates client engagement, builds and maintains referral pathways and partnerships, and proactively helps individuals and families to easily access services and determine the way their support is provided.
Intake/ Assessment	Intake and assessment in a case management setting, which includes providing assessment and case planning to assess the strengths and needs of the child, young person and family, including any risks; plan and coordinate a mix of services to meet the child/ren, young people and family's needs and address risks;
Material Aid	Material aid in a case management setting, where funds are used to purchase goods and/or services (including child care) which are in line with the case plan developed for the child/ren, young person and family.
Mentoring/ Peer Support	This includes facilitating self-help/peer support groups for parents experiencing particular issues. An example could include post-natal depression groups.
Parenting Programs	Programs that provide support specifically targeted at parent/child relationships and/or practical skill building for parents. Parenting programs are usually structured and delivered in a group or one to one

Service type	Description
	setting. Program selection should be driven by local need, client compatibility and cultural safety.
Supported Playgroups	Supported playgroups are an opportunity for parents to share experiences of parenting and learn new parenting skills while being supported by workers who coordinate the activities. They also provide children with an opportunity to socialise play and learn in a structured and positive environment as well as participating in age-appropriate learning experiences and activities to help them become school ready. Supported playgroups are facilitated by a professional worker with qualifications or experience in early childhood or in working with families with children.

Table B.5 – Service types and descriptions under Intensive Support program activity

Service type	Description
Counselling	Counselling provided by a qualified practitioner such as a Psychologist or Psychotherapist to one or more clients or family members. Techniques, orientations and practices used should be broadly accepted, validated and based on client need.
Education and Skills Training	Intensive or specialist support that builds the knowledge and skills of people who have high and/or complex needs. These may include individualised, group based, or other client-centred approaches. Online activities can be recorded where specific workshops or modules are delivered to a group of individual clients.
Family capacity building	Intensive or specialist services delivered directly to individual families aimed at enhancing parent/child relationships, increasing family connectedness and reducing child distress. Family capacity building services should include additional level of intensity or specialisation than the parenting program/family capacity building service options outlined in 'Program Activity 4: Targeted Support'. For example, services may include a therapeutic component, or a specialist framework intended to meet a specific intensive need.
Information/advice/referral	Provision of standard advice/guidance or information for individuals or families in relation to a specific topic. Referrals include to another service provider or within the organisation. This referral is effective and timely, facilitates client engagement, builds and maintains referral pathways and partnerships, and proactively helps individuals and families to easily access services and determine the way their support is provided.
Specialist support	Specialist support is delivered by a suitably qualified worker – in some cases this will involve engaging/employing specialist services for a fee to work with the family more intensively, where these services can't be engaged any other way, or in a timely manner. Services may include drug and/or alcohol services, intellectual and or physical disability services, family mediation, domestic violence and sexual assault support services and problem gambling services.

Appendix C Full data analysis relating to service delivery

C.1 Program clients

Figure C.1 shows the total number of TEI clients by year as recorded in DEX. The TEI program provided services to more clients in 2021-22 than in 2020-21. Overall, the TEI program have provided services to:

- 113,565 individual clients in 2020-21 and 127,897 in 2021-22. This represents a 13% increase. Around 90,000 of the clients from 2021-22 are new to TEI, which corresponds to around 200,000 individual clients in total across the two years. Note that these client figures are slightly lower than those reported in the TEI annual report because client IDs with the same statistical linkage key (SLK) have been consolidated in this evaluation report while they were treated separately in the annual report.
- 712,416 unidentified group clients in 2020-21 and 977,815 in 2021-22. This represents a 37% increase. Note that counts of unidentified group clients are not counts of unique clients and a client could be counted multiple times in these figures. Data for 2021-22 is also subject to known data issues which might have inflated the number of identified group clients reported (see details in section below)

While increasing client numbers recorded could be explained by better data collection rather than a genuine increase in clients serviced, the large increase in both individual and unidentified clients means the increase is less likely to be due to a better recording of individual clients (where we would likely see a decrease in unidentified clients). Increasing client numbers is also observed over periods post 1 January 2021 after data collection was mandatory. Interviewees and several survey responses also highlighted that families and cohorts previously unknown to providers are now accessing TEI services, often due to cost-of-living pressures or following natural disasters, further supporting that client numbers have genuinely increased.

Figure C.1 – Total number of TEI clients (DEX)

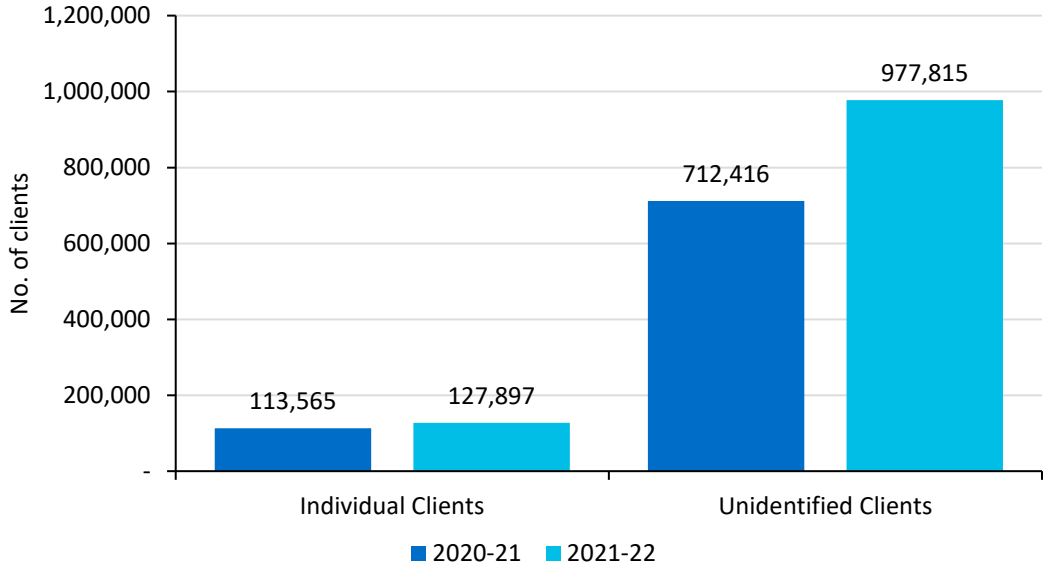


Figure C.2 and Figure C.3 looks at the number of individual and unidentified group clients by DCJ District. Note that the count of individual clients is based on the client's residential location, while the count of unidentified group clients is based on the location of the service outlet as client location is unknown. The figures show:

- South Western Sydney is the largest district with around double the number of individual clients than in Western Sydney which has the second largest number of individual clients.
- All districts had an increase in either the number of individual clients or unidentified group clients except North Sydney where client numbers declined slightly.
- Sydney and South Eastern Sydney had a decrease in the number of individual clients but a large increase in the number of unidentified group clients. This was mainly caused by known issues in the quality of reporting unidentified clients during this period. For example, South Eastern Sydney had about 145K group clients in 2021-22 for Community Connections. This equates to approximately a third of all Community Connections group clients in the year and 156 people per session, significantly more than other districts. Steps have been taken by DCJ Commissioning and Planning Officers and service providers to ensure the reporting issues are resolved for future periods, however the data was not able to be remediated for the period already submitted. As a result, the number of unidentified group clients is inflated for 2021-22 relative to 2020-21.

Figure C.2 – Number of individual TEI clients by DCJ District (DEX)

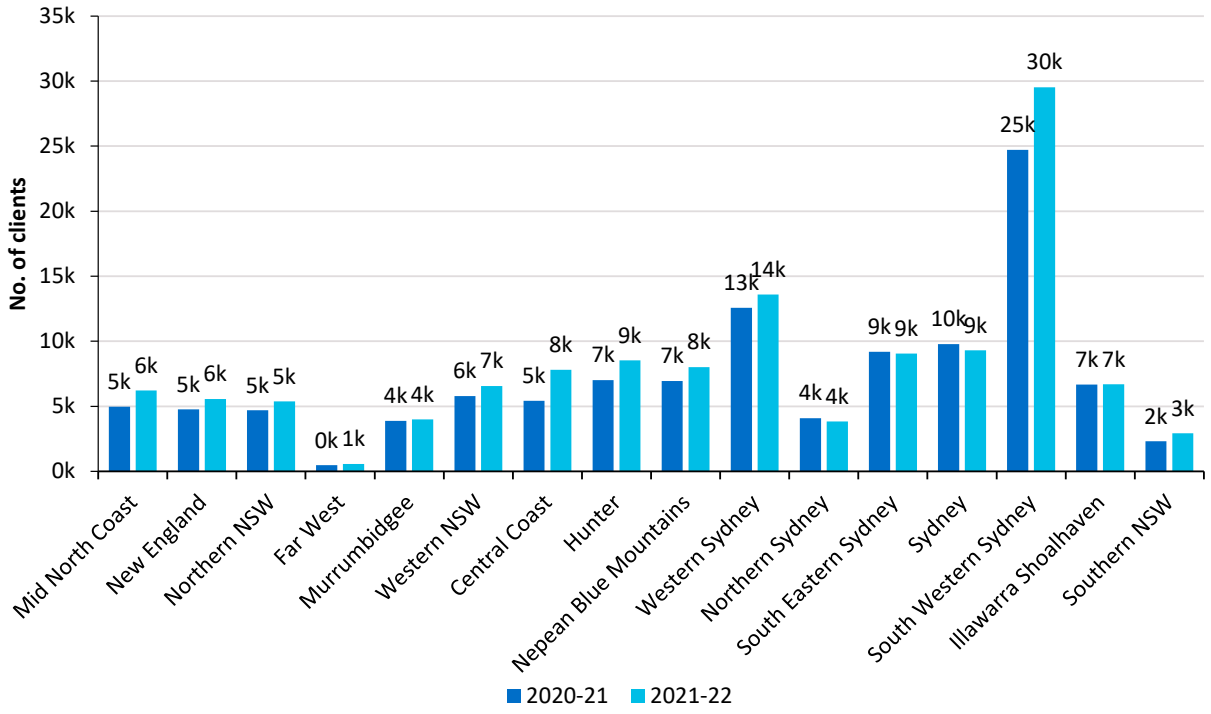
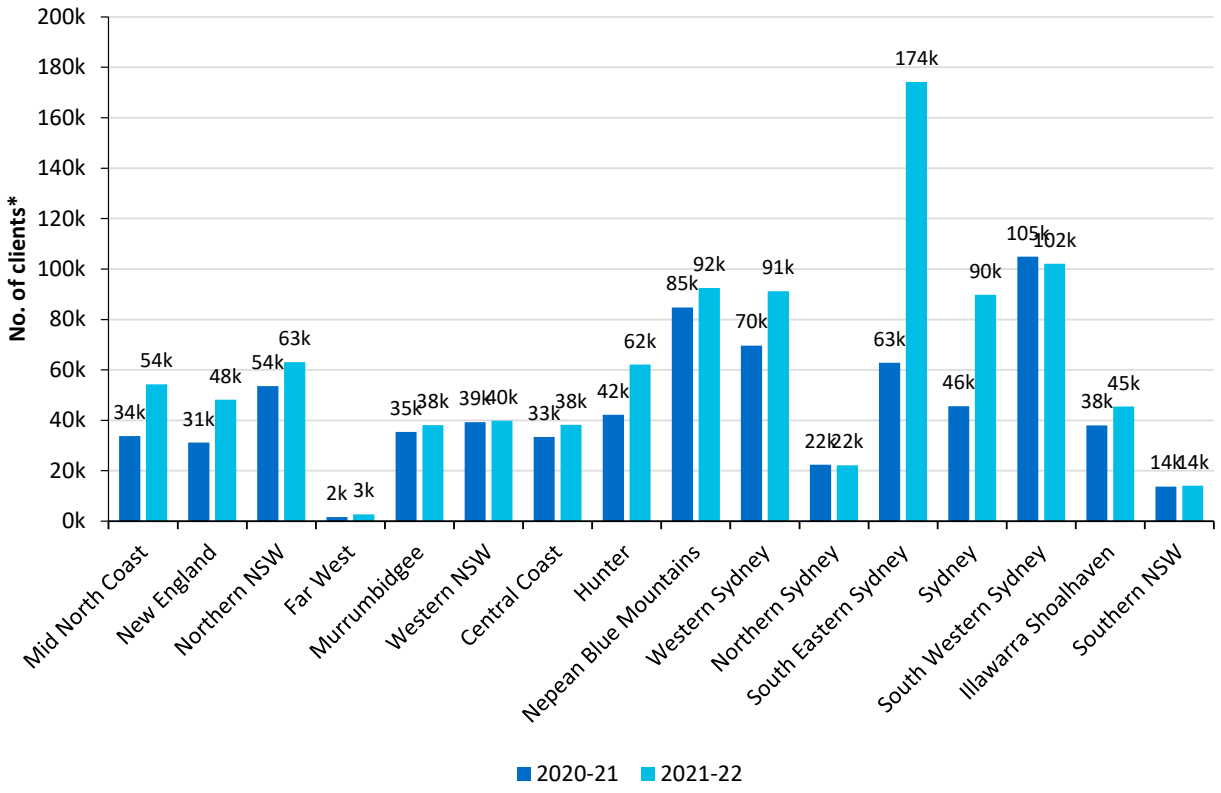


Figure C.3 – Number of unidentified group clients by DCJ District (DEX)



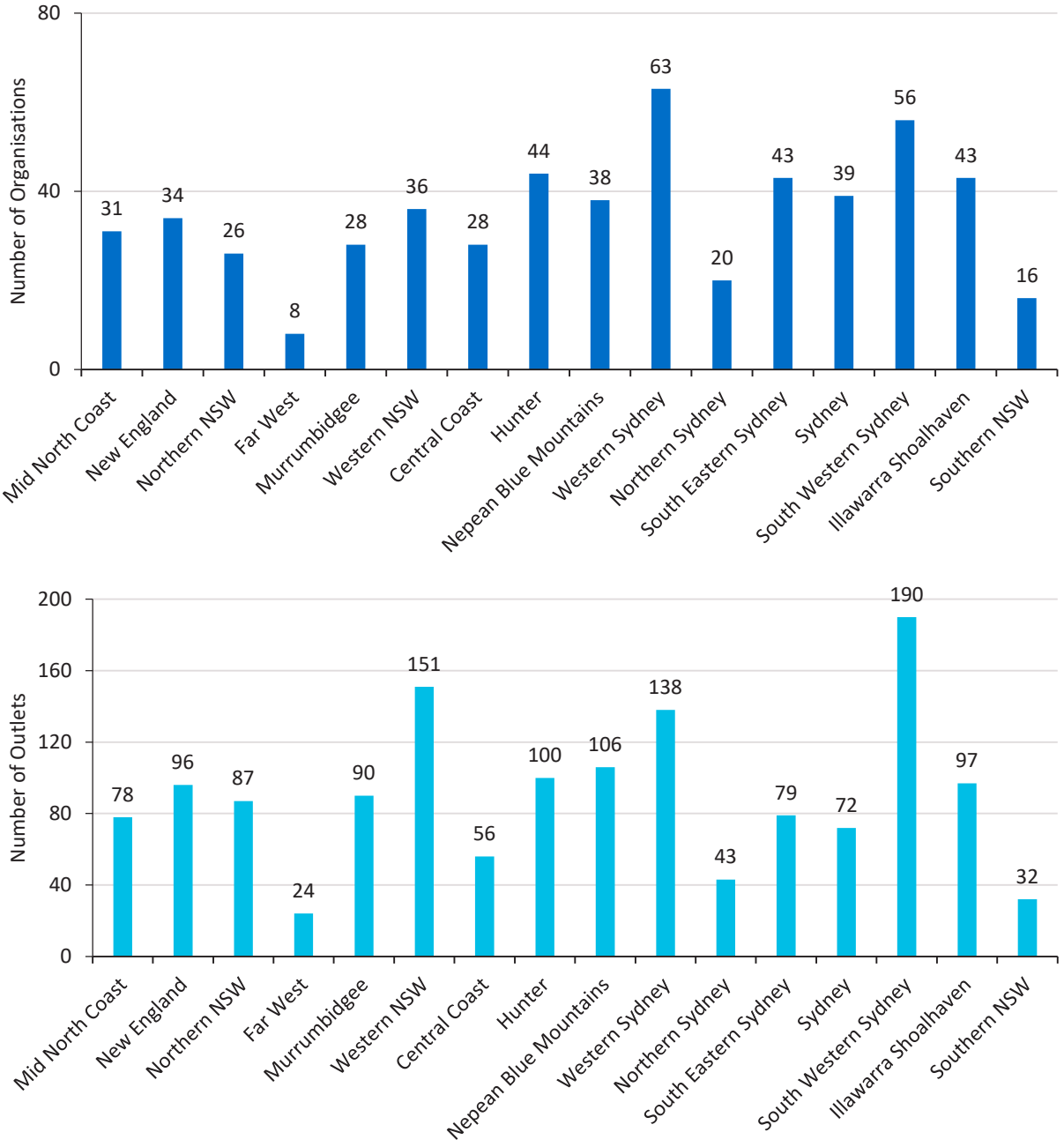
* Figures for 2021-22 subject to known reporting issues which reduces the reliability of data

C.2 Organisations and Outlets

Data about organisations delivering TEI services and outlets where the services are being delivered are recorded in DEX. Overall, a total of 472 organisations and 1,440 outlets had delivered TEI services in 2020-22 and have session data recorded in DEX. Figure C.4 shows the breakdown of organisations and outlets in 2021-22 by DCJ District:

- Western Sydney and South Western Sydney have the most number of organisations recorded in DEX, each with over 50 organisations in the district. This is consistent with the two districts being the largest by the number of individual clients served.
- Western NSW has the largest number of outlets per organisation out of all districts while also being one of the most remote.
- Far West and Southern NSW have the fewest number of outlets and organisations, while Northern Sydney and Central Coast have the fewest out of the districts that cover metropolitan areas.

Figure C.4 – Number of organisations and outlets by DCJ District (DEX)



Looking at the types of activities covered by outlets, Targeted Support is the most common and was delivered by about 60% of outlets in the last two years, followed by Community Connections and Community Support at 40%. Community Centres and Intensive Support are less common, with 20% and 10% of outlets delivering these program activities respectively.

C.3 Sessions delivered

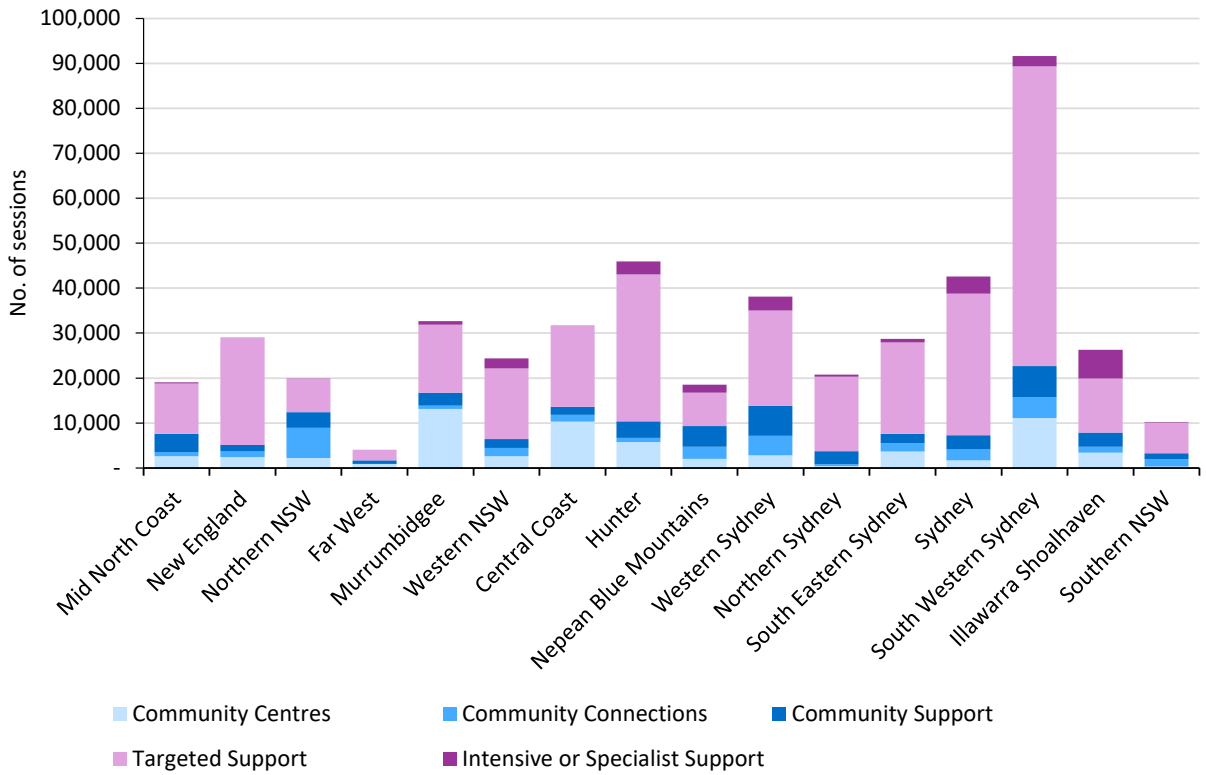
Overall, the total number of individual and group TEI sessions conducted had increased by 15% from 399,804 in 2020-21 to 461,434 in 2021-22. All DCJ Districts except Sydney and Illawarra Shoalhaven had an increase in number of sessions conducted, with Central Coast and Far West having the highest increase.

Each outlet conducted an average of 260 sessions with individual clients and 58 sessions with group clients in the last 2 years. Outlets in more metro districts tend to conduct more individual sessions per outlet than more remote districts while the number of group sessions is similar.

Figure C.5 shows the number of sessions by program activity that have been conducted in each district in 2021-22 based on the location of the outlet delivering the service:

- South Western Sydney is by far the largest district in terms of the total number of sessions conducted in 2021-22 with over 90,000 sessions in total, followed by the Hunter and Sydney districts.
- The two districts with the fewest number of outlets, Southern NSW and Far West, also have the lowest number of sessions conducted.

Figure C.5 – Number of sessions delivered in each DCJ District in 2021-22 (DEX)



The most common program activity conducted across all regions is Targeted Support, comprising over 60% of all sessions. However, there is significant variation in the mix of sessions in each district showing a potential difference in support focus across districts. For Community Strengthening stream supports:

- Over 50% of sessions conducted in Nepean Blue Mountains, Northern NSW and Murrumbidgee were from the Community Strengthening stream. Within these, each district also has a different program activity within the Community Strengthening stream that was conducted the most.
- Less than 20% of sessions conducted in Northern Sydney and New England were from the Community Strengthening stream.

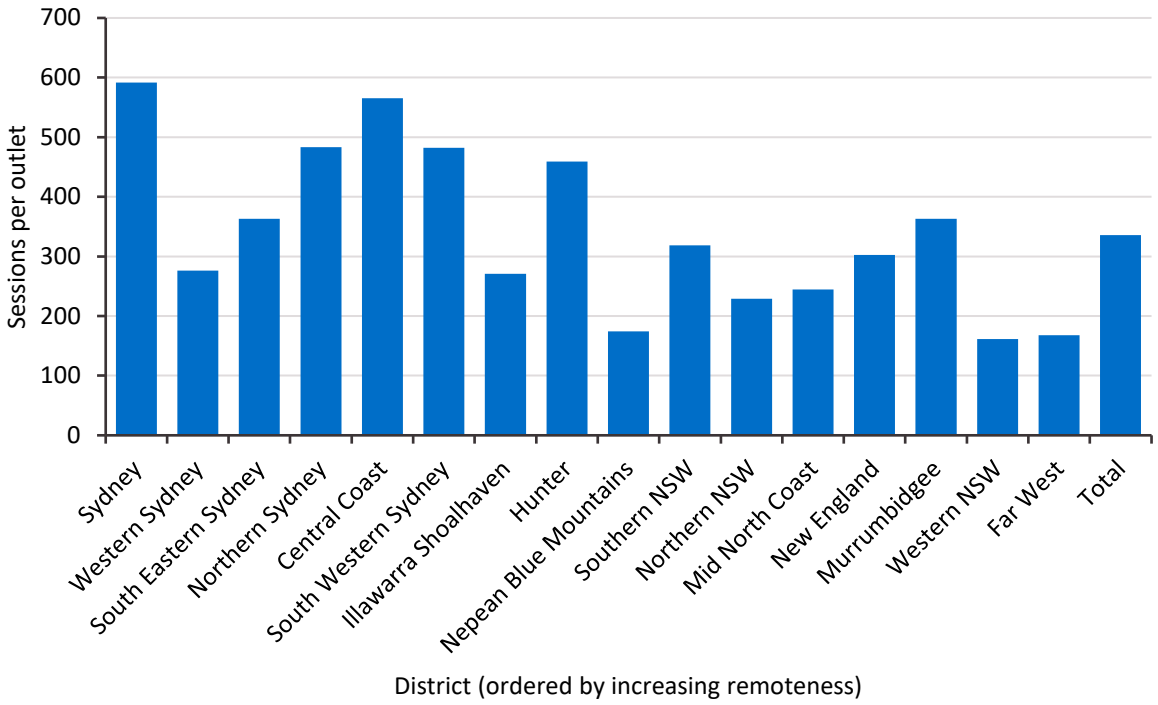
For the Intensive Support program activity:

- No Intensive or Specialist Support sessions were conducted in Far West in the last 2 years, while very few were conducted in the other remote districts (except Western NSW) and in Central Coast. This lack of coverage is mainly due to the current TEI contracting arrangements which is further discussed in Appendix D.2.

- About 20% of sessions conducted in Illawarra Shoalhaven are Intensive Support, compared to an average of around 6% across all districts.
- Districts with higher number of Intensive Support sessions in 2020-21 generally had a further increase in 2021-22 while those which started with less sessions had a further decrease in the last year. As a result, the number of Intensive Support sessions conducted across districts have become more uneven.

Average sessions per outlet were 340, with variation by region shown below. Provider characteristics (e.g. the balance between activity types delivered by outlets in a region) contribute to the variation too.

Figure C.6 – Average number of sessions per outlet, 2021-22

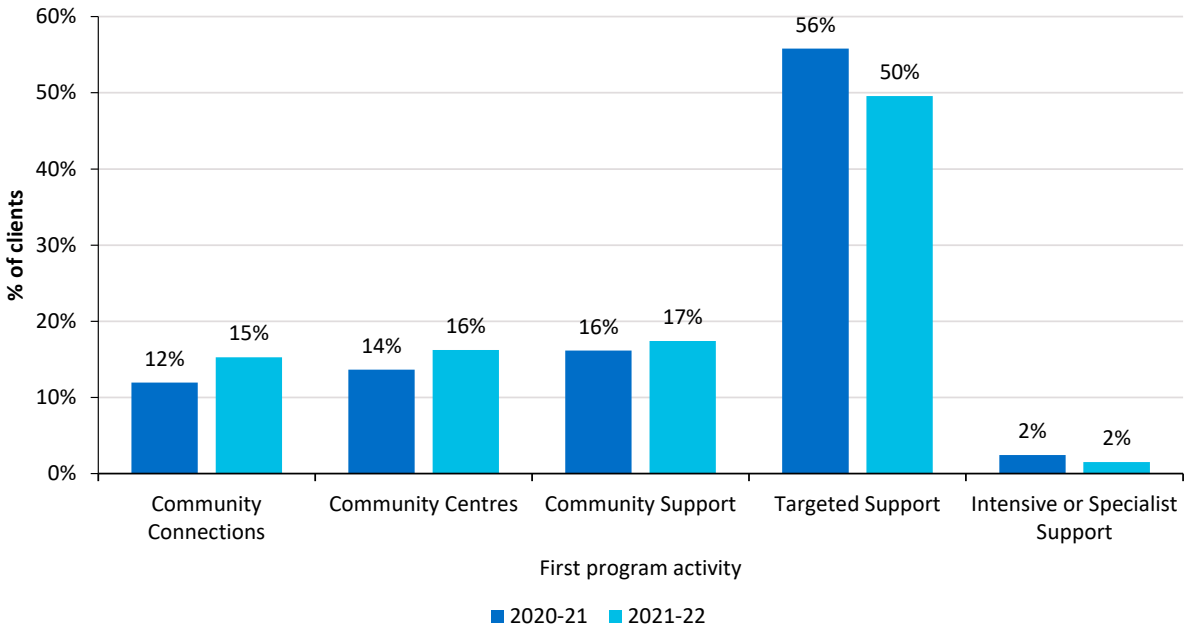


C.4 Client engagement

The DEX data can be used to examine how individual clients interact with the program.

When clients first interact with TEI support, Figure C.7 shows that the most common first program activity that they receive as an individual client is Targeted Support. Around half of the client's first recorded session in DEX is Targeted Support, followed by the three Community Strengthening stream activities, each representing roughly 15% of clients' first sessions. However, it is worth noting that this analysis only includes individual client interactions. These clients may have previously received Community Strengthening stream support as unidentified clients before being referred to services for individual clients. There was also a slight shift towards receiving Community Strengthening stream support for clients who entered TEI in 2021-22 compared to the previous year.

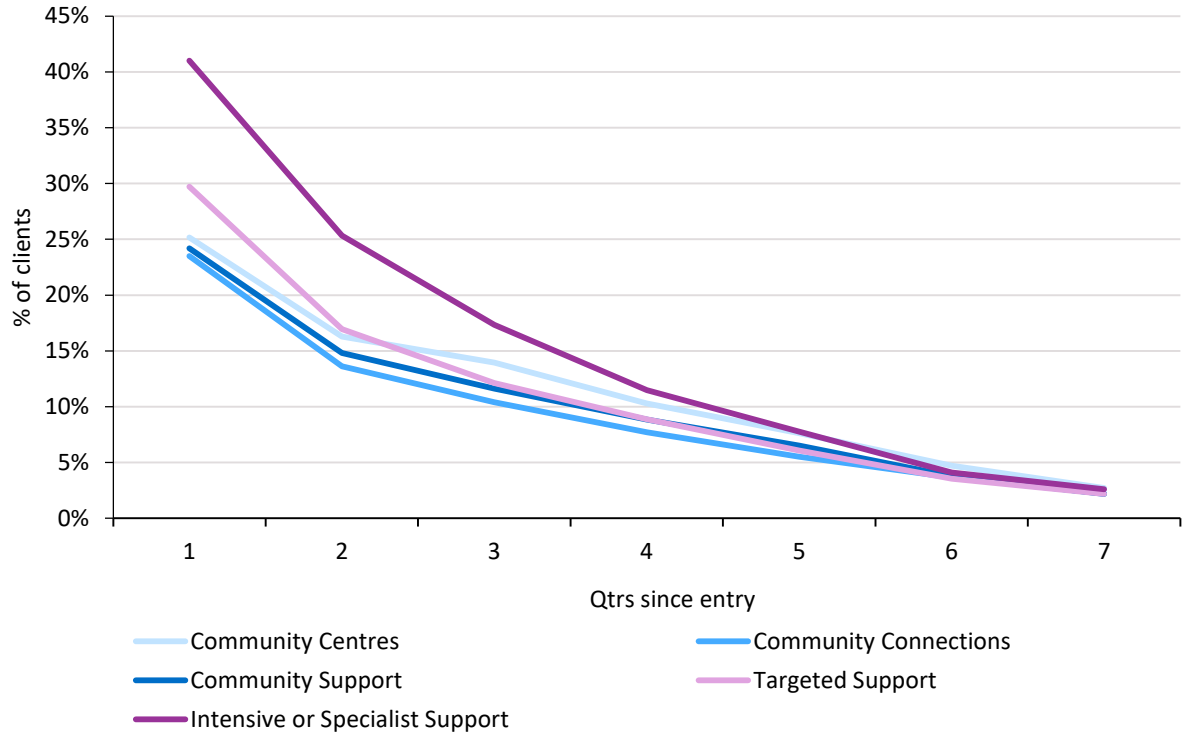
Figure C.7 – Distribution of new individual TEI clients by Program Activity of their first session (DEX), n=113,600 (2020-21), n=89,700 (2021-2022)



After their initial interaction, 15% of all clients have received support from a different program activity. Of clients who received Intensive Support as their initial session, 23% had sessions from another program activity, most of them being Targeted Support. For clients who received Targeted Support first, only 11% of them have had sessions from another program activity.

Figure C.8 shows the proportion of clients that had additional support sessions from TEI for a given number of quarters after their initial interaction. Clients who had Intensive Support as their first session tend to remain engaged with the program for longer, indicating greater support needs. Of these clients, 40% received additional support one quarter after their initial contact and 25% after two quarters, compared to 25-30% after one quarter and around 15% after two quarters for clients with other first program activities. After 1 year, the proportion of clients still receiving support drops to 5-10% overall.

Figure C.8 – Proportion of individual clients still in the program over time by first program activity (DEX)



For clients who are receiving support from a particular program activity, the average number of sessions they receive per quarter (dosage) is relatively constant regardless of how long they have received the support for. Clients on average attends:

- 5.5 sessions per quarter if they are receiving Intensive Support
- 3.5 sessions per quarter if they are receiving Targeted Support
- 2 sessions per quarter if they are receiving Community Strengthening Stream supports.

Appendix D Full data analysis relating to potential unmet demand

This Evaluation adopted the following approaches to help identify districts with potential unmet demand, recognising that each approach has its own limitations, but districts consistently identified with unmet demand across the different approaches warrants further investigation:

- **Entry rates into TEI using HSDS** - the proportion of populations entering TEI in 2020-21 (entry rates) by DCJ District were estimated based on individual TEI client records and population counts in each district using the HSDS. The entry rates were compared between districts after controlling for the difference in risk profiles across districts. This was done using a main effects logistic regression model using 17 control variables. While entry rates derived this way are underestimates due to imperfect data linkage (especially for older clients – see data limitations section) and not all clients having an individual record (there are many group clients), the districts with lower entry rates relative to their risk profile provides an indication of potential unmet demand that can be investigated further (assuming the district does not have materially more group clients or older individual clients).

  All Program Activities are included in this analysis, however the insights would mostly apply to the Wellbeing and Safety stream as it accounts for most of all individual client records. The final evaluation report will repeat the analysis for Wellbeing and Safety stream clients only.

- **Coverage of TEI outlets relative to need** – the number of TEI outlets delivering each type of Program Activity in 2020-21 was compared against the relative support needs in each district. This analysis is imperfect since the number of outlets is only a proxy for the level of service delivery and in reality different outlets may be able to support different numbers of clients. The number of children with concern reports is also used as a proxy for demand as it is a common characteristic amongst TEI clients, but families without child protection history are also eligible for the program. Noting these limitations, the results from this analysis are still useful when interpreted together with other results from this evaluation. As the number of children with concern reports is not a perfect proxy for demand, additional proxies for demand will be considered in the final report, such as the number of children with ROSH reports, number of people who have experienced domestic violence, as well as the general population.

- **Distance travelled by individual clients to receive services** – the average distance that individual clients had to travel to receive their TEI support in 2020-21.[40] Straight line distance was measured between the exact location of the service outlet and the centre of a client's Statistical Area 1 (SA1) region (exact location of the client was not available). Areas where the average distance travelled is high indicate either a lack of outlet coverage or the outlets in the area did not have the capacity to meet the nearby demand. Long distance travelled may be a deterrent to clients receiving the support that they need.

  Sessions where the mode of delivery is 'Video', 'Tele' or 'Digital' were excluded from this analysis. Each client was only counted once in the average regardless of the number of sessions they receive, to prevent clients with large number of sessions received skewing the average. Also note that the method of calculating distance travelled carries greater uncertainty for clients in more remote areas (especially in Far West) where the clients' SA1 region is larger.

- **Local coverage of Community Strengthening stream supports** – the number of Community Strengthening Stream support sessions conducted in 2020-21 at the LGA level was compared against the number of children with concern reports during the same period as a proxy for the level of

[40] Also includes a small proportion of sessions (<10%) where the service provider had travelled to the client's location to deliver the service. This does not change the conclusions from the analysis as long distance travelled by service provider would also be a sign of lack of local service coverage for the client.

support need in the LGA[41]. Providers have emphasised during interviews the importance of local presence and knowledge to understand the particular needs and dynamics of the community they are operating in when delivering Community Strengthening stream supports. Therefore, a lack of sessions delivered locally may result in the needs of the community to be unaddressed.

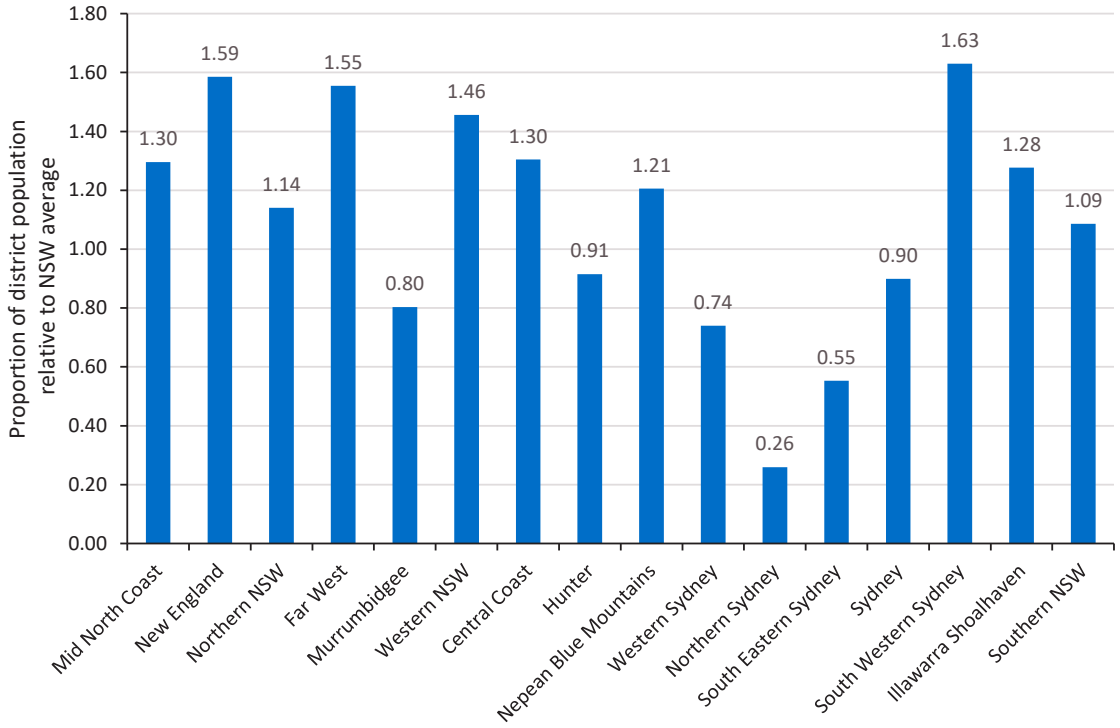
The LGA of the outlet was mapped based on the postcode of the outlet – if an outlet's postcode overlaps two or more LGAs, then the sessions conducted by the outlet were allocated proportionately to each LGA based on their share of the postcode's population.

The results for each approach are detailed in the sections below. The districts identified as having potential unmet demand will be further examined in the next phase of the evaluation, to assess whether there in indeed unmet demand and what factors have contributed to this (e.g. shortage of outlets).

D.1 Entry rates into TEI using HSDS

The 2020-21 quarterly rates of entry into TEI show significant variation between DCJ Districts, with people living in South Western Sydney entering at a rate more than six times higher than those in Northern Sydney, as seen in Figure D.1. Much of this variation is attributable to observed differences in resident risk profiles, for example, Northern Sydney has the lowest proportion of families in the key TEI groups.

Figure D.1 – Proportion of DCJ District populations entering TEI as individual clients in each quarter relative to the NSW average, 2020-21 (HSDS)*



* Only relative rates are shown as the absolute entry rates are understated due to issues discussed in the previous section

[41] As discussed previously, the number of children with concern reports is an imperfect proxy for demand as families without child protection history are also eligible for TEI services. Additional proxies for demand will be considered in the final report, such as the number of children with ROSH reports, number of people who have experienced domestic violence, as well as the general population.

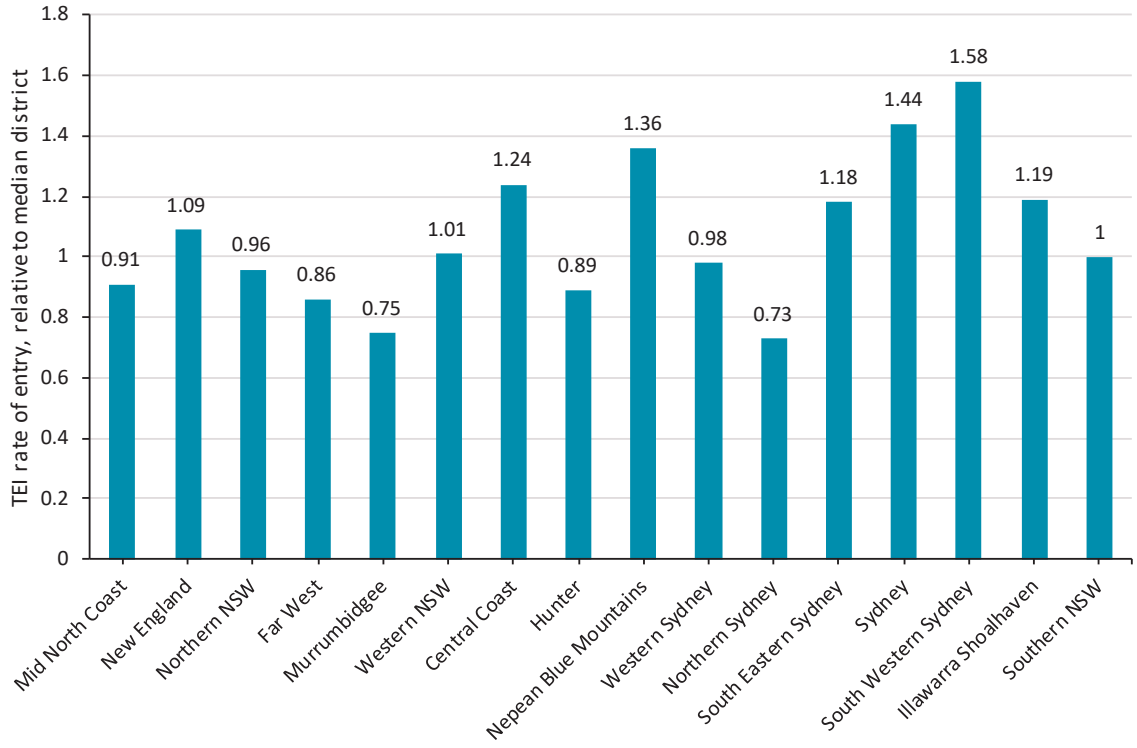
To better separate the impact of each DCJ District's risk profile from its entry rate, we have fit a simple regression model to predict entry into TEI based on the following demographic and historical risk factors:

- DCJ District
- Age
- Gender
- Indigenous status
- Parental status
- School completion (HSC)
- Whether they were born in NSW
- Calendar quarter
- SEIFA Advantage and Disadvantage Decile
- Specialist Homelessness Services usage (at risk and homeless)
- Child protection history (concern reports and ROSH reports)
- Police victim history (domestic violence and non-domestic violence incidents)
- Hospital admissions
- Private Rental Assistance receipt
- Public housing history

The model was calibrated using experience in 2020-21 in the HSDS.

Through the model, we were able to estimate the variation in TEI entry rate attributable to each variable. The effect of DCJ District is presented in Figure D.2, which shows the relative likelihood of TEI entry of the same person (i.e. exact same demographic and historical risk factors), if they resided in each of the different districts.

Figure D.2 – TEI risk-controlled entry rates of individual clients by DCJ District, relative to median District (HSDS)



* Only relative rates are shown as the absolute entry rate are understated due to issues discussed in the previous section

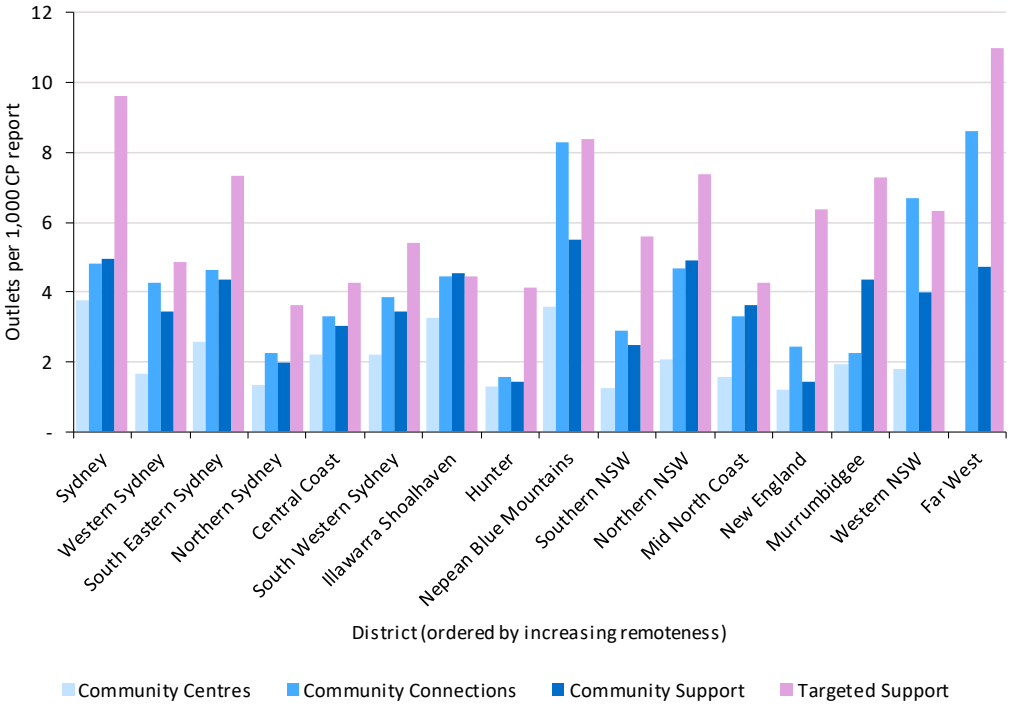
After controlling for the risk profiles of the districts, the Murrumbidgee, Hunter and Far West DCJ Districts showed the lowest rates of entry. This is a possible indication that the reach or capacity of providers in those districts are unable to meet the demand of the population. A person living in these four districts was modelled to be between 70%-90% as likely to enter TEI compared to the median Districts, or half as likely to enter compared to if they lived in the most likely DCJ District, South Western Sydney. We note Northern Sydney District is also low, but a special case since its underlying rate (shown in Figure D.1) and predicted rate are very low relative to other districts.

Note that these results only include individual TEI clients recorded in the DEX, meaning that the lower rate of TEI entry in a DCJ District could be explained if that district has lower quality data. We also note that entry relates to the creation of an individual client record – so a person may have accessed TEI earlier as an unidentified (group) client.

D.2 Coverage of TEI outlets relative to need

Figure D.3 shows the count of TEI outlets delivering each type of Program Activity (except Intensive Support) per 1,000 children with concern report in the same period. Children with concern reports has been used as a proxy of need of support.

Figure D.3 – Number of outlets per 1,000 children with concern reports (outlets from DEX, concern reports from HSDS)



Note: Regions with fewer than 10 outlets have been rounded to the nearest multiple of 3 before rate calculation.

For Targeted Support:

- More remote districts tend to have slightly higher number of outlets relative to need. Greater number of outlets in remote areas could be desirable as the density of people requiring support is lower and more outlets are required to cover the greater land area.
- Consistent with the observation from HSDS unmet demand analysis, Hunter District has one of the lowest number of outlets delivering Targeted Support relative to need. Sydney and Nepean Blue Mountains have a larger number of outlets relative to need.
- The number of outlets in Northern Sydney, Central Coast and Mid-North Coast is also relatively low.
- While the HSDS unmet demand analysis identified Far West and Murrumbidgee as having potential unmet demand, they have a relatively high number of outlets for Targeted Support. This difference can be explained by the two districts serving the lowest number of clients per outlet, with about 30 clients receiving Targeted Support per outlet, compared to a state average of about 80.

For Program Activities in the Community Strengthening stream:

- Hunter and Northern Sydney again have a low number of outlets relative to the number of children with concern reports.
- New England also has a low number of outlets.
- For Far West and Murrumbidgee which were identified in the HSDS unmet demand analysis as having potential unmet demand, Far West has the fewest outlets delivering Community Centres and Murrumbidgee has the fewest outlets delivering Community Connections. However, they have relatively more outlets delivering other types of Community Strengthening activities which could be a reflection of difference in support focus within the stream.

For Intensive Support sessions, none has been delivered in the Far West District and very few were delivered in most other remote districts. Most of the outlets delivering Intensive Support are

concentrated around Sydney Metro and Hunter regions and very few outlets in more remote areas. This has led to numerous remote LGAs to not have any clients receiving Intensive Support (shown by regions in white).

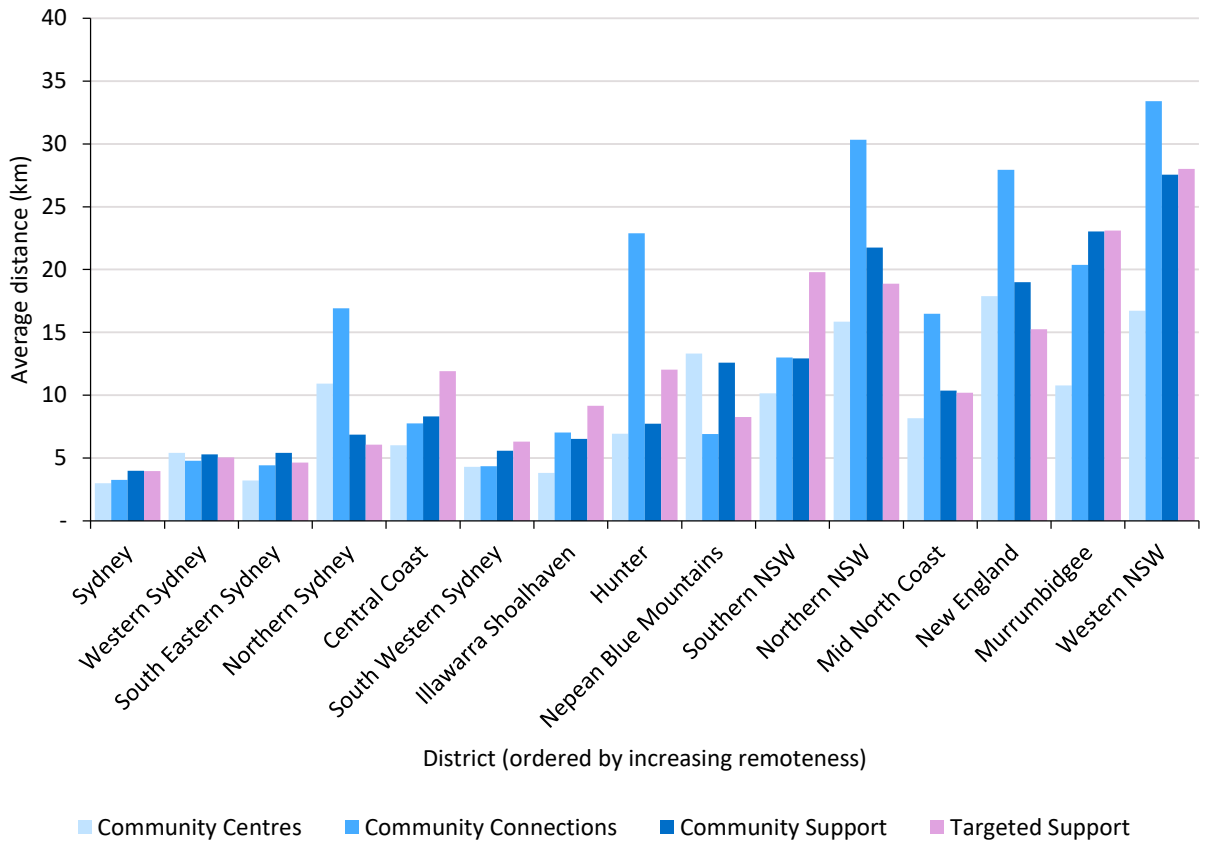
The lack of Intensive or Specialist Support sessions is due to the current TEI contracting arrangements which have meant that Intensive or Specialist Support are less likely to be contracted for delivery. There could also be a lack of specialists available in the more remote areas to provide the service. However, as discussed in Section 5.3, clients who have received Intensive or Specialist Support tend to have higher risk factors. This means that Intensive Support is potentially useful in supporting clients with greater needs and consideration should be given to increasing the coverage of delivery of Intensive or Specialist Support in future TEI contracts.

Service delivery at the service type level will also be further examined in the final report to assess the extent to which some of the service types within Intensive or Specialist Support (e.g. Counselling) may have been provided via Targeted Support instead.

D.3 Distance travelled by individual clients to receive services

The average distance that clients travel to attend their TEI sessions by program activity and the client's residential DCJ District is shown in Figure D.4. Intensive Support is excluded from the chart as there is already a clear gap in delivery identified. Clients in the Far West district travel significantly further for their sessions compared to other districts (average of >100km) and are also excluded from the chart as the numbers are more uncertain due to its remoteness and to preserve the chart's scale.

Figure D.4 – Average distance travelled by individual clients by DCJ District (DEX)



As expected, clients in more remote areas tend to have to travel further due to lower population density. Clients in Sydney Metro areas travel 5km on average to attend their sessions while those in more remote areas travel around 20km on average (excluding Far West where clients travel much further).

For Community Strengthening stream sessions, Community Connection sessions appear to be less readily accessible than the other Program Activities in a few districts, especially in Northern Sydney and Hunter. These were also two districts identified to have a low number of outlets relative to children known to child protection. Note that the analysis was limited to examining individual clients and not the group clients which make up the bulk of Community Strengthening stream supports.

For Targeted Support, the distance clients travel is roughly in line with the remoteness of the district. Central Coast is one district where the clients need to travel slightly further than other districts with similar remoteness.

As there are many individual clients who receive Targeted Support, the average distance travelled can be broken down further by LGA to identify any gaps. The LGAs where clients have travelled the furthest are:

- Clients in the Clarence Valley LGA travelled around 100km on average for their sessions despite the region being mostly inner regional. It is mainly driven by numerous clients in the region who were recorded to have received support in Sydney. This indicates a potential lack of capacity for outlets in the area which may deter people from receiving TEI services. Only 268 clients had in-person sessions compared to around 1,700 children with concern reports in the LGA, a ratio of 0.16 compared to state-wide ratio of around 0.65.
- Collectively, clients in Wentworth, Balranald, Central Darling and Cobar LGAs also need to travel over 100km on average for their sessions. This is mainly driven by a lack of coverage of TEI outlets in the area and as a result the ratio of clients that had in-person sessions relative to children with concern reports is also very low at 0.11 (65 clients relative to 623 children). However, as these LGAs are all in very remote parts of NSW, increasing the coverage of outlets would be more difficult.

D.4 Local coverage of Community Strengthening supports

We can also examine the geographical coverage of Community Strengthening Stream supports at the LGA level. We have explored this relative to the number of children with concern reports (as a proxy for the level of support need).

This reveals 4 potential areas with a lack of local presence of outlets in providing Community Strengthening Stream supports, each with 0.01 or fewer sessions per child known to child protection:

- Inverell – 790 children known to child protection, less than 10 sessions conducted (Community Centres)
- Gunnedah, Liverpool Plains – 742 children known to child protection, less than 10 sessions conducted (most were Community Connections)
- Hornsby, Ku-ring-gai – 2,263 children known to child protection, 14 sessions conducted (most were Community Connections)
- Coolamon, Lockhart, Narrandera, Wagga Wagga, Leeton – 3,276 children known to child protection, 38 sessions conducted (10-15 sessions of each Community Strengthening program activities).

Appendix E Assessment of program reach to priority groups

Risk factors of individual clients in the program

Analysis of linked government service datasets in the HSDS showed that the risk profile of individual clients entering TEI in 2020-21 was more severe than the general population. TEI clients were at least twice as likely to have each risk factor examined. Table E.1 presents the proportion of TEI clients having selected risk factors prior to the quarter of entry into TEI, either ever, or in the year prior. For each TEI client, five people in the general NSW population with the same age, gender and parental status (being a parent or not) was sampled to form the population comparison group[42]. TEI clients born in NSW were also matched to those also born in NSW and vice versa to ensure a fair comparison.

The more severe risk profile of TEI clients is the result of targeting vulnerable people for the program. This is consistent with TEI program guidelines which guide providers to design services in response to local vulnerabilities, and describe an expectation that clients will have known risk factors, known vulnerabilities, or will already be receiving a crisis response. It is also consistent with stakeholder feedback and provider commentary about using TEI as a step-down response following successful statutory casework with families (these families would be expected to have a significant risk profile).

Table E.1 – Risk profile of TEI population compared to the sampled comparison group from general population, n=57,400 (TEI), n=258,400 (General).

Risk factor	TEI population (ever)	General population (ever)	TEI population (1 year)	General population (1 year)
Concern report (of clients aged 18 or less)	45.6%	17.5%	26.9%	6.1%
ROSH report (of clients aged 18 or less)	41.8%	14.8%	23.0%	4.8%
Substantiated ROSH report (of clients aged 18 or less)	18.0%	4.4%	5.1%	0.8%
Out of home care (of clients aged 18 or less)	5.4%	1.5%	2.5%	0.7%
Domestic violence victim	28.6%	12.4%	9.2%	2.0%
Proven domestic violence offence (of clients aged 11 or over)	6.7%	1.8%	1.6%	0.3%
Proven drug or alcohol related offence (of clients aged 11 or over)	9.6%	4.3%	1.3%	0.3%
Time in custody (of clients aged 11 or over)	7.7%	2.0%	2.3%	0.5%
Interaction with criminal justice system (of clients aged 11 or over)	22.1%	10.2%	5.6%	1.3%
School suspension[(b)] (of clients aged between 5 and 18 with at least one day of school enrolment)	n/a[(c)]	n/a[(c)]	19.5%	10.7%
HSC completion (of NSW born clients aged between 19 and 31)	33.6%	50.0%	-	-
SHS homeless presentation	18.5%	3.8%	9.2%	1.4%

[42] Note that the general population comparison group sampled in this way is likely to have a higher risk profile than the overall population as it is selected to have the same mix age, gender and parental status as the TEI population, which means it has a higher proportion of young parents who tend to exhibit greater risk factors.

Risk factor	TEI population (ever)	General population (ever)	TEI population (1 year)	General population (1 year)
Mental health ambulatory services	19.7%	7.4%	7.0%	1.6%
Alcohol or drug support (of clients aged 15 or over)	1.9%	0.5%	1.5%	0.4%
Hospital admission for mental health	8.6%	3.5%	1.8%	0.5%
Hospital admission for alcohol or drug use (of clients aged 15 or over)	5.9%	1.8%	1.1%	0.2%

(a) Bracketed conditions after risk factor are included when we restrict the client group for a more relevant comparison. For example, we only report the rate of concern reports for the subset of TEI and matched general population that are under 18. This means different rows will reflect different sub-cohorts.

(b) Suspension data in 2020 and 2021 is not comparable to previous years, or each other, due to the effects of the COVID-19 pandemic. Students were encouraged to learn from home, where possible, for large periods of time during 2020 and 2021. At least one day school attendance is applied to exclude children who are never recorded as attending a NSW public school.

(c) We have been advised by the Department of Education that older suspension data has known data quality issues.

The risk profile of TEI clients varies by the program activity of a client's first session, as seen in Figure E.1 through to Figure E.4, with the cohort first accessing Intensive Support services having the greatest risk factors and the cohort first accessing Community Connections services having the least risk factors.

- The Wellbeing and Safety stream, comprising the Intensive Support and Targeted Support program activities, has the greatest proportion of clients known to child protection prior to entering the program. More than 70% of children in Intensive Support had a history of interacting with child protection prior to program entry compared to about 30% for children in Community Connections. The stream includes activities that strengthen protective factors and respond to known risk factors, so the greater proportions are expected.
- The Community Strengthening stream, comprising the Community Centres, Community Connections and Community Support program activities, had overall a greater proportion of clients who had interacted with the criminal justice system prior to TEI at 24% compared to 21% for the Wellbeing and Safety stream. Note that these results are based on individual client data only and it is uncertain whether unidentified clients who are more common in the Community Strengthening stream share the same characteristics.

Figure E.1 – Risk profile of individual clients by first program activity – justice risk factors (HSDS)

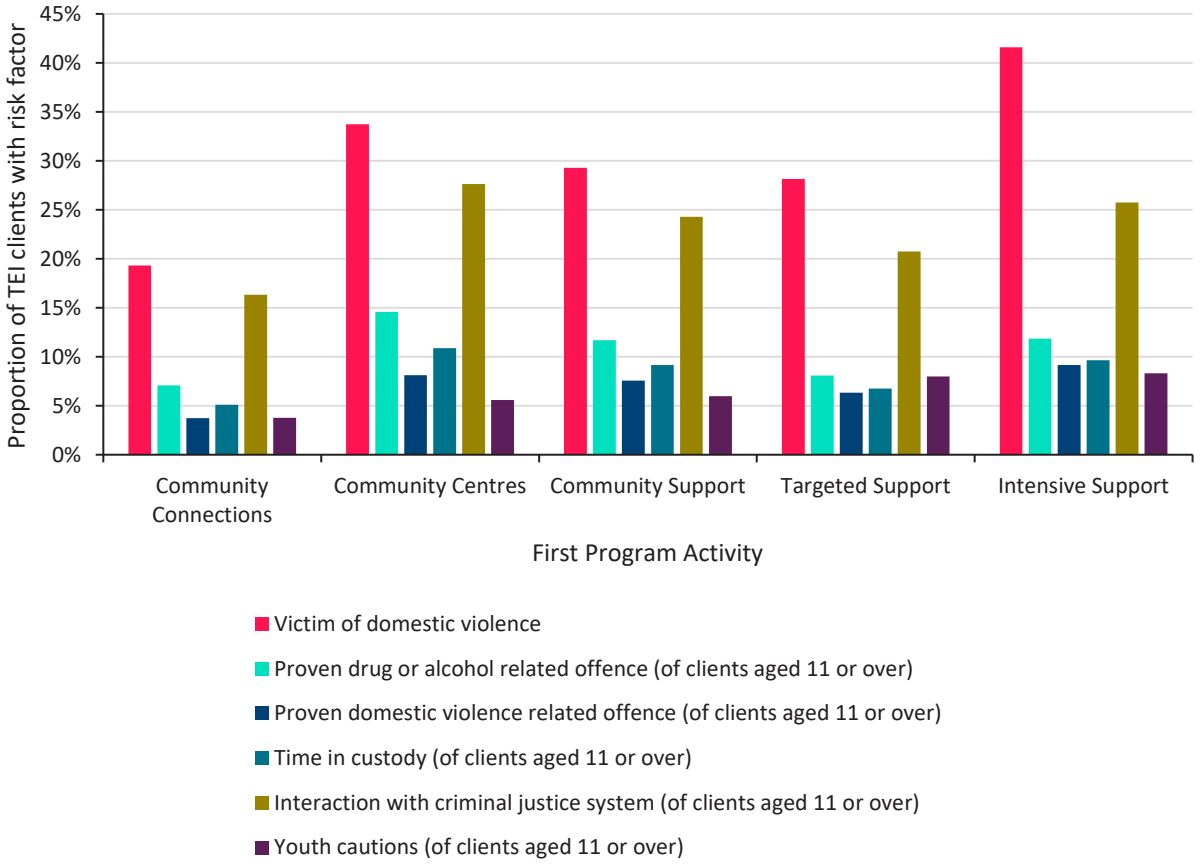


Figure E.2 – Risk profile of individual clients by first program activity – child protection risk factors (HSDS)

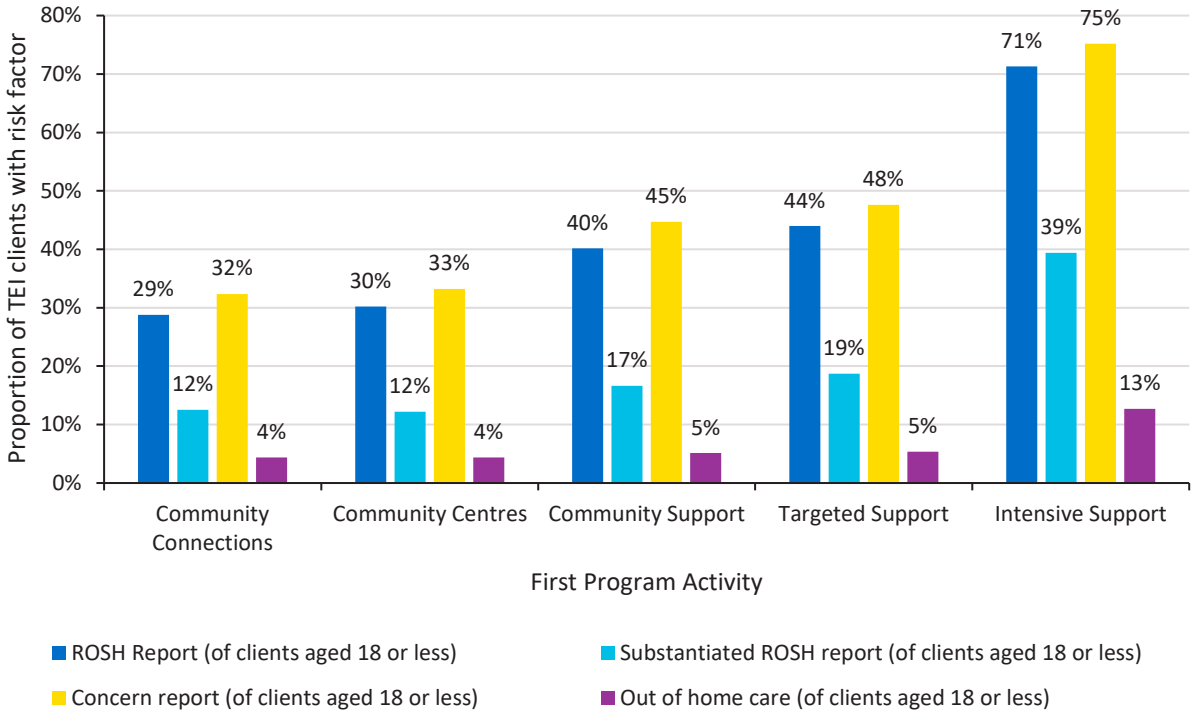


Figure E.3 – Risk profile of individual clients by first program activity – housing risk factors (HSDS)

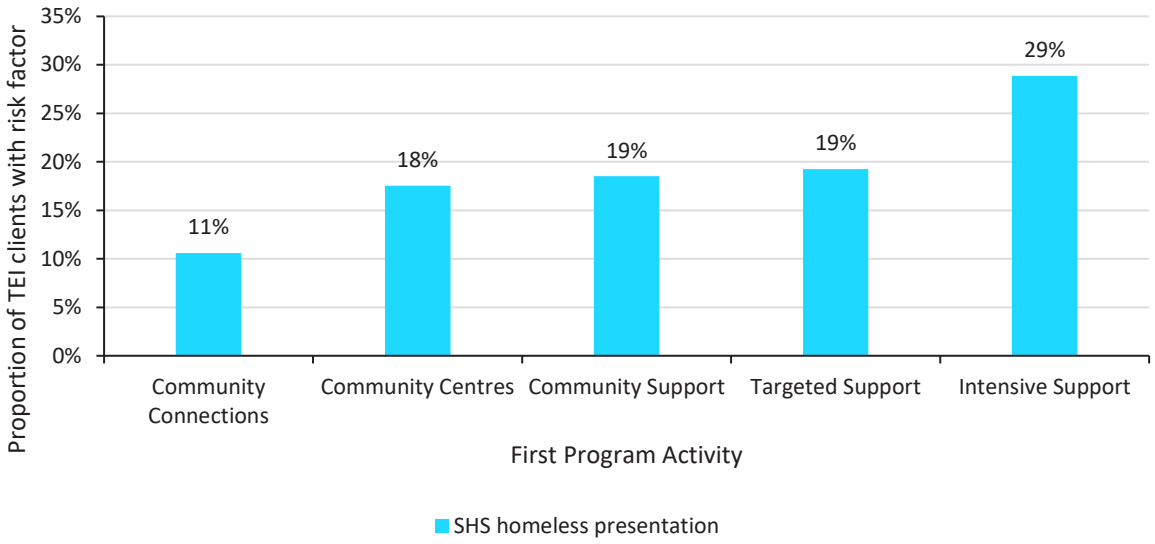
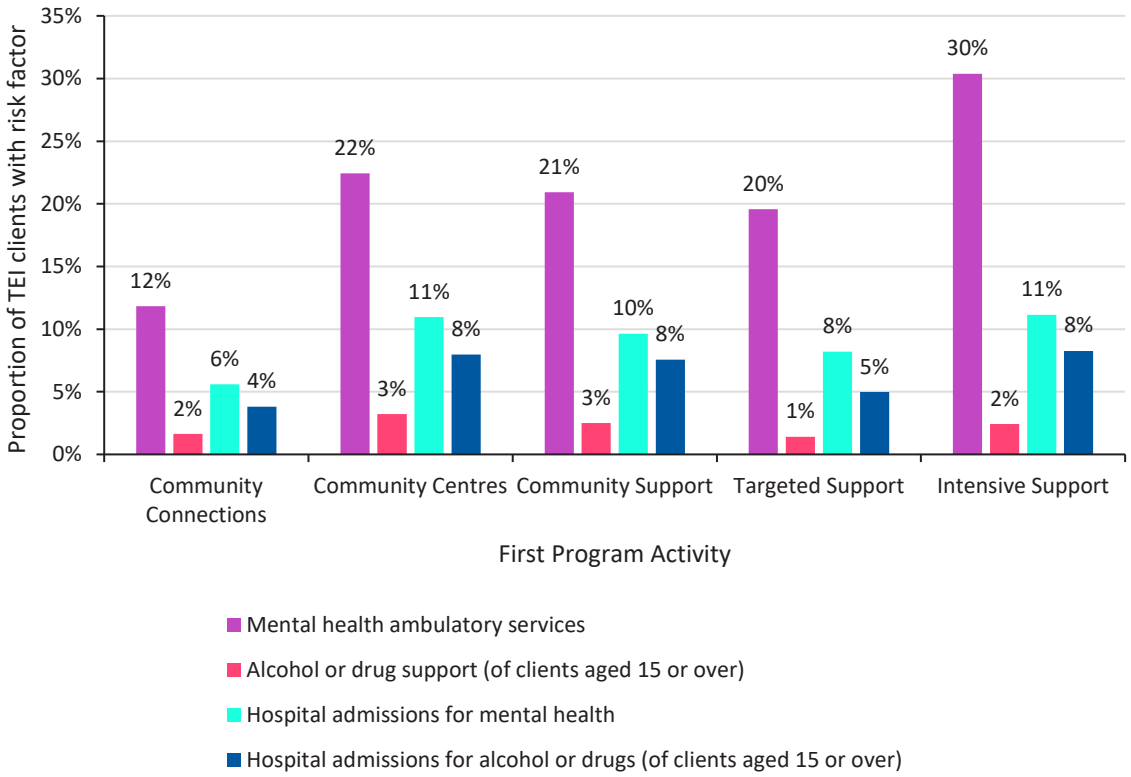


Figure E.4 – Risk profile of individual clients by first program activity – health risk factors (HSDS)



Program reach to priority groups

The Department recognises four key TEI groups (priority groups) that are particularly important in the context of early intervention planning, and who are crucial considerations for its strategic planning.

For the purposes of the evaluation, the priority groups are defined as follows:

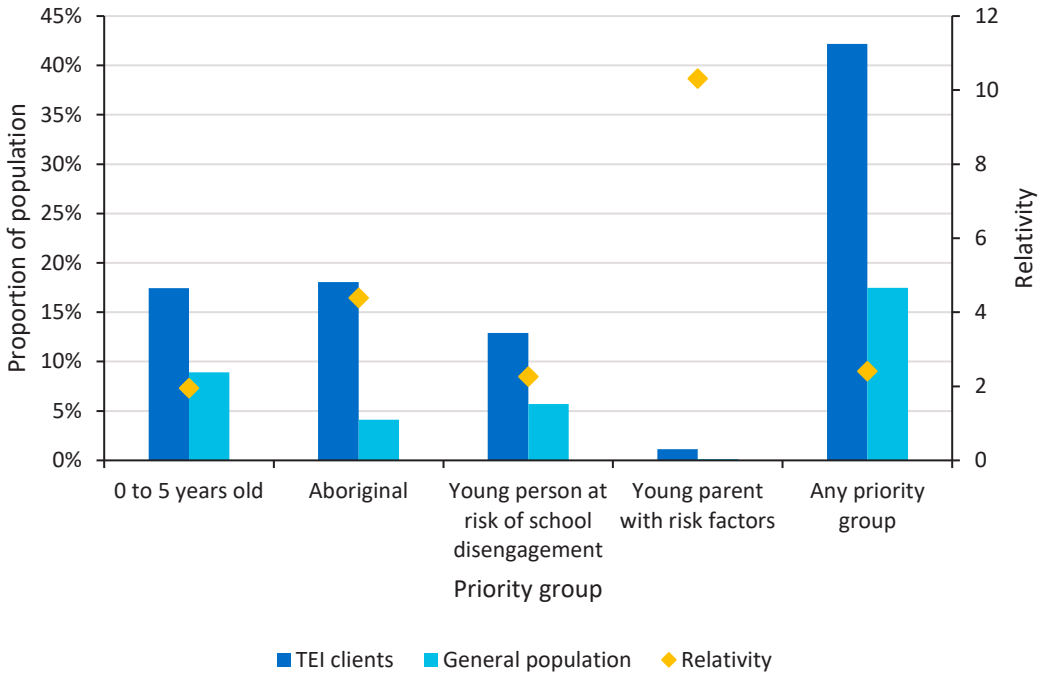
- **0 to 5 year olds** – children aged between 0 and 5 years old (inclusive) in the quarter of entry into TEI.
- **Aboriginal children, young people, families and communities** – people identified as Aboriginal or Torres Strait Islander according to at least two government data sources in the HSDS.

- **Children and young people at risk of disengagement from school** – while TEI also includes children and young people at risk of disengagement from family and community in this priority group, for this evaluation we have focused on disengagement from school due to data availability. The group is defined as children who were suspended from school in the year before entering TEI, or, who had more than 2.3% of enrolled days in the year before entering TEI (equivalent to a week or more of a typical enrolled school year) recorded as unexplained absences. We note that attendance and suspension data in calendar 2020 and 2021 is not comparable to previous years, or each other, due to the effects of the COVID-19 pandemic. Students were encouraged to learn from home, where possible, for large periods of time during 2020 and 2021. There was also some evidence of varied attendance marking practices across schools in the period.
- **Young parents with known vulnerabilities or hardships** – people who are parents and aged 21 or younger in the quarter of entry into TEI and has ever experienced any of
  - the risk factors in Table E.1,
  - a youth justice conference, or
  - Temporary Accommodation (data only available to 30 June 2017 due to unresolved data issues).

People in the priority groups were more prevalent in the TEI population compared to the general population. This supports the targeting of these cohorts for program entry by service providers. Figure E.5 shows as bars the proportions of the TEI population and general population that are in each of the four priority groups, based on individual TEI client data in 2020-21. The figure also shows as orange markers the ratio of TEI prevalence to general population prevalence graphed in bars (relativity). The relativity indicates how much more likely a TEI client is than the general population to be in a priority group. From the figure:

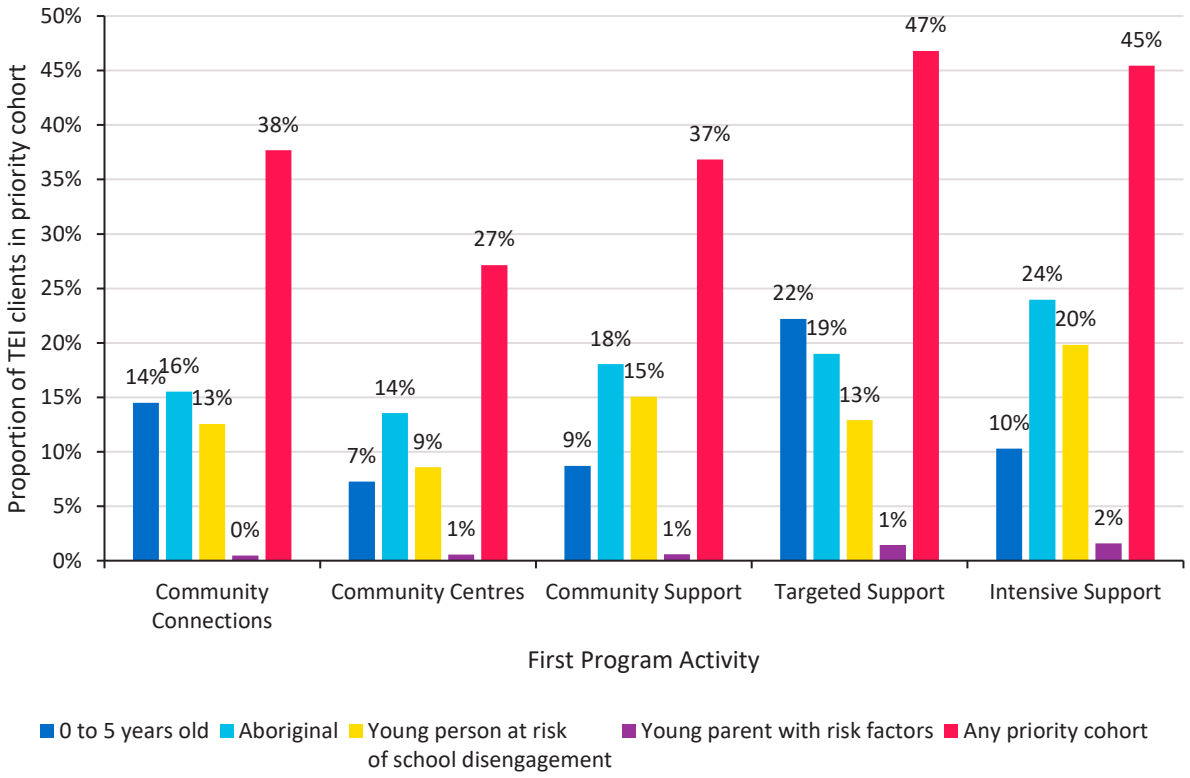
- Targeting was most effective for the young parent and Aboriginal priority groups – young parents with risk factors were overrepresented in the TEI population by a factor of 10 and Aboriginal people were overrepresented by a factor of 4.
- Over 40% of TEI individual clients belonged to a priority group.

Figure E.5 – Proportion of TEI individual clients and general population in priority groups (HSDS)



Targeting of priority groups was more effective for the Wellbeing and Safety stream. Figure E.6 shows the proportion of clients in each priority group by first program activity. Over 45% of individual clients in Targeted Support and Intensive Support belonged to a priority group compared to over 25% of individual clients in Community Centres.

Figure E.6 – Proportion of TEI individual clients in priority groups by first program activity (HSDS)



Appendix F Detailed data for graphs used throughout this document

Table F.1 – Figure 4.1 – Provider survey results – "To what extent are the following components of the TEI program helpful in supporting you to achieve outcomes with your clients?", n = 305 – Data

Survey Response	Structure of my TEI contract	TEI commissioning approach	Amount of funding provided through my contract	Relationship with DCJ Commissioning & Planning officer	The outcomes framework & program logic template and tools	DEX reporting platform	Resources & evidence about local needs	Sector support available to TEI providers	'TEI Inform' Newsletter and regular updates	The TEI Dashboard	Regular TEI sector and provider forums
Very helpful	29%	12%	16%	59%	24%	13%	31%	20%	23%	12%	27%
Somewhat helpful	46%	36%	37%	27%	50%	34%	43%	38%	47%	41%	43%
Neither helpful nor unhelpful	10%	29%	6%	6%	14%	17%	14%	21%	20%	24%	16%
Somewhat unhelpful	10%	6%	19%	4%	7%	13%	6%	5%	4%	4%	5%
Very unhelpful	4%	5%	20%	3%	4%	19%	3%	3%	1%	5%	2%
Not sure	1%	11%	3%	1%	1%	2%	4%	13%	5%	14%	7%

Table F.2 – Figure 4.2 – Average Satisfaction SCORE and % of clients with satisfaction SCORE by district in 2020-22 (DEX) – Data

District	Average Satisfaction SCORE	Clients with a satisfaction SCORE
Mid North Coast	4.43	9.9%
New England	4.64	15.0%
Northern NSW	4.70	18.9%
Far West	4.45	17.2%
Murrumbidgee	4.50	14.0%
Western NSW	4.46	20.2%
Central Coast	4.43	15.8%
Hunter	4.25	14.6%
Nepean Blue Mountains	3.89	24.1%
Western Sydney	3.91	29.9%
Northern Sydney	4.69	17.5%
South Eastern Sydney	4.75	24.6%
Sydney	4.56	28.5%
South Western Sydney	4.46	25.9%
Illawarra Shoalhaven	4.55	25.8%
Southern NSW	4.77	23.0%

Table F.3 – Figure 4.3 – Provider survey results – "If you don't have capacity to work with a child, young person or family, how often are you able to refer them to another suitable service that does have capacity?" n=314 – Data

Survey Response	Proportion of Respondents
Not sure	4%
Rarely	14%
Sometimes	36%
Most of the time	31%
All of the time	15%

Table F.4 – Figure 5.1 – Number of individual TEI clients by DCJ District (DEX) – Data

District	2020-21	2021-22
Mid North Coast	4,975	6,220
New England	4,763	5,564
Northern NSW	4,697	5,372
Far West	474	563
Murrumbidgee	3,877	3,986
Western NSW	5,784	6,548
Central Coast	5,424	7,810
Hunter	7,019	8,524
Nepean Blue Mountains	6,947	8,020
Western Sydney	12,565	13,602
Northern Sydney	4,096	3,843
South Eastern Sydney	9,194	9,048
Sydney	9,783	9,306
South Western Sydney	24,715	29,530
Illawarra Shoalhaven	6,666	6,697
Southern NSW	2,314	2,931

Table F.5 – Figure 5.2 – Risk profile of individual clients by first program activity (HSDS) – Data

Risk Factor	Community Connections	Community Centres	Community Support	Targeted Support	Intensive Support
Concern report (of clients aged 18 or less)	32.4%	33.2%	44.7%	47.6%	75.2%
Victim of domestic violence	19.3%	33.8%	29.3%	28.2%	41.6%
Interaction with criminal justice system (of clients aged 11 or over)	16.4%	27.6%	24.3%	20.7%	25.8%
School suspension (of clients aged between 5 and 18 with at least one	23.9%	26.5%	28.5%	31.9%	31.4%

Risk Factor	Community Connections	Community Centres	Community Support	Targeted Support	Intensive Support
day of school enrolment)					
SHS homeless presentation	10.6%	17.5%	18.5%	19.3%	28.8%
Mental health ambulatory services	11.8%	22.4%	20.9%	19.6%	30.4%

Table F.6 – Figure 5.3 – Proportion of TEI individual clients and general population in priority groups (HSDS) – Data

Priority cohort	Proportion of TEI clients	Proportion of General population	Relativity
0 to 5 years old	17.4%	8.9%	1.95
Aboriginal	18.1%	4.1%	4.39
Young person at risk of school disengagement	12.9%	5.7%	2.27
Young parent with risk factors	1.1%	0.1%	10.31
Any priority group	42.2%	17.5%	2.41

Table F.7 – Figure 5.4 – Proportion of TEI individual clients in priority groups by first program activity (HSDS) – Data

First Program activity	Community Connections	Community Centres	Community Support	Targeted Support	Intensive Support
0 to 5 years old	14.5%	7.3%	8.7%	22.2%	10.3%
Aboriginal	15.5%	13.6%	18.1%	19.0%	24.0%
Young person at risk of school disengagement	12.6%	8.6%	15.1%	12.9%	19.8%
Young parent with risk factors	0.5%	0.6%	0.6%	1.4%	1.6%
Any priority cohort	37.7%	27.1%	36.8%	46.8%	45.4%

Table F.8 – Figure 6.1 – Proportion of individual clients who are Aboriginal in each DCJ District in 2021-22 (DEX)– Data

District	Proportion of clients
Sydney	9.0%
Western Sydney	7.8%
South Eastern Sydney	6.0%
Northern Sydney	1.9%
Central Coast	20.5%
South Western Sydney	6.5%
Illawarra Shoalhaven	16.8%
Hunter	17.7%
Nepean Blue Mountains	13.0%
Southern NSW	15.4%

District	Proportion of clients
Northern NSW	23.2%
Mid North Coast	35.4%
New England	36.7%
Murrumbidgee	22.2%
Western NSW	42.2%
Far West	41.6%
All	15.3%

Table F.9 – Figure 6.2 – Proportion of individual clients who are Aboriginal in each program activity (DEX) – Data

Program activity	Proportion of clients
Community Centres	12.6%
Community Connections	12.7%
Community Support	16.1%
Targeted Support	17.6%
Intensive or Specialist Support	24.6%

Table F.10 – Figure 6.3 – Provider survey results – "Does your organisation have Aboriginal Staff delivering the TEI program?", n = 326 – Data

Survey Response	Proportion of Respondents
Yes	37%
No	60%
Unsure	3%

Table F.11 – Figure 7.1 – Provider survey results – "How easy or difficult do you find it to use DEX?", n = 208 – Data

Survey Response	Proportion of Respondents
Extremely difficult	6%
Somewhat difficult	38%
Neither easy nor difficult	16%
Somewhat easy	27%
Extremely easy	12%

Table F.12 – Figure 7.2 – Provider survey results – "What challenges do providers face when recording individual clients into DEX", n = 210 – Data

Survey Response	Proportion of Respondents
Data recording is too time consuming	30%
Staff are not confident in using the DEX web form	11%

Survey Response	Proportion of Respondents
Attempt was made but technical difficulties meant not all records were uploaded	7%
Clients being unwilling to provide information	31%
Other	10%
Not applicable – we have not experienced challenges in meeting the targets	8%
Not applicable - we do not record any individual client data	3%

Table F.13 – Figure 7.3 – Provider survey results – "Do you find it difficult to assess a client SCORE for any of the following reasons?", n = 193 – Data

Survey Response	Proportion of Respondents
Client unwilling to participate	30%
It is difficult to translate results from my organisations' own assessment tools to a SCORE	14%
Assessment is too time consuming	25%
Staff are not familiar with how to transfer SCORE result to DEX	12%
Other	19%

Table F.14 – Figure C.1 – Total number of TEI clients (DEX) – Data

Financial year	Individual Clients	Unidentified Clients
2020-21	113,565	712,416
2021-22	127,897	977,815

Table F.15 – Figure C.2 – Number of individual TEI clients by DCJ District (DEX) – Data

District	2020-21	2021-22
Mid North Coast	4,975	6,220
New England	4,763	5,564
Northern NSW	4,697	5,372
Far West	474	563
Murrumbidgee	3,877	3,986
Western NSW	5,784	6,548
Central Coast	5,424	7,810
Hunter	7,019	8,524
Nepean Blue Mountains	6,947	8,020
Western Sydney	12,565	13,602
Northern Sydney	4,096	3,843
South Eastern Sydney	9,194	9,048

District	2020-21	2021-22
Sydney	9,783	9,306
South Western Sydney	24,715	29,530
Illawarra Shoalhaven	6,666	6,697
Southern NSW	2,314	2,931

Table F.16 – Figure C.3 – Number of unidentified group clients by DCJ District (DEX – Data

District	2020-21	2021-22
Mid North Coast	33,790	54,235
New England	31,180	48,135
Northern NSW	53,588	63,128
Far West	1,661	2,709
Murrumbidgee	35,369	38,054
Western NSW	39,300	39,821
Central Coast	33,389	38,222
Hunter	42,212	62,080
Nepean Blue Mountains	84,760	92,435
Western Sydney	69,666	91,254
Northern Sydney	22,424	22,203
South Eastern Sydney	62,871	174,152
Sydney	45,599	89,736
South Western Sydney	104,920	102,085
Illawarra Shoalhaven	37,931	45,457
Southern NSW	13,756	14,109

Table F.17 – Figure C.4 – Number of organisations and outlets by DCJ District (DEX) – Data

Organisations	Organisations 2021-22	Outlets 2021-22
Sydney	39	72
Western Sydney	63	138
South Eastern Sydney	43	79
Northern Sydney	20	43
Central Coast	28	56
South Western Sydney	56	190
Illawarra Shoalhaven	43	97
Hunter	44	100
Nepean Blue Mountains	38	106
Southern NSW	16	32
Northern NSW	26	87
Mid North Coast	31	78

Organisations	Organisations 2021-22	Outlets 2021-22
New England	34	96
Murrumbidgee	28	90
Western NSW	36	151
Far West	8	24

Table F.18 – Figure C.5 – Number of sessions delivered in each DCJ District in 2021-22 (DEX) – Data

District	Community Centres	Community Connections	Community Support	Targeted Support	Intensive or Specialist Support
Mid North Coast	2,594	969	4,072	11,150	273
New England	2,439	1,206	1,440	23,852	72
Northern NSW	2,209	6,728	3,504	7,424	58
Far West	889	36	742	2,364	-
Murrumbidgee	13,145	716	2,858	15,182	767
Western NSW	2,597	1,832	2,005	15,679	2,230
Central Coast	10,322	1,467	1,835	17,993	37
Hunter	5,750	956	3,648	32,715	2,856
Nepean Blue Mountains	2,042	2,677	4,595	7,417	1,764
Western Sydney	2,818	4,353	6,658	21,213	3,098
Northern Sydney	416	452	2,848	16,551	518
South Eastern Sydney	3,660	1,828	2,131	20,296	775
Sydney	1,673	2,481	3,137	31,451	3,872
South Western Sydney	11,098	4,689	6,857	66,666	2,294
Illawarra Shoalhaven	3,402	1,311	3,159	12,008	6,408
Southern NSW	339	1,621	1,338	6,727	166

Table F.19 – Figure C.6 – Average number of sessions per outlet, 2021-22 – Data

District	Sessions per outlet
Sydney	592
Western Sydney	276
South Eastern Sydney	363
Northern Sydney	483
Central Coast	565
South Western Sydney	482
Illawarra Shoalhaven	271
Hunter	459
Nepean Blue Mountains	174
Southern NSW	318

District	Sessions per outlet
Northern NSW	229
Mid North Coast	244
New England	302
Murrumbidgee	363
Western NSW	161
Far West	168
Total	336

Table F.20 – Figure C.7 – Distribution of new individual TEI clients by Program Activity of their first session (DEX) – Data

First activity	2020-21	2021-22
Community Connections	12.0%	15.3%
Community Centres	13.7%	16.2%
Community Support	16.2%	17.4%
Targeted Support	55.8%	49.6%
Intensive or Specialist Support	2.4%	1.5%

Table F.21 – Figure C.8 – Proportion of individual clients still in the program over time by first program activity (DEX) – Data

First activity	Quarter 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7
Community Centres	25.2%	16.3%	14.0%	10.3%	7.6%	4.7%	2.7%
Community Connections	23.5%	13.6%	10.4%	7.7%	5.5%	3.7%	2.2%
Community Support	24.2%	14.8%	11.6%	8.8%	6.5%	3.8%	2.2%
Targeted Support	29.7%	16.9%	12.1%	8.9%	6.1%	3.6%	2.2%
Intensive or Specialist Support	41.0%	25.3%	17.3%	11.5%	7.8%	4.1%	2.6%

Table F.22 – Figure D.1 – Proportion of DCJ District populations entering TEI as individual clients in each quarter relative to the NSW average, 2020-21 (HSDS)* – Data

District	Proportion of population
Mid North Coast	1.30
New England	1.59
Northern NSW	1.14
Far West	1.55
Murrumbidgee	0.80
Western NSW	1.46
Central Coast	1.30
Hunter	0.91
Nepean Blue Mountains	1.21

District	Proportion of population
Western Sydney	0.74
Northern Sydney	0.26
South Eastern Sydney	0.55
Sydney	0.90
South Western Sydney	1.63
Illawarra Shoalhaven	1.28
Southern NSW	1.09

Table F.23 – Figure D.2 – TEI risk-controlled entry rates of individual clients by DCJ District, relative to median District (HSDS) – Data

District	Relative risk-controlled entry rate
Mid North Coast	0.91
New England	1.09
Northern NSW	0.96
Far West	0.86
Murrumbidgee	0.75
Western NSW	1.01
Central Coast	1.24
Hunter	0.89
Nepean Blue Mountains	1.36
Western Sydney	0.98
Northern Sydney	0.73
South Eastern Sydney	1.18
Sydney	1.44
South Western Sydney	1.58
Illawarra Shoalhaven	1.19
Southern NSW	1.00

Table F.24 – Figure D.3 – Number of outlets per 1,000 children with concern reports (outlets from DEX, concern reports from HSDS) – Data

District	Community Centres	Community Connections	Community Support	Targeted Support
Sydney	3.8	4.8	5.0	9.6
Western Sydney	1.7	4.3	3.4	4.8
South Eastern Sydney	2.6	4.6	4.4	7.3
Northern Sydney	1.4	2.3	2.0	3.6
Central Coast	2.2	3.3	3.1	4.3
South Western Sydney	2.2	3.9	3.5	5.4
Illawarra Shoalhaven	3.2	4.4	4.5	4.4

District	Community Centres	Community Connections	Community Support	Targeted Support
Hunter	1.3	1.6	1.4	4.1
Nepean Blue Mountains	3.6	8.3	5.5	8.4
Southern NSW	1.2	2.9	2.5	5.6
Northern NSW	2.1	4.7	4.9	7.4
Mid North Coast	1.6	3.3	3.6	4.2
New England	1.2	2.4	1.4	6.4
Murrumbidgee	2.0	2.3	4.3	7.3
Western NSW	1.8	6.7	4.0	6.3
Far West	-	8.6	4.7	11.0

Table F.25 – Figure D.4 – Average distance travelled by individual clients by DCJ District (DEX) – Data

District	Community Centres	Community Connections	Community Support	Targeted Support
Sydney	3	3	4	4
Western Sydney	5	5	5	5
South Eastern Sydney	3	4	5	5
Northern Sydney	11	17	7	6
Central Coast	6	8	8	12
South Western Sydney	4	4	6	6
Illawarra Shoalhaven	4	7	7	9
Hunter	7	23	8	12
Nepean Blue Mountains	13	7	13	8
Southern NSW	10	13	13	20
Northern NSW	16	30	22	19
Mid North Coast	8	16	10	10
New England	18	28	19	15
Murrumbidgee	11	20	23	23
Western NSW	17	33	28	28

Table F.26 – Figure E.1 – Risk profile of individual clients by first program activity – justice risk factors (HSDS) – Data

Risk factor	All first activities	Community Connections	Community Centres	Community Support	Targeted Support	Intensive Support
Victim of domestic violence	28.6%	19.3%	33.8%	29.3%	28.2%	41.6%

Risk factor	All first activities	Community Connections	Community Centres	Community Support	Targeted Support	Intensive Support
Proven drug or alcohol related offence (of clients aged 11 or over)	9.6%	7.1%	14.6%	11.7%	8.1%	11.9%
Proven domestic violence related offence (of clients aged 11 or over)	6.7%	3.7%	8.1%	7.6%	6.3%	9.2%
Time in custody (of clients aged 11 or over)	7.7%	5.1%	10.9%	9.1%	6.8%	9.7%
Interaction with criminal justice system (of clients aged 11 or over)	22.1%	16.4%	27.6%	24.3%	20.7%	25.8%
Youth cautions (of clients aged 11 or over)	7.0%	3.8%	5.6%	6.0%	8.0%	8.3%

Table F.27 – Figure E.2 – Risk profile of individual clients by first program activity – child protection risk factors – Data

Risk factor	All first activities	Community Connections	Community Centres	Community Support	Targeted Support	Intensive Support
ROSH report (of clients aged 18 or less)	41.8%	28.8%	30.2%	40.2%	44.0%	71.3%
Substantiated ROSH report (of clients aged 18 or less)	18.0%	12.5%	12.2%	16.6%	18.7%	39.4%
Concern report (of clients aged 18 or less)	45.6%	32.4%	33.2%	44.7%	47.6%	75.2%
Out of home care (of clients aged 18 or less)	5.4%	4.3%	4.3%	5.1%	5.3%	12.7%

Table F.28 – Figure E.3 – Risk profile of individual clients by first program activity – housing risk factors (HSDS) – Data

Risk factor	All first activities	Community Connections	Community Centres	Community Support	Targeted Support	Intensive Support
SHS homeless presentation	18.5%	10.6%	17.5%	18.5%	19.3%	28.8%

Table F.29 – Figure E.4 – Risk profile of individual clients by first program activity – health risk factors – Data

Risk factor	All first activities	Community Connections	Community Centres	Community Support	Targeted Support	Intensive Support
Mental health ambulatory services	19.7%	11.8%	22.4%	20.9%	19.6%	30.4%
Alcohol or drug support (of clients aged 15 or over)	1.9%	1.6%	3.2%	2.5%	1.4%	2.4%
Hospital admissions for mental health	8.6%	5.6%	11.0%	9.6%	8.2%	11.1%
Hospital admissions for alcohol or drugs (of clients aged 15 or over)	5.9%	3.8%	8.0%	7.6%	5.0%	8.3%

Table F.30 – Figure E.5 – Proportion of TEI individual clients and general population in priority groups (HSDS) – Data

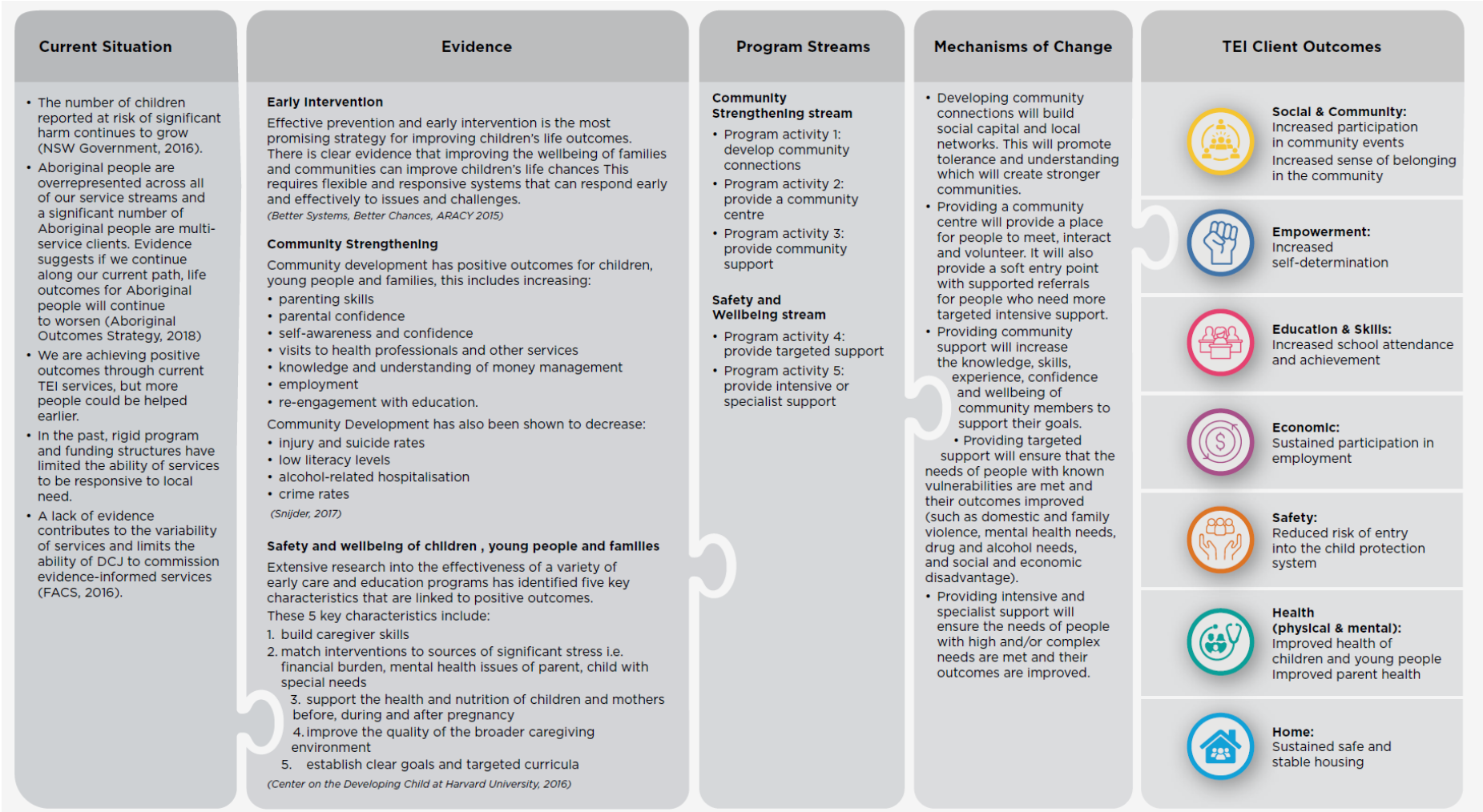
Priority cohort	TEI clients	General population	Relativity
0 to 5 years old	17.4%	8.9%	1.95
Aboriginal	18.1%	4.1%	4.39
Young person at risk of school disengagement	12.9%	5.7%	2.27
Young parent with risk factors	1.1%	0.1%	10.31
Any priority group	42.2%	17.5%	2.41

Table F.31 – Figure E.6 – Proportion of TEI individual clients in priority groups by first program activity (HSDS) – Data

First Program activity	Community Connections	Community Centres	Community Support	Targeted Support	Intensive Support
0 to 5 years old	14.5%	7.3%	8.7%	22.2%	10.3%
Aboriginal	15.5%	13.6%	18.1%	19.0%	24.0%
Young person at risk of school disengagement	12.6%	8.6%	15.1%	12.9%	19.8%
Young parent with risk factors	0.5%	0.6%	0.6%	1.4%	1.6%
Any priority cohort	37.7%	27.1%	36.8%	46.8%	45.4%

Appendix G TEI Program logic

Figure G.1 – Overarching TEI Program Logic, taken from DCJ's Targeted Earlier Intervention Program Outcomes Framework



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