

7.7 Employment status

Data is reported about a client's employment status. Employment status is classified into standard categories that are adapted from the data collection definitions used by Disability Employment Services. It is important to note a client's employment status can also include being a carer.

7.8 Income

7.8.1 Main source of income

Data is reported about main source of income to provide important information about a client's presenting needs. Main source of income is classified into standard categories, based on the data collection definitions used by the AIHW. This field is optional. Go to Section 12 for a list of these categories.

7.8.2 Approximate gross income

Data is reported about approximate income as it provides important information about a client's presenting context. Data is recorded as a numerical value for the estimated dollar amount of the client's gross income (earnings before tax). This is based on what is reported by the client and no evidence of income is required.

As clients can receive their income at different frequencies, the Data Exchange web-based portal allows estimated gross income to be provided as either a weekly, fortnightly, monthly or annual figure. Income frequency must be recorded in order to be able to record the approximate gross income. This field is optional.

7.9 Expanded CALD indicators

Additional information on CALD background provides important context about clients' circumstances. This includes:

- **Date of first arrival in Australia:** records the date a client first arrived in Australia where appropriate for a funded activity. This field is primarily included as an eligibility indicator for the Settlement Engagement and Transition Support (SETS) Program. It can also be used as a potential indicator of disadvantage for other program activities.
- **Migration Visa category:** records the Visa category the client arrived on, where appropriate for a funded activity. This field is primarily included as an eligibility indicator for the SETS Program. It can also be used as a potential indicator of disadvantage for other program activities.
- **Ancestry:** records a client's ancestry if relevant. The list of values is drawn from the Australian Bureau of Statistics [Australian Standard Classification of Cultural and Ethnic Groups \(ASCCEG\), 2016](#).

7.10 Homeless indicator

Data is reported about a client's housing situation. Noting the values for the homeless indicator are Yes, No or At Risk, a person is homeless if they do not have suitable accommodation alternatives and their current living arrangement:

- is in a dwelling that is inadequate;
- has no tenure, or if their initial tenure is short and not extendable; or
- does not allow them to have control of, and access to space for social relations

A person may be at risk of homelessness in a number of situation including living in housing with major structural problems, residents are in constant threat of violence, living in crowded or improvised dwellings, or persons who are marginally housed in caravan parks.

The response should be based solely on what is reported by the client. This field is optional.

7.11 Attendance profile

Data is reported to better understand the relationship between clients within a case. This should be based on the relationships self-reported by the client and other attendees. The different data items that can be selected are family, community event, peer support group, couple and cohabitants.

In the Data Exchange a family is defined as two or more people, one of whom is at least 15 years of age, who are related by blood, marriage (registered or de facto), adoption, step or fostering, and who are usually resident in the same household.

A couple is defined as two people usually residing in the same household who share a social, economic and emotional bond who consider their relationship to be a marriage or marriage like union. This relationship is identified by the presence of a registered marriage or de facto relationship.

Cohabitants are people in residence together who are not related or in domestic relationship. Peer support groups are a planned and structured service.

A community event is a large-scale, locality-based event where attendees generally do not register and are not identified. This field is optional.

7.12 Carer Status

Data is reported on the client's self-report status as a carer. A carer is defined as a person who provides unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue or who are frail aged. Data in this field is based on the client's reported caring situation. This field is optional.

7.13 NDIS eligibility

Data is reported on the NDIS eligibility of a client, and if they have an application in progress. This field is optional.

7.14 Service setting

Data is reported to help differentiate where services are provided. The service setting categories in the Data Exchange are:

- **Organisation outlet/office:** the organisation's outlets as recorded in the Data Exchange
- **Client's residence:** the client's usual place of residence. Please refer to the section residential address for more information
- **Community venue:** a venue that is available to the general public and is hired away from the organisation's usual offices. Examples include community halls, public libraries or parks
- **Partner organisation:** another organisation's facilities (whether there is a formal or informal arrangement) to deliver a service
- **Healthcare facility:** doctor's office, hospital, mental health facility, aged care facility
- **Education facility:** school, university
- **Justice Facility:** correctional facility (jail, prison), police station, court of law
- **Telephone:** person-to-person contact provided to clients via telephone or voice chat that are interactive and have two-way engagement between the client and practitioner.
- **Video:** person-to-person contact provided to clients via a video service such as FaceTime, Zoom, Skype, etc. and have two-way engagement between the client and practitioner.
- **Online service:** services provided virtually, usually without two-way engagement. Examples include self-service, e-Learning, webinars, online training, non-interactive electronic resources, and online chat.

A fact sheet has been developed to provide information to assist organisations on how to record telephone, virtual or remote service delivery in the Data Exchange. Detailed examples of the different types of alternate service delivery methods, along with recommendations on how to record these into the Data Exchange if appropriate have been included.

Go to the [Data Exchange website](#) to read the fact sheet.

7.15 Interpreter present

Data is reported on whether an interpreter was present for the instance of service to assist with translation and facilitation. This could be an interpreter provided by the organisation or someone the client has brought along to help them. This field is optional.

7.16 Exit Reason

This data provides information about the circumstances surrounding the ending of a client's relationship with a case. This contributes to a general understanding of the patterns of client interaction with a program and gives indications as to reason a client might disengage with a service. The Exit Reason categories in the Data Exchange are:

- **Client no longer requires assistance:** the client is now able to manage without any formal assistance. For example, if the client is managing on their own, or with the help of family or friends, or if they only needed temporary assistance. This may be used where a client's circumstances have improved to the point that they no longer require assistance, but not necessarily because the service met their needs.
- **Service unable to provide assistance:** the organisation has ceased delivering services to the client because of the organisation's resource limitations, or because the organisation no longer considers it safe or appropriate for staff or volunteers to continue to assist the client.
- **Client now requires higher level of care:** the client's increasing dependency or need for assistance has reached the point where the organisation can no longer provide the necessary assistance, and the client is referred to a more appropriate source of care.
- **Client has moved out of area:** the organisation is no longer able to assist the client because their residential location has changed and is out of the geographic area of coverage of the organisation.
- **Client terminated the service:** the client chose to cease services or refuse further assistance from the organisation.
- **Client died**
- **Client no longer eligible:** the client no longer meets the eligibility criteria of the program to receive the service. For example, a program's eligibility might be for children aged 6 – 16, and once the client has turned 17, they are no longer eligible for the service.
- **Client needs have been met:** the client no longer needs assistance from the organisation because their circumstances have improved as a result of the reason they sought assistance and the service they received.
- **None of the above:** the circumstances do not reasonably fit any of the above.

8 Recording client and community SCOREs

The main focus of the partnership approach is collecting information about outcomes achieved for individuals accessing funded activities using SCORE. SCORE is required for a funded activity when stipulated in the funding agreement and/or Program Specific Guidance. Otherwise, organisations may choose to opt into SCORE.

Outcomes are achieved in different ways and progressively over different periods of time. They range from immediate short-term outcomes to longer-term changes that positively affect a client's life circumstances.

SCORE is designed to capture outcomes consistently, in ways that do not impose additional administrative costs on organisations, recognising that organisations are not funded to be specialist researchers or to spend disproportionate amounts of time measuring outcomes.

There are four different types of outcomes measured through SCORE that help tell the story of what was achieved; three for individual clients (their circumstances, goals and satisfaction) and one for a group/community:

- **Circumstances:** changes in client circumstances, such as mental/physical health, material wellbeing and situation.
- **Goals:** progress in achieving specific goals, such as behaviours, skills for lessening the impact of a crisis.
- **Satisfaction:** did the client feel the service met their needs?
- **Community:** changes in group, organisation, and community capacity to address identified needs.

SCOREs are captured at the session level and are reported using a five-point rating scale. This provides a consistent and comparable way to translate outcomes across programs using the Data Exchange.

Unless otherwise specified in the Program Specific Guidance, organisations reporting SCORE agree to the following minimum requirements for SCORE data:

- Report an initial and at least one subsequent Circumstance SCORE for at least 50 per cent of clients that have client records
- Report an initial and at least one subsequent Goals SCORE for at least 50 per cent of clients that have client records
- Report satisfaction SCOREs for at least 10 per cent of clients that have client records.

A client Circumstances and Goals SCORE assessment should be recorded at least twice – towards the beginning of service delivery (pre-SCORE) and again towards the end (post-SCORE). Where practical, organisations should record a SCORE assessment every six months to track how the client's outcomes change over time. For short term service delivery, pre-SCOREs and post-SCOREs can be recorded across a shorter period, including in the same session for one-off service delivery.

Satisfaction SCOREs should be recorded at the end of service delivery.

Organisations may also report Community SCORE.

Go to the [Data Exchange website](#) for Program Specific Guidance information on SCORE and the Translation Matrix

8.1 How to collect and report SCORE

Organisations have the flexibility to record outcomes directly into SCORE, or to use externally validated instruments or internally developed tools.

Many organisations use a diverse range of instruments and methods for measuring and assessing client and community outcomes, often linked to organisational and sector specific priorities. The SCORE tool allows organisations to measure outcomes using existing validated outcomes tools but report them through SCORE so as to be captured in a consistent and comparable way.

A validated outcomes tool is psychometrically tested for reliability (the ability of the instrument to produce consistent results), validity (the ability of the instrument to produce true results), and sensitivity (the probability of correctly identifying a client with the condition). A translation matrix was developed to help organisations convert results from common validated outcomes tools (such as Kessler 10) into SCORE. Go to the [Data Exchange website](#) for the Translation Matrix.

The translation matrix may also be used to translate other existing outcomes measurement tools used by the organisation to SCORE. For example, if an organisation is using an outcomes measurement tool that is used and reported on by other evaluators and researchers to measure changes in client or community circumstances on a numerical scale, they can create a 'concordance' table to report these outcomes as part of the Data Exchange.

If the organisation does not use existing validated outcomes tools, they can use SCORE as an outcomes measurement tool. Alternatively, organisations may prefer to adapt the SCORE scales and domains to create their own generic outcomes measurement tool that is adjusted for their service.

A SCORE may be determined by the practitioner's professional assessment, a client's self-assessment, a joint assessment between the client and practitioner, or an assessment by the client's support person (such as a carer).

When reporting SCORE information into the Data Exchange, the 'Assessed by' field captures whether a validated tool was used, and who made the assessment. Where an organisation uses:

- a validated outcomes tool, they should select 'Validated outcomes tool' along with who made the assessment
- SCORE (or their own generic) outcomes measurement tool, they should select 'SCORE directly' along with who made the assessment.

While 'Assessed by' is a voluntary field, it is recommended organisations report who conducted the assessment and the type of tool used.

Organisations are encouraged to collect SCORE in a way that best suits their own unique service delivery context.

8.2 Collecting and reporting client Circumstances SCOREs

Unless otherwise specified in the Program Specific Guidance, organisations who participate in the partnership approach agree to report an initial and at least one subsequent Circumstances SCORE of the relevant domain(s) for at least 50 per cent of clients that have client records.

It is valuable to have multiple SCOREs for all clients; however, it is recognised that there are a range of situations where this may not be possible. For example, subsequent SCOREs may not be able to be recorded due to clients unexpectedly exiting a service.

8.2.1 Circumstance domains

The Circumstance SCORE is linked to eleven outcome domains. The type of outcome domain that is relevant to each client depends on the context of the funded activity being delivered.

Providers are, at a minimum, required to report SCOREs for Circumstance domains listed in the Program Specific Guidance, as relevant to the services delivered. Organisations should otherwise report a rating against the domain(s) that are most relevant for their client and the outcomes they are aiming to achieve.

The Circumstance domain descriptions are:

- **Physical health:** the funded activity is seeking to change the impact of a client's physical health to improve their independence, participation and wellbeing.
- **Mental health, wellbeing and self-care:** the funded activity is seeking to change the impact of a client's mental health and self-care, to improve their independence, participation and wellbeing.
- **Personal and family safety:** the funded activity is seeking to change the impact of personal and family safety issues to improve the client's independence, participation and wellbeing.
- **Age-appropriate development:** the funded activity is seeking to improve a client's age-appropriate development to improve the client's independence, participation and wellbeing.

- **Community participation and networks:** the funded activity is seeking to change the impact of poor community participation and networks to improve a client's independence, participation and wellbeing.
- **Family functioning:** the funded activity is seeking to improve family functioning and change its impact, so it enhances the family's independence, participation and wellbeing.
- **Financial Resilience:** the funded activity is seeking to change the impact of poor money management to improve the client's independence, participation and wellbeing.
- **Employment:** the funded activity is seeking to change the impact of a client's lack of employment on their independence, participation and wellbeing.
- **Education and skills training:** the funded activity is seeking to change the impact of a client's ability to engage with education and skills training on their independence, participation and wellbeing.
- **Material wellbeing and basic necessities:** the funded activity is seeking to change 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 funded activity is seeking to improve the client's housing stability or address the impact of poor housing to improve their independence, participation and wellbeing.

8.2.2 Circumstance rating scale

A five-point rating scale is used to report changes in client outcomes when using SCORE. For Circumstances SCOREs:

- 1: is used to report that the client's current circumstances are having a significant **negative impact** on their independence, participation and wellbeing. For example, a significant negative impact may be a lack of safe housing on an individual's independence, or poor family functioning that impacts on the client's wellbeing.
- 2: is used to report that the client's current circumstances are having a **moderate negative impact** on their independence, participation and wellbeing—for example, a moderate negative impact of poor physical health that impacts on their independence; or a moderate negative impact of family functioning on the client's wellbeing.
- 3: is used to report that the client's current circumstances are in a '**middle ground**' between the significant/moderate negative impacts (indicated by Ratings 1 and 2) and the adequate circumstances over the short and medium term (indicated by Ratings 4 and 5). For example, progress towards improving a client's community participation without having reached a point where the client's current circumstances are adequate over the short or medium term.
- 4: is used to report that the client's current circumstances are **adequate over the short term** to support their independence, participation and wellbeing—for example, adequate access to money to meet basic needs in the short-term; adequate family functioning to support the family's wellbeing in the short-term.
- 5: is used to report that the client's current circumstances are **adequate and stable over the medium term** to support their independence, participation and wellbeing—for example, adequate and stable money management to support an individual's independence; adequate and stable family functioning to support the family's wellbeing.

To record a client SCORE, organisations need to record a rating between 1 and 5 against a relevant domain.

A summary of the scale for the Circumstance SCORE is:

Table 3. Circumstances SCORE domains

Circumstance SCORE domain	1: Negative Impact	2: Moderate negative impact	3: Middle ground	4: Adequate over the short term	5: Adequate and stable over the medium term
Physical health	Significant negative impact of poor physical health on independence, participation and wellbeing	Moderate negative impact of poor physical health on independence, participation and wellbeing	Progress towards improving physical health to support independence, participation and wellbeing	Sustained initial improvements in physical health to support independence, participation and wellbeing	Adequate ongoing physical health to support independence, participation and wellbeing
Mental health, wellbeing and self-care	Significant negative impact of poor mental health, wellbeing and self-care on independence, participation and wellbeing	Moderate negative impact of poor mental health, wellbeing and self-care on independence, participation and wellbeing	Progress towards improving mental health, wellbeing and self-care to support independence, participation and wellbeing	Adequate short-term mental health, wellbeing and self-care to support independence, participation and wellbeing	Adequate ongoing mental health, wellbeing and self-care to support independence, participation and wellbeing
Personal and family safety	Significant negative impact of poor personal and family safety on independence, participation and wellbeing	Moderate negative impact of poor personal and family safety on independence, participation and wellbeing	Progress towards improving personal and family safety to support independence, participation and wellbeing	Adequate short-term personal and family safety to support independence, participation and wellbeing	Adequate ongoing personal and family safety to support independence, participation and wellbeing
Age-appropriate development	Significant negative impact of poor age-appropriate development on independence, participation and wellbeing	Moderate negative impact of poor age-appropriate development on independence, participation and wellbeing	Progress towards improving age-appropriate development to support independence, participation and wellbeing	Adequate short-term age-appropriate development to support independence, participation and wellbeing	Adequate ongoing age-appropriate development to support independence, participation and wellbeing
Community participation and networks	Significant negative impact of poor community participation and networks on independence, participation and wellbeing	Moderate negative impact of poor community participation and networks on independence, participation and wellbeing	Progress towards improving community participation and networks to support independence, participation and wellbeing	Adequate short-term community participation and networks to support independence, participation and wellbeing	Adequate ongoing community participation and networks to support independence, participation and wellbeing
Family functioning	Significant negative impact of poor family functioning on independence, participation and wellbeing	Moderate negative impact of poor family functioning on independence, participation and wellbeing	Progress towards improving family functioning to support independence, participation and wellbeing	Adequate short-term family functioning to support independence, participation and wellbeing	Adequate ongoing family functioning to support independence, participation and wellbeing

Circumstance SCORE domain	1: Negative Impact	2: Moderate negative impact	3: Middle ground	4: Adequate over the short term	5: Adequate and stable over the medium term
Financial resilience	Significant negative impact of poor financial resilience on independence, participation and wellbeing	Moderate negative impact of poor financial resilience on independence, participation and wellbeing	Progress towards improving financial resilience to support independence, participation and wellbeing	Adequate short-term financial resilience to support independence, participation and wellbeing	Adequate ongoing financial resilience to support independence, participation and wellbeing
Material wellbeing and basic necessities	Significant negative impact of lack of basic material resources on independence, participation and wellbeing	Moderate negative impact of lack of basic material resources on independence, participation and wellbeing	Progress towards stability in meeting basic material needs to support independence, participation and wellbeing	Adequate short-term basic material resources to support independence, participation and wellbeing	Adequate ongoing basic material resources to support independence, participation and wellbeing
Employment	Significant negative impact of lack of employment on independence, participation and wellbeing	Moderate negative impact of lack of employment on independence, participation and wellbeing	Progress towards improving employment to support independence, participation and wellbeing	Adequate short-term employment to support independence, participation and wellbeing	Adequate ongoing employment to support independence, participation and wellbeing
Education and skills training	Significant negative impact of lack of engagement with education and training on independence, participation and wellbeing	Moderate negative impact of lack of engagement with education and training on independence, participation and wellbeing	Progress towards improving engagement with education and training to support independence, participation and wellbeing	Adequate short-term engagement with education and training to support independence, participation and wellbeing	Adequate ongoing engagement with education and training to support independence, participation and wellbeing
Housing	Significant negative impact of poor housing on independence, participation and wellbeing e.g. 'rough sleeping'	Moderate negative impact of poor housing on independence, participation and wellbeing e.g. living in severe overcrowding; or at significant risk of tenancy failure	Progress towards housing stability to support independence, participation and wellbeing e.g. supported transitional housing	Adequate short-term housing stability to support independence, participation and wellbeing e.g. supported transitional housing	Adequate ongoing housing stability to support independence, participation and wellbeing e.g. stable private rental or social housing

A client friendly, plain English version of the Circumstances SCORE domains has been developed to help organisations present SCORE to clients. Go to the [Data Exchange website](#) for How to use SCORE with clients.

8.3 Collecting and reporting client Goals SCOREs

Unless otherwise specified in the Program Specific Guidance, organisations who participate in the partnership approach agree to report an initial and at least one subsequent Goals SCORE of the relevant domain(s) for at least 50 percent of clients that have a client record.

It is valuable to have multiple SCOREs for all clients however, it is recognised that there are a range of situations where this may not be possible. There are occasions where follow-up SCOREs may not be able to be recorded due to clients unexpectedly exiting a service.

A client Goals SCORE is a measure of the extent of achievement of a client's individual goals. The term 'goal' is used very broadly. In some service contexts, goals refer to planned objectives that are documented in the client's case plan. In other situations, goals are better described as simply the things clients want help with. In both scenarios, the client Goals SCORE is used to measure the goal attainment or extent to which the organisation is able to address the things a client sought help with.

8.3.1 Goals domains

The Goals SCORE is linked to six outcome domains. The type of outcome domain relevant to each client depends on the context of goals a client wants to achieve and the funded activity being delivered.

Organisations are, at a minimum, required to report SCORE ratings for Goals domains listed in the Program Specific Guidance, as relevant to the services delivered. Organisations should otherwise report a rating against the domain(s) that are most relevant for their client and the outcomes they are aiming to achieve.

The goal domain descriptions are:

- **Changed knowledge and access to information:** the funded activity is seeking to change a client's knowledge and understanding of issues to improve their independence, participation and wellbeing or to improve their access to relevant information about these issues.
- **Changed skills:** the funded activity is seeking to enhance a client's skills set to improve their independence, participation and wellbeing.
- **Changed behaviours:** the funded activity is seeking to change a client's behaviours to improve their independence, participation and wellbeing.
- **Empowerment, choice and control to make own decisions:** the funded activity is seeking to enhance a client's confidence, choice and control to make their own decisions and take empowerment on issues that impact on their independence, participation and wellbeing.
- **Engagement with relevant support services:** the funded activity is seeking to improve a client's engagement with services to support their independence, participation and wellbeing.
- **Changed impact of immediate crisis:** the funded activity is seeking to address or reduce the impact of an immediate crisis to improve the client's independence, participation and wellbeing.

8.3.2 Goals rating scale

A five-point rating scale is used to report changes in client outcomes when using SCORE. For Goals SCOREs:

- 1: is used to report that the client has made **no progress** in achieving their individual goals within the selected goal domain.
- 2: is used to report that the client has made **limited progress** in achieving their individual goals within the selected goal domain but there is **emerging engagement** in addressing the issues they sought assistance with.
- 3: is used to report that the client has made **limited progress** in achieving their individual goals within the selected goal domain but there is **strong engagement** in addressing the issues they sought assistance with.

- 4: is used to report that the client has made **moderate progress** in achieving their individual goals within the selected goal domain.
- 5: is used to report that the client has **fully achieved** their individual goals within the selected outcomes domain.

To record a client SCORE, organisations need to record a rating between 1 and 5 against a relevant domain. A summary of the scale for the Goals SCORE is:

Table 4. Goals SCORE domains

Goal SCORE domain	1: No progress	2: Limited progress with emerging engagement	3: Limited progress with strong engagement	4: Moderate progress	5: Fully achieved
Knowledge and access to information	No progress in increasing access to information and knowledge in areas relevant to clients' needs and circumstances	Limited progress to date in achieving information/knowledge goals—but emerging engagement	Limited progress to date in achieving information/knowledge goals—but strong engagement	Moderate progress to date in achieving information/knowledge goals	Full achievement of goals related to increasing access to information and knowledge in areas relevant to client's needs and circumstances
Skills	No progress in increasing skills in areas relevant to client's needs and circumstances	Limited progress to date in achieving skills goals—but emerging engagement	Limited progress to date in achieving skills goals—but strong engagement	Moderate progress to date in achieving skills goals	Full achievement of goals related to increasing skills in areas relevant to client's needs and circumstances
Behaviours	No progress in changing behaviours in areas relevant to client's needs and circumstances	Limited progress to date in achieving behaviour goals—but emerging engagement	Limited progress to date in achieving behaviour goals—but strong engagement	Moderate progress to date in achieving behaviour goals	Full achievement of goals related to changing behaviours in areas relevant to client's needs and circumstances
Empowerment, choice and control to make own decisions	No progress in increasing confidence and exercising choice/control in making decisions that impact client's needs	Limited progress to date in achieving empowerment, choice and control goals—but emerging engagement	Limited progress to date in achieving empowerment, choice and control goals—but strong engagement	Moderate progress to date in achieving empowerment, choice and control goals	Full achievement of goals related to increasing confidence and exercising choice/control in making decisions that impact client's needs
Engagement with support services	No progress in increasing engagement with support services relevant to client's needs and circumstances	Limited progress to date in achieving engagement goals—but emerging engagement	Limited progress to date in achieving engagement goals—but strong engagement	Moderate progress to date in achieving engagement goals	Full achievement of goals related to increasing engagement with support services relevant to client's needs and circumstances

Goal SCORE domain	1: No progress	2: Limited progress with emerging engagement	3: Limited progress with strong engagement	4: Moderate progress	5: Fully achieved
Impact of immediate crisis	No progress in reducing the negative impact of the immediate crisis	Limited progress to date in achieving goals to reduce the negative impact— but emerging engagement	Limited progress to date in achieving goals to reduce the negative impact— but strong engagement	Moderate progress to date in achieving goals to reduce the negative impact	Full achievement of goals related to reducing the negative impact of the immediate crisis

A client friendly, plain English version of the Goals SCORE domains has been developed to help organisations present SCORE to clients. Go to the [Data Exchange website](#) for How to use SCORE with clients.

8.4 Collecting and reporting client Satisfaction SCOREs

Unlike the other areas of SCORE, satisfaction is only measured at the end of service delivery. Unless otherwise specified in the Program Specific Guidance, organisations who participate in the partnership approach agree to report client Satisfaction SCOREs for a small sample of their clients (at least 10 per cent per reporting period).

It is valuable to have Satisfaction SCOREs for all clients, however this may be time consuming for some organisations to collect. There can also be situations where SCOREs cannot be collected, such as clients unexpectedly exiting a service.

8.4.1 Satisfaction domains

The Satisfaction SCORE relates to three key questions about a client's perceptions of the responsiveness and value of the service received:

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

8.4.2 Satisfaction rating scale

A five-point rating scale is used to report changes in client outcomes when using SCORE. This scale is used for all four SCORE components (Circumstances, Goals, Satisfaction and Community):

- 1: is used to report that the client **disagrees** with the statement about the service (for example, disagrees that the service listened to them and understood their issues).
- 2: is used to report that the client **tends to disagree** with the statement about the service (for example, tends to disagree that the service listened to them and understood their issues).
- 3: is used to report that the client **neither agrees or disagrees** with the statement about the service (for example, neither agrees nor disagrees that the service listened to them and understood their issues).
- 4: is used to report that the client **tends to agree** with the statement about the service (for example, tends to agree that the service listened to them and understood their issues).
- 5: is used to report that the client **agrees** with the statement about the service (for example, agrees that the service listened to them and understood their issues).

To record a client SCORE, organisations need to record a rating between 1 and 5 against a relevant domain.

A summary of the scale for the Satisfaction SCORE is:

Table 5. Satisfaction SCORE domains

Satisfaction SCORE domain	1: Disagree	2: Tend to disagree	3: Neither agree nor disagree	4: Tend to agree	5: Agree
The service listened to me and understood my issues	Disagrees that the service listened to me and understood my issues	Tend to disagree that the service listened to me and understood my issues	Neither agrees nor disagrees that the service listened to me and understood my issues	Tends to agree that the service listened to me and understood my issues	Agrees that the service listened to me and understood my issues
I am satisfied with the services I have received	I am not satisfied with the services I have received	Tends to disagree that I was satisfied with the services I have received	Neither agrees nor disagrees that the services listened to me and understood my issues	Tends to agree that I was satisfied with the services I have received	I am satisfied with the services I have received
I am better able to deal with issues that I sought help with	Disagrees that I am better able to deal with my issues	Tend to disagree that I am better able to deal with my issues	Neither agrees nor disagrees that I am better able to deal with my issues	Tends to agree that that I am better able to deal with my issues	Agrees that that I am better able to deal with my issues

A client friendly, plain English version of the Satisfaction SCORE domains has been developed to help organisations present SCORE to clients. Go to the [Data Exchange website](#) for How to use SCORE with clients.

8.4.3 Satisfaction SCORE data collection methods

Given that Satisfaction SCOREs are intended to be collected as part of good practice service delivery, each organisation is responsible for ensuring that the data collection process is ethical and reliable.

It is important that client satisfaction feedback is voluntary and that it does not cause discomfort or anxiety for clients. In particular, the pre-existing relationship between clients and the organisation may bias client results. A number of measures are taken to ensure that clients understand the nature of participating and their options:

- All participants are provided with information that makes it clear that completing the survey to measure their outcomes is voluntary.
- Participants are provided with information that makes it clear that the purpose of collecting the client feedback is to improve services.
- Participants should be encouraged to share their honest views and to make constructive suggestions if they think the service could be improved.

8.4.4 Client confidentiality

It is important that clients can provide feedback anonymously. There is a range of ways to achieve this, for example:

- The client feedback is collected by a person not directly involved in service delivery.
- Using a survey so that clients can complete and submit without showing the organisation their response.
- If paper-based forms are used, consider using sealed envelopes for returning completed surveys

8.5 Collecting and reporting Community SCOREs

Organisations who participate in the partnership approach agree to report Community SCOREs for the majority of group or community sessions where it is not feasible to record the changes for individual clients.

8.5.1 Community domains

The Community SCORE is linked to four domains that reflect changes that may occur for a group or community rather than individual clients:

- Group/Community knowledge, skills, attitudes and behaviours for a group of clients or community members participating in the service (where it is not feasible to record the changes for individual members of the group or community)
- Organisational knowledge, skills and practices to better respond to the needs of targeted clients or communities.
- Community infrastructure and networks to better respond to the needs of targeted clients and communities.
- Social cohesion to demonstrate greater community cohesion and social harmony.

Organisations are, at a minimum, required to report SCOREs for Community domains listed in the Program Specific Guidance.

8.5.2 Community rating scale

A five-point rating scale is used to report changes in community outcomes when using SCORE. For Community SCOREs:

- 1: is used to report **no change** in the group/organisation/community capacity to address or respond to their own needs or the needs of targeted clients and communities.
- 2: is used to report **limited change** in the group/organisation/community capacity to address or respond to their own needs or the needs of targeted clients and communities, but there is **emerging engagement** in addressing the issues.
- 3: is used to report **limited change** in the group/organisation/community capacity to address or respond to their own needs or the needs of targeted clients and communities, but there is **strong engagement** in addressing the issues.
- 4: is used to report **moderate change** in the group/organisation/community capacity to address or respond to their own needs or the needs of targeted clients and communities.
- 5: is used to report **significant change** in the group/organisation/community capacity to address or respond to their own needs or the needs of targeted clients and communities.

To record a Community SCORE, organisations need to record a rating between 1 and 5 against a relevant domain. A summary of the scale for the Community SCORE is:

Table 6. Community SCORE domains

Community SCORE domain	1: No change	2: Limited change with emerging engagement	3: Limited change with strong engagement	4: Moderate change	5: Significant change
Group/community knowledge, skills, attitudes behaviours	No change in knowledge, skills, attitudes, behaviours	Limited change in knowledge, skills, attitudes, behaviours—but emerging engagement	Limited change in knowledge, skills, attitudes, behaviours—but strong engagement	Moderate change in knowledge, skills, attitudes, behaviours	Significant positive change in knowledge, skills, attitudes, behaviours
Organisational knowledge, skills and practices	No change in organisational knowledge, skills, practices to respond to the needs of targeted clients/communities	Limited change in organisational knowledge, skills, practices—but emerging engagement	Limited change in organisational knowledge, skills, practices—but strong engagement	Moderate change in organisational knowledge, skills, practices	Significant positive change in organisational knowledge, skills, behaviours to better respond to the needs of targeted clients/communities
Community infrastructure and networks	No change in community infrastructure/networks to respond to the needs of targeted clients/communities	Limited change in community infrastructure/networks—but emerging engagement of community networks	Limited change in community infrastructure/networks—but strong engagement of community networks	Moderate change in community infrastructure/networks	Significant positive change in community infrastructure/networks to better respond to the needs of targeted clients/communities
Social cohesion	No change in demonstration of greater community cohesion and social harmony	Limited change in demonstration of greater community cohesion and social harmony—but emerging engagement in issues	Limited change in demonstration of greater community cohesion and social harmony—but stronger engagement in issues	Moderate demonstration of greater community cohesion and social harmony	Significant positive demonstration of greater community cohesion and social harmony

9 Program specific surveys

As the host of the Data Exchange, the department is looking at additional ways to better understand how funded services are achieving outcomes for individuals and communities.

Asking clients if they would like to participate in follow-up research, such as surveys and evaluation, forms part of the Data Exchange priority requirements—the standardised core set of mandatory reporting that applies to all Data Exchange in-scope programs.

Following a survey pilot in 2016 and extensive consultations with organisations and other stakeholders, DSS has decided to implement program specific surveys, rather than a generalised outcomes survey for all Data Exchange clients.

9.1 Client surveys

In 2018, the department commenced a program specific survey for the Try Test and Learn Fund. All organisations funded to deliver the Try Test and Learn Fund are required to offer clients the program specific survey, as part of the Try Test and Learn Fund evaluation.

In 2022, the department engaged Australian Survey Research Pty Ltd (ASR), to develop and host a client survey. The primary purpose of the survey is to collect valuable feedback from clients about the DSS funded services they are receiving. The results from the client survey provided an additional data source to inform targets and support decision-making and service delivery. Programs involved in the Client Survey were Families and Children program activities, Financial Wellbeing and Capability program activities and National Disability Advocacy program activities.

10 Data Exchange reports

As part of the Data Exchange, all organisations that use the Data Exchange will have access to their own set of reports, which reflect the information submitted by their organisation. All available reports are accessed via the Data Exchange web-based portal. The ability to access the data and run reports will reflect the level of user access within the organisation.

Go to the [Data Exchange website](#) for detailed information on this topic and access to related information.

10.1 Report types

Standard self-service reports

These reports cover the mandatory priority data submitted by the organisation during a particular reporting period. For a current open reporting period the report will refresh every 24 hours to allow near real-time access to the information transmitted.

Partnership approach reports

Organisations participating in the partnership approach have access to a sophisticated suite of additional reports. Using both priority requirement data and extended partnership data, combined with government and population data sets, these reports provide valuable insights into service delivery and client outcomes.

10.2 Benefits of reports

Reports make the data entered visible and enables verification of data quality and integrity. They also provide organisations with an evidence base for evaluation and to inform best practice. The Data Exchange uses de-identified, aggregate information to look at both short- and long-term outcomes achieved for clients across the broad suite of in-scope programs. The reports allow for an understanding of the collective impact of service provided and what combinations of services deliver the best outcomes for clients.

10.3 Access and visibility of reports

Within the Data Exchange, access and visibility of reports will depend on the way organisations set up their outlets and delivery partners.

By default, organisations cannot see a delivery partner's data. However, the 'handshake' allows the sharing of reports data in the form of de-identified, aggregate information. The handshake is a virtual agreement between a lead organisation and their delivery partner(s), to share data from the delivery partner to the lead organisation for their activity. Under a handshake, a lead organisation can only access data reported by the delivery partner for the agreed program(s).

11 Administrative matters

11.1 In-scope program activities for the Data Exchange

A list of program activities in-scope for the Data Exchange can be found in the program specific guidance material located on the [Data Exchange website](#). This list is updated on a regular basis as new program activities start using the Data Exchange.

11.2 Access and set-up

In order to use the Data Exchange, an organisation must complete a number of access and set-up steps before client and session information is entered into the system. Organisations are strongly encouraged to complete these steps as early as possible in the reporting period.

They include:

- applying for Digital ID online
- submitting a User Access Request to the Data Exchange Helpdesk
- accessing the Data Exchange web-based portal to set up their organisation
- create Outlets
- add program activities to Outlets
- add delivery partner details (if required)
- create additional users (if required)
- setting up bulk uploads (if required).

Go to the 'Quick Start Guide' on the [Data Exchange website](#).

Completing access and set-up steps in a timely manner is the responsibility of the organisation as part of their funding agreement obligations.

If these steps are completed too close to the end of a reporting period, the department may not be able to process access and set-up requests with sufficient time remaining for the organisation to complete their data reporting before the due date.

11.3 Reporting periods and deadlines

The Data Exchange has two standardised six-monthly performance reporting periods each year:

1 January to 30 June

30 day close-off period – ends 30 July

1 July to 31 December

30 day close-off period – ends 30 January

Users of the Data Exchange have an extra 30 days at the end of each reporting period, known as the 'close-off period', to allow time to quality check their data and make amendments to reported data. After the 30-day close-off period the Data Exchange automatically closes and no longer accepts uploads for that reporting period.

Organisations can enter data at any time within a reporting period and are encouraged to do so regularly to make best use of the self-service reports and avoid unnecessary backlog or 'crunch' periods. Organisations new to the Data Exchange, in particular, need to plan for and allow sufficient time for access, set-up and other lead times, in order to meet reporting deadlines.

Once a reporting period has closed, data relating to that period of time will no longer be able to be recorded. Data outside of a reporting period may only be entered if an organisation has sought and is granted a system re-opening.

11.4 Compliance issues and system re-open requests

If an organisation experiences a crisis or event outside of their control that will impact their ability to meet performance reporting requirements, they can request a re-opening of the system.

System re-opening requests are submitted via the 'Request to re-open the Data Exchange form' on the [Data Exchange website](#), however organisations should also consult with their Funding Arrangement Manager or funding agency contact.

System re-openings will only be granted under exceptional circumstances following consultation with Funding Arrangement Managers. Submission of a request does not guarantee a system re-opening will be granted.

11.5 Flexible ways to transmit data

Users can transmit their data to the Data Exchange in one of three ways; system-to-system transfer, bulk file upload, or manual entry into the web-based portal. It is recommended to select one of these as the main transmission method for the longer term. However, in some circumstances, such as the period of initial transition into the Data Exchange, manual entry may need to be used in combination with another transmission method.

Digital ID is a safe, secure and convenient way for Australians to prove who they are online. You can also link your Digital ID to an Australian business to act on its behalf. Digital ID allows you to verify your identity, much like a digital version of a 100-point ID check.

Once set up your Digital ID, you can reuse it whenever you are asked to prove who you are to access a range of government online services for both personal and business matters. More information about Digital ID can be found [here](#).

At least one person within each organisation will need to complete and submit the Data Exchange User Access Request Form to have Org Administrator access to the Data Exchange. We recommend multiple employees of each organisation hold a Digital ID. The User Access form is on the [Data Exchange website](#).

NOTE: Digital ID is DSS' preferred way to log into DEX. To discuss other options for accessing DEX, please email the Data Exchange Helpdesk.

11.5.1 System-to-system transfers

Organisations with their own client management software systems capable of pushing data via web services through to the Data Exchange can continue using this software to collect and transfer their performance data. Organisations will need to make a one-off adjustment (or 'enhancement') to their application in accordance with the Data Exchange Web Service technical specifications. The technical specifications are updated periodically to reflect enhancements to the Data Exchange system and are on the [Data Exchange website](#)

11.5.2 Bulk File Upload

Organisations with their own client management software systems capable of creating and exporting XML files can continue using this software to collect and transfer their performance data. Organisations will need to make a one-off adjustment (or 'enhancement') to their application in accordance with the Data Exchange bulk upload technical specifications. The technical specifications are updated periodically to reflect enhancements to the Data Exchange system and are on the [Data Exchange website](#).

11.5.3 Free web-based portal

Organisations can use the Data Exchange web-based portal to manually input their data. Once saved in the portal, data is automatically submitted to the Data Exchange. The web-based portal can be used to directly input client data that is relevant to performance reporting. This option is available for organisations who do not have a system or whose systems cannot accommodate the requirements to submit data through system-to-system transfers or bulk file upload

The Data Exchange web-based portal collects the data requirements set out in this document and is available to all organisations funded to deliver in-scope program activities.

Organisations that already have their own case/client management system and submit their data by system-to-system transfers or bulk upload can access the web-based portal to use the Data Exchange functionality. For example, organisations who report information (consistent with the priority requirements) via a system-to-system transfer or bulk upload, may also use the web-based portal to record SCORE information about changes to their client's circumstances, goals and outcomes (consistent with the extended data items in the partnership approach). This approach is useful where the functionality for recording and reporting the extended data items is not available within an organisation's existing client management system.

Organisations who choose to report using both their client management systems (i.e. via a system-to-system transfer or bulk upload) and the web-based portal are able to view the records of their clients from the web-based portal to monitor and manage the services they provide to these clients.

11.6 Organisations no longer reporting via the Data Exchange

Organisations that report performance data in the Data Exchange are able to receive self-service reports on the data submitted for that period. They will not be able to enter any additional data for a period that has closed or for any periods where they do not have an active funding agreement.

If an organisation is continuing to report on other active activities in the Data Exchange, they will have access to Data Exchange reports for all activities they are funded to deliver. Organisations retain access to the Data Exchange portal and self-service reports for at least one full reporting period (six months) after their last activity has ceased.

11.7 Training materials and help

Users of the Data Exchange web-based portal can access self-guided training material on the [Data Exchange website](#)

Task cards

Task cards take users step-by-step through the processes required to create and manage records in the Data Exchange web-based portal.

e-Learning modules

Users of the Data Exchange can also access a suite of training videos known as e-Learning modules. These videos are on the [Data Exchange website](#).

The Data Exchange Helpdesk

The Helpdesk is available to provide technical help to users of the Data Exchange.

You can contact the Data Exchange Helpdesk by email to dssdataexchange.helpdesk@dss.gov.au...

12 List of data values

Table 7. Priority requirements: client level data

Data Field	Protocols Section	Field Values
Client ID	5.6.3	Free text limit of 50 characters. If left blank a system generated number is assigned in the web-based portal, beginning at 001.
Given name *	6.1.1	Free text limit of 30 characters
Family name *	6.1.1	Free text limit of 30 characters
Date of birth *	6.1.2	Date format of dd/mm/yyyy
Estimated date of birth *	6.1.2	Tick box
Pseudonym used	6.1.1	Tick box
Gender *	6.1.3	Man or male Woman or female Non-binary [I/They] use a different term (please specify) Not stated
Residential address	6.1.4	Residential address line 1 (optional) Address line 2 (optional) Suburb (mandatory) State (mandatory) Post code (limit of 4 digits) (mandatory)
Indigenous status	6.1.6	No Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander Not stated/inadequately described
Cultural and Linguistic Diversity: Country of Birth	6.1.7	Drop-down list of values based on the Australian Bureau of Statistics Standard Australian Classification of Countries (SACC), 2016
Cultural and Linguistic Diversity: Main language spoken at home	6.1.7	Drop-down list of values based on the Australian Bureau of Statistics Australian Standard Classification of Languages (ASCL), 2016

Data Field	Protocols Section	Field Values
Disability, impairment or condition indicator	6.1.8	Intellectual/learning Psychiatric Sensory/speech Physical/diverse None (no disability) Not stated/inadequately described
Consent to have personal information stored in the web-based portal	5.2.3	Tick box
Consent to participate in follow up research, surveys and evaluation	5.4	Tick box

*These fields generate a Statistical Linkage Key (SLK).

Table 8. Priority requirements: case level data

Data Field	Protocols Section	Field Values
Case ID	6.2.1	Free text limit of 50 characters. If left blank a system generated number is assigned.
Outlet	6.5	In the web-based portal: to be selected from a list of options in the drop-down.
Program Activity	6.2.1	In the web-based portal: to be selected from a list of options in the drop-down. The drop-down will only display program activities that are assigned to the outlet selected.
Unidentified client count	3.8	Free text number only with limit of 999
Attach clients	3.2	In the web-based portal: to be selected from a list of options in the drop-down. The drop-down provides a mechanism to associate one or more client records to the case.

Table 9. Priority requirements: session level data

Data Field	Protocols Section	Field Values
Session ID	6.2.2	Free text limit of 50 characters. If left blank a system generated number is assigned.
Session date	6.2.2	Date format of dd/mm/yyyy
Unidentified clients attending this session (optional)	6.2.2	Number field. The default value is 0, maximum 999 (however cannot exceed the value specified at the Case level).
Client attendance	6.2.2	Record for each case clients present at the session.
Service type	6.2.2	The number and variety of service types will depend on the program activity selected. The full list of values relevant to the program is in the program specific guidance document on the Data Exchange website.

Table 10. Commonwealth Home Support Programme: client level data

Data Field	Protocols Section	Field Values
Accommodation setting	6.3.1	Boarding house Crisis, emergency or transition Independent living unit Indigenous community/settlement Institutional setting (i.e. residential aged care, hospital) Private residence—client or family owned/purchasing Private residence—private rental Private residence—public rental Public shelter Supported accommodation Other Not stated
Living arrangements	6.3.1	Single (person living alone) Sole parent with dependant(s) Couple Couple with dependant(s) Group (related adults) Group (unrelated adults) Homeless/no household Not stated or inadequately described

Data Field	Protocols Section	Field Values
DVA card status	6.3.1	DVA Gold Card DVA White Card DVA Orange Card or other No DVA entitlement
Existence of Carer	6.3.1	Yes No
Client exit reason	6.3.1	Client no longer requires assistance Service unable to provide assistance Client now requires higher level of care Client has moved out of area Client terminated the service Client died Client no longer eligible Client needs have been met None of the above

Table 11. Commonwealth Home Support Programme: session level data

Data Field	Protocols Section	Field Values
Amount of assistance provided	6.3.1	The information required for this field will depend on the service type selected. Go to the program specific guidance documents on the website to determine which fields apply to each service type: <ul style="list-style-type: none"> ▪ Hours/minutes ▪ Quantity ▪ Cost ▪ Type
Fees charged	6.3.1	Number field (whole dollars only) appears where applicable

Table 12. Family Law activities: case/session level data

Data Field	Protocols Section	Field Values
Fees charged	6.3.2	Number field (whole dollars only) appears where applicable
Was a parenting agreement reached?	6.3.2	Appears, where applicable when a case is created. The values are: Full Partial Not reached
Date of parenting agreement	6.3.2	Date format of dd/mm/yyyy
Did a legal practitioner assist in parenting mediation sessions?	6.3.2	Yes No
Section 60(l) certificate type	6.3.2	Attended—genuine effort Attended—not genuine effort FDR began—considered inappropriate to continue Matter inappropriate for resolution Not held due to refusal or failure of other person to attend
Date issued (Section 60(l) Certificate)	6.3.2	Date format of dd/mm/yyyy
Was a property agreement reached?	6.3.2	Appears, where applicable when a case is created. The values are: Full Partial Not reached
Date of property agreement	6.3.2	Date format of dd/mm/yyyy
Did a legal practitioner assist in property mediation sessions?	6.3.2	Yes No

Table 13. Financial Wellbeing and Capability: session level data

Data Field	Protocols Section	Field Values
Which money management course was delivered?	6.3.3	<p>This question only appears if an applicable activity and service type is selected when the case and session is created. Applicable values are:</p> <ul style="list-style-type: none"> ▪ Workshop 1 - Making Money Last Until Payday ▪ Workshop 2 - Planning For the Future ▪ Workshop 3 - How Can Banks Help ▪ Workshop 4 - Internet and Phone Banking ▪ Workshop 5 - Credit Can Be a Hazard ▪ Workshop 6 - Money Loans Sharks and Traps ▪ Workshop 7 - A Roof Overhead – Home Ownership ▪ Workshop 8 - A Roof Overhead Tenancy ▪ Workshop 9 - Managing Paperwork ▪ Other workshop

Table 14. National Disability Advocacy Program: session level data

Data Field	Protocols Section	Field Values
Topic	6.3.4	<p>Abuse/Neglect/Violence</p> <p>Access to non-NDIS service</p> <p>Child Protection</p> <p>Community Inclusion—Social/Family</p> <p>Disability services complaints</p> <p>Discrimination/rights</p> <p>Education</p> <p>Employment</p> <p>Equipment/aids</p> <p>Finances</p> <p>Government payments</p> <p>Health/ Mental Health</p> <p>Housing/Homelessness</p> <p>Legal/Access to Justice</p> <p>NDIS—Internal Review</p> <p>NDIS—Access/Planning</p> <p>NDIS—Support implementing plan/Accessing services</p> <p>Other</p> <p>Physical access</p> <p>Transport</p> <p>Vulnerable/isolated</p>

Table 15. Rural Financial Counselling Service (RFCS) Program: case/session level data

Data Field	Protocols Section	Field Values
Agriculture Business Type	6.3.5	Drop-down list of values based on the Australian Bureau of Statistics <u>Agriculture, Forestry and Fishing Division of the Australian and New Zealand Standard Industrial Classification (ANZSIC)</u>
Hardship	6.3.5	Biosecurity risks/ events Industry shock Decrease in commodity values Drought (rainfall deficiency) Decrease in asset/ property values Education level and skills Increasing debt Natural disasters Poor business practices Poor business model Poor financial decisions Signification increase in input costs Social/ personal reasons Unforeseen debt/ expenses Other
External Referral Destination	6.3.5	Health professional Financial institution Legal aid/ solicitor Accountant/ financial advisor Real estate agent Agronomist Succession planner Social support group Training organisation Other government agency Asset agent Other

Table 16. Partnership approach: client level data

Data Field	Protocols Section	Field Values
Homeless indicator	7.10	Yes No At Risk
Household composition	7.5	Single (person living alone) Sole parent with dependant(s) Couple Couple with dependant(s) Group (related adults) Group (unrelated adults) Homeless/No household Not stated or inadequately described
Highest level of education/qualification	7.6	Pre-primary education Primary education Secondary education Certificate level Advanced diploma and diploma level Bachelor's degree level Graduate diploma and graduate certificate level Postgraduate degree level Other education
Employment status	7.7	Paid work full-time Paid work part-time Unpaid work (includes volunteering) Not working and not looking for work Unemployed (not working but looking for work) Studying full-time Studying part-time Caring Parenting
Main source of income	7.8.1	Nil income Employee salary/wages Other income including superannuation and investments Self-employed (unincorporated business income) Government payments/pensions/allowances Not stated/inadequately described

Data Field	Protocols Section	Field Values
Income frequency	7.8.2	Weekly Fortnightly Monthly Annually
Approximate gross income	7.8.2	Number field (whole dollars only)
Month of first arrival in Australia	7.9	Drop-down menu of twelve-month calendar year
Year of first arrival in Australia	7.9	Drop-down menu of year in chronological order
Visa type	7.9	Humanitarian Family Skilled Other
Ancestry	7.9	Select from the list of values which is based on the Australian Bureau of Statistics Australian Standard Classification of Cultural and Ethnic Groups (ASCCEG), 2016
Is client a carer	7.12	Yes No
NDIS eligibility	7.13	NDIS in-progress access request NDIS eligible NDIS ineligible

Table 17. Partnership approach: case level data

Data Field	Protocols Section	Field Values
Attendance profile	7.11	Family Community event Peer support group Couple Cohabitants

Data Field	Protocols Section	Field Values
Reason for seeking assistance	7.2	Physical health Mental health, wellbeing and self-care Personal and family safety Age-appropriate development Community participation and networks Family functioning Financial resilience Employment Education and skills training Material wellbeing and basic necessities Housing
Referral source	7.3	Health agency Community services agency Educational agency Internal Legal agency Employment/job placement agency Lender/financial agency Accounting agency Centrelink/Department of Human Services (DHS) Other Agency Self Family Friends General Medical Practitioner My Aged Care Gateway Linkages Package Continuity of Support (CoS) Programme Humanitarian Settlement Program LAC Referral NDIS referral Other party Not stated/inadequately described

Data Field	Protocols Section	Field Values
Client exit reason	7.16	Client no longer requires assistance Service unable to provide assistance Client now requires higher level of care Client has moved out of area Client terminated the service Client died Client no longer eligible Client needs have been met None of the above

Table 18. Partnership approach: session level data

Data Field	Protocols Section	Field Values
Service setting	7.14	Organisation outlet/office Clients' residence Community venue Partner organisation Telephone Video Online service Healthcare facility Education facility Justice facility
Interpreter present	7.15	Yes No
Referral type	7.4	Internal - made to another service offered within the same organisation External - made to a service that is provided by a different organisation

Data Field	Protocols Section	Field Values
Referral purpose	7.4	Physical health Mental health, wellbeing & self-care Personal and family safety Age-appropriate development Community participation & networks Financial Resilience Family functioning Employment Education and skills training Material wellbeing and basic necessities Housing Support to caring role Other
Circumstance SCORE domains	8.2.1	Physical health Mental health, wellbeing and self-care Personal and family safety Age-appropriate development Community participation and networks Family functioning Financial resilience Employment Education and skills training Material wellbeing and basic necessities Housing
Goals SCORE domains	8.3.1	Changed knowledge and access to information Changed skills Changed behaviours Empowerment, choice and control to make own decisions Engagement with relevant support services Changed impact of immediate crisis
Satisfaction SCORE domains	8.4.1	I am satisfied with the services I have received The service listened to me and understood my issues I am better able to deal with issues that I sought help with
Community SCORE domains	8.5.1	Community infrastructure and networks Organisational knowledge, skills and practices Group/community knowledge, skills, attitudes and behaviours Social cohesion

Data Field	Protocols Section	Field Values
Assessed by	8.1	SCORE directly – client SCORE directly – practitioner SCORE directly – joint SCORE directly – support person Validated outcomes tool – client Validated outcomes tool – practitioner Validated outcomes tool – joint Validated outcomes tool – support person

This document has been released under the Freedom Of Information Act 1982 by the Department of Health, Disability and Ageing

13 Version history

Version 13, Effective from 1 March 2026, published 2 February 2026

The department released version 13 to clarify reporting requirements for client-level data, explain privacy protocols in plain English and improve understanding of SCORE.

- **Chapter 1 – Introduction**
 - Outlines the benefits of DEX data collection and reporting
- **Chapter 2 – Data Exchange organisation and user responsibilities**
 - Requires organisations and users to comply with applicable legislation, including the *Privacy Act 1988* (Cth)
- **Chapter 3 – Recording Client Level Data**
 - **Section 3.1** – Clarifies requirement for organisations to request collection of client-level data from clients directly receiving services, noting clients must consent to the collection.
 - **Section 3.6** - Definition of group session and requirements for collecting and reporting client-level data clarified
 - **Section 3.6.1** - Group session census requirements added as a minimum requirement for collecting and reporting client-level data for group sessions. The Group session census applies to eligible DSS programs, only.
 - **Section 3.7** - Definition of community session added
 - **Section 3.8** – Clarifies definition of unidentified client and circumstance in which unidentified clients may be reported.
- **Chapter 5 - Protecting a client's personal information**
 - Updates throughout aim to explain privacy protocols in plain English. Reordering of sections to improve flow.
 - **Section 5.2.1** – Standard privacy notice updated
 - **Section 5.4.2** – Clarified that the Client Id should not contain identifying information, such as the My Aged Care Id
 - **Section 5.5** – Clarified consent requirements for follow up research
- **Chapter 7 – Collecting partnership approach data**
 - Notes the Partnership approach is required for a funded activity when stipulated in the Program Specific Guidance
- **Chapter 8 – Recording client and community SCOREs**
 - Updated for readability and consistency
 - Notes the SCORE is required for a funded activity when stipulated in the Program Specific Guidance
 - Notes Circumstance and Goals SCOREs are now required for 'at least 50% of clients with a client record'.
- **Chapter 11 – Administrative Matters**
 - Minor changes to reflect the change of Digital Identity to Digital ID

Version 12, August 2024

The department released version 12 to clearly define organisations' responsibilities (and recommended processes and controls) for:

- promoting awareness of, and compliance with the Data Exchange Protocols within their organisation and
- obtaining accurate, complete, unbiased and secure collection and recording of data in the Data Exchange.

Upon request from the department, DSS-funded providers may be required to attest to and/or provide evidence of processes and controls used to meet the above responsibilities. DSS may request to visit organisations' premises to observe these processes in practice.

- **Chapter 2** – New chapter, Data Exchange Organisation and User Responsibilities, replacing the former section, Data Exchange User Responsibilities
- **Section 5.17** – New section, Cyber Security and Data Breaches, outlines organisation responsibilities (and suggested processes and controls) for preventing and responding to cyber security incidents and data breaches.

Version 11, March 2024

The department released version 11 to reflect changes in the gender values recorded in the Data Exchange. Addition changes included simplification of language

- **Chapter 1** – referencing the Program Specific Guidance added as a support document to the protocols
- **Section 3.3** – simplified language on recording extended data items at a session level

- **Chapter 4** – clarification on the definition of personal information, when it is appropriate to store personal information on the Data Exchange and when client notification and consent requirements should be applied.
- **Section 5.1.3** – gender details have been updated in response to system change
- **Chapter 6** – clarification on what is the Partnership Approach.
- **Chapter 7** – minor edits to clarify how SCORE assessments are paired.

Version 10, April 2023

The department released version 10 following a review of the protocols and in response to a change in the Data Exchange Helpdesk operating hours. The changes are:

- **Section 1.2** – updated text describing the free access to a web-based portal
- **Section 2.3** – updated definition of a support person
- **Section 3.2** – clarification of case limits reported into the Data Exchange
- **Sections 4.2, 4.2.2, 10.5.3 & 10.6** – removal of reference to the Data Exchange being a client management system
- **Sections 4.2.1 & 4.2.3** – amended the standard notification on privacy to include verbal consent wording
- **Section 4.2.2** - removal of reference to the Data Exchange being a client management system
- **Section 4.7.1** - removal of broken SLK581 hyperlink
- **Section 8.1** – added information on the 2022 Client Survey
- **Section 10.8** – removed reference to the Data Exchange Helpdesk operating hours

Version 9, July 2022

Minor changes to reflect continuing implementation of the trusted digital identity framework through myGovID. The changes are:

- **Section 10.2** – updated one of the steps that reflect applying for a Digital Identity online
- **Section 10.5** – replaced myGovID wording with Digital Identity and added link to Digital Identity website

Version 8, June 2021

The department released version 8 of the protocols to capture the introduction of program specific fields for Rural Financial Counselling Service (RFCS). The changes are:

- **Section 5.3.5** – addition of program specific fields for Rural Financial Counselling Service (RFCS) Program
- **Section 6.3** – addition of new Referral sources, 'Lender/financial agency', and 'Accounting agency'
- **Section 11** – added and updated data values for above fields

Version 7, January 2021

The department released version 7 of the protocols to capture the 'Exit Reason' field changing from being a program specific data item to an optional partnership approach field, the introduction of program specific 'property agreement' fields for Family Law Services, and the expanded values for 'Service Setting'. The changes are:

- **Section 5.3.2** – addition of program specific fields for Family Law Services Program
- **Section 6.8** – updated section name 'Household Income' to 'Income'
- **Section 6.14** – addition of 'Video' category, and the description of 'Digital' updated to 'Online Service' for the Service Setting field.
- **Section 6.16** – addition of 'Exit Reason' partnership approach field
- **Section 11** – updated data values for above fields

Version 6.1, September 2020

Minor changes to reflect digital identity through myGovID. The changes are:

- **Section 6.14** – addition of recording alternate service delivery
- **Section 10** – removal of AUSkey, addition of myGovID to the access and set-up steps, flexible ways to transmit data and advice for organisations no longer reporting via the Data Exchange.

Version 6, October 2019

The department released version 6 of the protocols following a review of readability and accessibility. All sections were changed to improve reading ease.

The section on client surveys was clarified to reflect that the department will no longer be implementing a generalised outcomes survey to all Data Exchange clients. Instead, program specific surveys will be implemented where required.

Version 5, November 2018

The department released version 5 of the protocols in October 2018 to reflect the August 2018 system enhancements. Details of the August 2018 enhancements are on the Data Exchange website. The changes are:

- **Various sections** - 'service provider' replaced with 'organisation'. This is a better reflection of who is reporting into the Data Exchange.
- **Section 5** - addition of program specific fields for Career Pathways Pilot for Humanitarian Entrants and the National Disability Advocacy Program
- **Section 6** - updated references to the partnership approach
- **Section 7** - updated naming, definition and scope of Circumstances outcome domains
- **Section 8** - updated client survey pilot references
- **Section 9** - information on the handshake agreement
- **Section 11** - updated data values made as part of the August 2018 enhancements

Version 4, March 2017

This review was conducted in the context of the Data Exchange expansion to other agencies and jurisdictions, and the creation of the Community Grants Hub. The changes are:

- **Section 6** - addition of the partnership approach as a requirement of some program funding agreements
- **Section 8** - updated with client survey and changed section name and numbering
- **Section 9** - updated with reports information and changed section name and numbering
- **Section 10** - updated program specific fields for Career Pathways Pilot for Humanitarian Entrants and the National Disability Advocacy Program. Changed section name and numbering
- **Section 11** - addition of new Data Values
- **Section 12** - addition of version history section (previously Attachments 1 & 2)

Version 3, October 2015

The department released version 3 of the protocols in October 2015 to include enhancements made to the system for the Commonwealth Homes Support Programme activity and clarify protocols relating to protecting the client's privacy and personal information.

- **Section 2** - Added an example for who is a client for the Commonwealth Home Support Programme (CHSP)
- **Section 3** - Included definition of outlet
- **Section 4** - Consolidated information about personal information; Limited the content to the department's privacy obligations; Updated the consent and notification protocols and arrangements for follow-up research.
- **Section 5** - Clarified how to report the client's residential address; introduced data items for CHSP.
- **Section 6** - Added homeless/no household value in the extended data items for household composition; introduced client exit reason for CHSP cases.
- **Section 7** - Added the Translation Matrix for SCORE; moved in-scope activities and service types into Appendix A—Service Type Matrix.
- **Section 8** - Expanded client management functions of the Data Exchange; Clarified the Statistical Linkage Key.

Version 2, March 2015

The department released version 2 of the protocols in March 2015 to align the Data Exchange technical specifications (December 2014) and the Data Exchange web-based portal (February 2015).

The original version of this document was published in August 2014.



Australian Government

Program Specific Guidance for Department of Health, Disability and Ageing Disability and Carers programs in the Data Exchange

Version dated January 2026

Introduction

The Program Specific Guidance

The Program Specific Guidance assists service providers on entering data into the Data Exchange in a consistent way that best reflects the program activity being delivered.

Purpose of this document

This document provides policy guidance on entering data into the Data Exchange for activities funded under Outcome 3.1 – Disability and Carers by the **Department of Health, Disability and Ageing**.

These guidelines should be read in conjunction with:

- Data Exchange [Protocols](#)
- Your funding agreement
- Your program guidelines
- The task cards and e-Learning modules available on the Data Exchange [website](#)

Intended Use

The **Program Specific Guidance** is intended to provide practical information for managers and front-line staff to better understand the data expected for their program. It also assists them in integrating Standard Client/Community Outcome Reporting (SCORE) outcomes and partnership data collection into existing service and administrative practices.

Additionally this guide aims to provide consistency on how program data is interpreted within program activities, and support a consistent interpretation of the Data Exchange [protocols](#) across commonly funded organisations.

This document will be periodically updated to provide more detailed guidance on questions as they arise and as new programs come on board to the Data Exchange. Users of this document are encouraged to provide feedback where further guidance related to their program activity is needed.

All resources associated with the Data Exchange are available on the Data Exchange [website](#).

The Program Specific Guidance for Commonwealth-funded programs was formerly published as:

- Protocols – Appendix B
- Program Specific Guidance for Commonwealth Agencies in the Data Exchange

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DEPARTMENT OF HEALTH, DISABILITY AND AGEING

Outcome 3.1 – Disability and Carers

The Disability, Mental Health and Carers outcome provides support and community-based initiatives for people with disability, mental illness and carers, so they can develop their capabilities and actively participate in community and economic life. The program aims to provide a foundation for integrated, community led program delivery that understands and meets local needs and promotes innovation and collaboration.

The following pages provide practical guidance on data entry for Disability, Mental Health and Carers activities.

This document has been released under
the Freedom Of Information Act 1982 by
the Department of Health, Disability and Ageing

Disability and Carer Support

The Disability and Carer Support program aims to improve access, support and services for people with disability and carers. This includes appropriate means of self-reliance, communication, education services and advocacy by providing stakeholder engagement and improving access to services and support.

The following program activities are included in Disability and Carer Support:

- Building Employer Confidence in Inclusion and Disability
- Integrated Carer Support Services (ICSS) – Carer Gateway service providers
- ICSS Digital Counselling
- Information Linkages and Capacity Building – Individual Capacity Building
- Information Linkages and Capacity Building – Social and Community Participation
- National Disability Advocacy Program (NDAP)
- NDIS Appeals
- NDIS Economic and Community Participation – SCP – Ability First Australia Assistive Technology Pilot
- Pre-emptive early intervention pilot for infants showing early signs of difference in social communication
- Support and connection for young children with disability or developmental concerns
- Support for families, parents and carers of First Nations children with disability or developmental concerns
- Supports for parents and carers of young children with disability or developmental concerns
- Tristate Carer Vocational Outcomes Program
- Young Carer Bursary Program (YCBP)

Building Employer Confidence in Inclusion and Disability

Description

The Building Employer Confidence in Inclusion and Disability (BEC) program aims to help build the confidence and ability of employers to hire, support and retain employees with disability and create inclusive workplaces by breaking down attitudinal barriers about people with disability.

By improving the confidence of employers, the program supports people with disability to gain employment and improve their overall wellbeing.

To support people with disability to gain employment and improve their overall wellbeing, the aim of this grant opportunity is to:

- build the confidence and ability of employers to hire, support and retain employees with disability
- create inclusive workplaces by breaking down attitudinal barriers about people with disability

Who is the primary client?

Primary clients for this program activity are employers who need support related to employing people with disability.

What are the key client characteristics?

- Employers who have expressed an interest in employing, or employing more people with disability but need support to get started
- Employers in one (or more) of the growth industries who have, or are expected to have significant workforce demands and/or known vacancies that could be filled by people with disability
- Employers, with networks of employees, seeking increased confidence in inclusive recruitment and hiring practices

Who might be considered 'support persons'?

Support persons are not the focus of the BEC grant, so are not applicable for the purposes of DEX reporting.

Should unidentified group clients be recorded for this program?

This program provides support where employers have been previously identified through stakeholder engagement. However, it is acknowledged that some activities may involve larger group activities with unidentified clients where it is not possible to record all participants. Therefore, no more than **20 per cent** of clients should be recorded as unidentified.

Please refer to the [Data Exchange Protocols](#) for further guidance on recording unidentified clients.

How should cases be set up?

There is no formal case structure recommended for this program activity. The organisation should create cases that reflect their own administrative processes.

The Partnership Approach

For this program activity, all organisations are required to participate in the Partnership Approach. As part of the Partnership Approach, organisations record client outcomes known as Standard Client/Community Outcomes Reporting (SCORE) reporting. The Partnership Approach also includes recording an extended set of data.

Organisations must meet the following minimum requirements for SCORE data:

- Report an initial and at least one subsequent Circumstances SCORE for **all clients where possible** (95 - 100 per cent) of identified clients.
- Report an initial and at least one subsequent Goals SCORE for **all clients where possible** (95-100 per cent) of identified clients.
- Report a Satisfaction SCORE for **at least 10 per cent** of identified clients.

A SCORE assessment is recorded at least twice for each client – once towards the beginning of service delivery and once again towards the end.

Where practical, organisations should also record a SCORE assessment every 6 months to track how the client's outcomes change over time. Please refer to the Data Exchange Protocols (section 7) for more information.

What areas of SCORE are most relevant?

For this program activity, it is expected organisations collect and record SCORE assessments in at least one Circumstance, one Goal and one Satisfaction domain listed below:

Circumstances	Goals	Satisfaction	Community
<ul style="list-style-type: none"> ▪ Community participation and networks ▪ Employment ▪ Education and skills training 	<ul style="list-style-type: none"> ▪ Changed behaviours ▪ Changed knowledge and access to information 	<ul style="list-style-type: none"> ▪ I am better able to deal with issues that I sought help with ▪ I am satisfied with the services I have received 	<ul style="list-style-type: none"> ▪ Group / community knowledge, skills, attitudes and behaviours ▪ Organisational knowledge, skills and practices

When recording a SCORE assessment for a client, you must also record 'Assessed by' at the SCORE level to capture who has completed the assessment.

Completing a Circumstances SCORE assessment

For this program activity, all organisations must use the following SCORE scale descriptions when assessing clients in the following Circumstances domains. For those SCORE domains not shown below, organisations can record SCORE assessment as outlined in the Data Exchange Protocols.

Circumstances	1	2	3	4	5
Community participation & networks	I do not have a network available to support my capability to employ people with disability.	I have little network support available to support my capability to employ people with disability.	I have some network support available to support my capability to employ people with disability.	I have good network support available to support my capability to employ people with disability.	I have very good network support available to support my capability to employ people with disability.

Circumstances	1	2	3	4	5
Employment (creating an inclusive workplace environment)	My organisation is not ready to employ people with disability . Education and training is required to break down barriers and understand how the organisation can support people with disability .	My organisation is working towards employing people with disability. An education and training program is about to begin which will help to break down barriers and help us better understand how we can support people with disability .	My organisation is ready to start employing people with disability. Education and training is underway, and some changes have been implemented to create a more inclusive work environment.	My organisation is actively recruiting. Initial education and training has been completed, and many changes have been implemented to create an inclusive workplace environment.	My organisation has employed at least one person with disability . Our workplace is inclusive and staff are confident they can support people with disability .
Education & training	My organisation has not engaged in any specific education or training regarding the employing of or working with people with disability in the past.	My organisation has arranged an education and training program to be delivered that will focus on working with people with disability .	My organisation is part way through an education and training program focussed on working with people with disability .	My organisation has almost completed an education and training program focussed on working with people with disability .	My organisation has completed an education and training program focussed on working with people with disability .

Completing a Goals SCORE assessment

For this program activity, all organisations must use the following SCORE scale descriptions when assessing clients in the following Goals domains. For those SCORE domains not shown below, organisations can record SCORE assessment as outlined in the Data Exchange Protocols.

Goals	1	2	3	4	5
Changed Knowledge	I have a very low level of knowledge about employing or working with people with disability .	I have a low level of knowledge about employing or working with people with disability .	I have a moderate level of knowledge about employing or working with people with disability .	I have a good level of knowledge about employing or working with people with disability .	I have a very good level of knowledge about employing or working with people with disability .

Goals	1	2	3	4	5
Changed Behaviours	I am very hesitant about employing or working with people with disability. I am not confident in my ability to manage and/or support a staff member with disability.	I am hesitant about employing or working with people with disability. I have little confidence in my ability to manage and/or support a staff member with disability.	I am somewhat hesitant about employing or working with people with disability. I feel my confidence in my ability to manage and/or provide support to a staff member with disability is growing.	I am fairly confident about employing or working with people with disability. I am fairly confident in my ability to manage and/or provide support to a staff member with disability.	I am confident about employing or working with people with disability. I am confident in my ability to manage and/or support a staff member with disability.

Completing a Satisfaction SCORE assessment

If an organisation already uses an existing satisfaction measurement tool that meets their needs, they can continue to use it and translate the outcome data to SCORE, otherwise organisations can record SCORE assessment as outlined in the Data Exchange Protocols.

Completing a Community SCORE assessment

For this program activity, all organisations must use the following SCORE scale descriptions when assessing clients in the following Community domains. For those SCORE domains not shown below, organisations can record SCORE assessment as outlined in the Data Exchange Protocols.

Community	1	2	3	4	5
Group/ community knowledge, skills, attitudes behaviours	No change in knowledge, skills, attitudes, behaviours.	Limited change in knowledge, skills, attitudes, behaviours—but emerging engagement.	Limited change in knowledge, skills, attitudes, behaviours—but strong engagement.	Moderate change in knowledge, skills, attitudes, behaviours.	Significant positive change in knowledge, skills, attitudes, behaviours .
Organisational knowledge, skills and practices	No change in organisational knowledge, skills, practices to respond to the needs of targeted clients/ communities.	Limited change in organisational knowledge, skills, practices—but emerging engagement.	Limited change in organisational knowledge, skills, practices, but strong engagement.	Moderate change in organisational knowledge, skills, practices.	Significant positive change in organisational knowledge, skills, behaviours to better respond to the needs of targeted clients/ communities.

For this program activity, when should each service type be used?

A service type describes the main focus of a session with one or more clients. If a session covers multiple service types, the person delivering the session should record only the most relevant service type, which is typically the one that required the most amount of time or contributed most significantly to an outcome.

Service Type	Example
Disability eLearning	Disability eLearning module or course completed at own pace.
Disability Workshop	A workshop to build the knowledge and capacity of employers to support their ability to employ people with disability.
Education and Skills Training	Assisting employers in learning or building knowledge about a topic or aimed at developing or enhancing a skill relevant to the employer's circumstances.
E-Learning Online Workshop	Sessions delivered online where interaction between the presenter and other employers occurs.
Employer engagement	Contact between an employer or potential employer and a client or service provider.
Facilitate employment pathways	Assisting employers by building their capability to employ people with disability and linking employers with opportunities that will further develop their skills.
Resource development	Development of resources in consultation with employers. This can be done in partnership with other organisations to build the capacity of employers.
Tailored workshops	A workshop to build knowledge and capacity on specific issues.

ICSS Carer Gateway service providers

Description:

Carer Gateway service providers provide a range of services to meet the needs of carers throughout their service area. They are the primary source of information and assistance for carers, and a crucial source of information for the Department of Social Services through the provision of carer and service data. Carer Gateway service providers will:

- manage calls and enquiries received via the national 1800 number and call-backs requested on the Carer Gateway website
- support carers with intake, registration, needs assessment and support planning processes, and develop an Action Plan for the carer
- coordinate and broker access to ICSS services
- review carers' wellbeing.

Carer Gateway service providers are funded to deliver the following face-to-face ICSS services:

- Carer-Directed Support
- Emergency Respite Care
- In-Person Counselling
- In-Person Peer Support
- Carer Coaching (in the face-to-face facilitated format).

Who is the primary client?

Primary clients for this program activity are individual carers who meet the definition of the *Carer Recognition Act 2010*.

When clients present to a service provider as a group of carers, all are eligible for services based on their individual needs. The ICSS service design prioritises carers who have primary care responsibility, but other relevant factors may also be taken into consideration (please refer to the Carer Gateway Service Provider Operating Manual for more information).

What are the key client characteristics?

All carers are eligible clients, including:

- young carers (aged under 25)
- carers who identify as lesbian, gay, bisexual, transgender and intersex
- carers from a cultural and linguistically diverse background
- carers identifying as Aboriginal and/or Torres Strait Islander.

Who might be considered 'support persons'?

Recording support persons is voluntary; staff can record support persons if they feel it is relevant. In this program activity the 'support person' may be the care recipient, another carer to the same care recipient (who may be receiving carer services themselves), another family member or a friend.

Instructions on how to record them in the web-based portal can be found on the [Data Exchange website](#).

Should unidentified clients be recorded?

Carer Gateway service providers provide individual support, where clients are known to the service. Therefore, it is expected that clients are recorded as identified clients for all services, with the exception of information/advice/referral, which may be delivered to an unidentified client (i.e. a caller who is not registered but is seeking information only). When a service provider delivers services for a group of carers (e.g. delivering a peer support forum for a group of carers), providers should record all clients present at the session.

How could cases be set up?

Service providers should create a **separate** case for each individual carer accessing the service. When an organisation is working with more than one individual, such as a carer couple or group, these clients can be grouped together in a case.

A case set up for the 'In-Person Peer Support Service' or 'Counselling (group)' can also have more than one client attached to it.

To protect client privacy, family names or other identifying information should never be recorded in the 'Case ID' field.

The Partnership Approach

For this program activity, all organisations are required to participate in the Partnership Approach. Carer Gateway service providers should use the standard Data Exchange approach to record client outcomes – known as Standard Client/Community Outcomes Reporting (SCORE) reporting. The Partnership Approach also includes the ability to record an extended data set.

It is expected that, where practical, you collect outcomes data for a majority of clients. However, it is noted that you should do so within reason and in alignment with ethical requirements.

A client Circumstances SCORE assessment is recorded at least twice – towards the beginning of the client's service delivery and again towards the end of service delivery. Where practical, you can also collect SCORE assessments periodically throughout service delivery. A client Satisfaction SCORE assessment may be recorded just once (after service delivery) or multiple times when appropriate (such as after further service delivery).

Service providers should use Carers Star™ to measure a carer's wellbeing, reporting this into the Mental health, wellbeing and self-care Circumstances domain. For instructions on how to translate Carers Star™ into the Circumstances domain, refer to the [Data Exchange Translation Matrix](#). Instructions on how to record outcomes in the Data Exchange can be found on the [Data Exchange website](#).

What areas of SCORE are most relevant?

For this program activity, it is expected organisations collect and record SCORE assessments in the following domains:

Circumstances	Satisfaction
<ul style="list-style-type: none"> ▪ Mental health, wellbeing and self-care 	<ul style="list-style-type: none"> ▪ I am better able to deal with issues that I sought help with ▪ I am satisfied with the services I have received ▪ The services listened to me and understood my issues

Collecting extended data

For this program activity, it is expected organisations collect and record the following additional data fields:

Client Level Data	Case Level Data	Session Level Data
<ul style="list-style-type: none"> ▪ Is the client a carer? ▪ Household composition ▪ Main source of income 	<ul style="list-style-type: none"> ▪ Reason for seeking assistance ▪ Referral source 	<ul style="list-style-type: none"> ▪ Referral type ▪ Referral purpose ▪ Service setting, where appropriate for the service type used (see below)

You may record other outcomes and extended client details, if you think it is appropriate for your program and for your clients to do so.

For this program activity, when should each service type be used?

Service type	Example
Information/Advice/Referral	<p>This service type should be used when providing information, advice or referral to an existing client, or may be used to provide information to a caller who is not current a client of the service provider (e.g. an unidentified client).</p> <p>This service type can be used when:</p> <ul style="list-style-type: none"> ▪ a registered carer is referred to an external service (for example, My Aged Care or NDIS) ▪ a phone enquiry from an unidentified caller results in the provision of information/advice/referral without intake and assessment.
Intensive Support	<p>This service type should be used when providing complex support which may involve engagement and consultation with a range of stakeholders to evaluate, strategise, support, and advocate for supports and services to address a Carers holistic and comprehensive needs.</p> <p>This level of support typically involves frequent interactions, personalised interventions, and close monitoring to ensure progress and stability in a carers circumstance.</p> <p>Primarily used for at risk carers, including: complex caring circumstances (including multiple caring roles), low Carer Star™ Score (typically 1 or 2), complex health needs (inc. mental health), homelessness or risk of homelessness, domestic violence, economic disadvantage or cultural considerations (First Nations and CALD).</p> <p>Further examples of supports offered as part of this service type are:</p> <ul style="list-style-type: none"> ▪ Supporting a carer to complete applications and/or to navigate other support sectors/services ▪ Warm referral to other suitable services ▪ Assistance provided to a carer to empower a carer to attend an appointment ▪ Wellbeing check-ins ▪ Other elements of individualised case management

Service type	Example
<p>Material Goods</p>	<p>This service type should be used for instances of purchasing material goods as a One-off Practical Support for a Carer (under the Carer Directed Support Service).</p> <p>If multiple goods are provided, a session should be recorded in the Data Exchange when each instance of support is provided.</p> <p>'Total cost' data field</p> <ul style="list-style-type: none"> ▪ In the 'Total cost' field, enter the total value of the support that the client receives in the session, rounded to the nearest dollar. Do not enter any client contribution amounts. ▪ Refer to the examples below. <p>Scenario 1 The provider delivers to the carer a laptop costing \$500 (including GST) to assist with schoolwork. The next day the provider delivers to the carer a printer costing \$100 (including GST) to enable the carer to print their schoolwork.</p> <p>In this instance, the provider would create one session in the Data Exchange for the delivery of the laptop, and one session for the delivery of the printer. Each cost would be entered for the corresponding session, and the carer is linked to both.</p> <ul style="list-style-type: none"> ▪ Session 1: Cost reported as \$500, and the carer is linked to the session. ▪ Session 2: Cost reported as \$100, and the carer is linked to the session. <p>Scenario 2: The provider buys the carer a laptop costing \$500 (including GST) to assist with schoolwork, and at the same time buys the carer a printer costing \$100 (including GST).</p> <p>In this instance, the provider would create one session in the Data Exchange for the delivery of the laptop and the printer together.</p> <p>Session: Cost reported as \$600, and the carer is linked to the session.</p>
<p>Carer support</p>	<p>This service type should be used for instances of providing services (such as vocational training or driving lessons) as a One-off Practical Support to a Carer (under the Carer Directed Support Service).</p> <p>If multiple services are provided, a session should be recorded in the Data Exchange for each instance of service.</p> <p>'Total cost' data field</p> <ul style="list-style-type: none"> ▪ In the 'Total cost' field, enter the total value of the support that the client receives in the session, rounded to the nearest dollar. Do not enter any client contribution amounts. ▪ Refer to the example below. <p>Scenario 1: The provider agrees to pay for a cooking course for the carer to attend, which will help them in their caring role. The cost of the course is \$100 (including GST).</p> <p>The provider would create one session in the Data Exchange for the delivery of the course and the cost of services would be reported under that session.</p> <ul style="list-style-type: none"> ▪ Session 1: Cost reported as \$100, and the carer is linked to the session.

Service type	Example
Respite	<p>This service type should be used for instances of planned respite (direct or indirect) as a part of a Carer Directed Package (under the Carer Directed Support Service).</p> <p>If episodes of respite are provided, a session should be recorded in the Data Exchange for each instance of respite that is provided.</p> <p>‘Hours/Minutes’ and ‘Total cost’ data fields</p> <ul style="list-style-type: none"> ▪ Enter the number of hours and minutes that the Respite Care Service provides the service to the carer. Exclude travel times for the carer, care recipient or workers. In cases when multiple care recipients have co-located normal living arrangements and their replacement care overlaps, this should be entered as part of the same instance of Respite Care. ▪ In the ‘Total cost’ field, enter the total value of the Respite Care (inclusive of transport costs) that the carer receives in the session, rounded to the nearest dollar. Do not enter any carer contribution amounts. ▪ Refer to the examples below. <p><u>Service setting:</u></p> <p>One of the following service settings should be selected for each session with a carer:</p> <ul style="list-style-type: none"> ▪ ‘Client’s residence’, when the care recipient(s) were provided replacement care in the carer’s home ▪ Another appropriate service setting, when the care recipient(s) were cared for in a location other than their home. <p>Scenario 1: Under the Carer Directed Support Service, the provider delivers planned respite services valued at \$800 (including GST) split over eight weeks, in order to allow the carer to undertake a coaching course. These planned respite services deliver in-home care for the care recipient, while the carer is away.</p> <p>The provider creates sessions in the Data Exchange for each instance of service that is delivered. The cost for each session is reported against that session.</p> <ul style="list-style-type: none"> ▪ Session 1: Planned respite costs are reported as \$100, time is reported as 2:00 hours, and the carer is linked to the session. ▪ Session 2: Planned respite costs are reported as \$100, time is reported as 2:00 hours, and the carer is linked to the session. ▪ Session 3: Planned respite costs are reported as \$100, time is reported as 2:00 hours, and the carer is linked to the session. ▪ For sessions 4–8 (and any further services provided thereafter) the provider continues to create sessions in the same way. <p>Scenario 2: The provider delivers planned respite services costing \$900 (including GST) to a carer to relieve them of their caring duties for two days and nights (48 hours in one session) while renovations are conducted on the carer’s home. For these planned respite services, the carer’s care recipient is cared for in an external facility.</p> <p>The provider would create one session in the Data Exchange for the delivery of the planned respite services and the cost of services would be reported under that session.</p>

Service type	Example
	<ul style="list-style-type: none"> ▪ Session 1: Costs are reported as \$900, the time is reported as 48:00 hours, and the carer is linked to the session. <p>Scenario 3: The service provider delivers planned respite services costing \$600 (including GST) to a carer to relieve them of their caring duties for two days (split into two 12-hour sessions) while renovations are conducted on the carer's home. For these planned respite services, the carer's care recipient is cared for in an external facility.</p> <p>The service provider would create two sessions in the Data Exchange for the delivery of the planned respite services. The costs for each session of planned respite are reported against each session.</p> <ul style="list-style-type: none"> ▪ Session 1: Costs are reported as \$300, the time is reported as 12:00 hours, and the carer is linked to the session. ▪ Session 2: Costs are reported as \$300, the time is reported as 12:00 hours, and the carer is linked to the session.
Specialist Support	<p>This service type should be used for instances of purchasing services or material goods (such as a laptop, cleaning services or transport) as a part of a Carer Directed Package (under the Carer Directed Support Service).</p> <p>If multiple services are provided, a session should be recorded in the Data Exchange for each instance of service when support is provided.</p> <p>'Total cost' data field</p> <ul style="list-style-type: none"> ▪ In the 'Total cost' field, enter the total value of the support that the client receives in the session, rounded to the nearest dollar. Do not enter any client contribution amounts. ▪ Refer to the example below. <p>Scenario 1: The provider agrees to provide a cleaning service to the carer over three weeks. The package includes one cleaning service per week. The cost to provide the service package is \$600 (including GST).</p> <p>The provider would create three sessions in the Data Exchange for each instance of cleaning that is delivered to the carer and enter the cost for each session as \$200.</p> <ul style="list-style-type: none"> ▪ Session 1: Cleaning package costs are reported as \$200, and the carer is linked to the session. ▪ Session 2: Cleaning package costs are reported as \$200, and the carer is linked to the session. ▪ Session 3: Cleaning package costs are reported as \$200, and the carer is linked to the session.
Counselling	<p>This service type should be used for sessions of In-Person Counselling, performed with an accredited professional counsellor. Sessions are delivered in-person.</p> <p>There may be multiple sessions of this activity for each case.</p> <p>For instances of Group Counselling, multiple carers will be assigned to a single case, which reflects the group format of the service.</p> <p>Non-carer participants in Group Counselling sessions may be recorded as 'support persons'.</p>

Service type	Example
<p>Education and skills training</p>	<p>This service type should be used for the Coaching Service delivered in the facilitated format.</p> <ul style="list-style-type: none"> ▪ Note the <u>self-guided</u> format is an online version (<u>not</u> reported in the Data Exchange). <p>There may be multiple sessions of this activity for each case.</p> <p>Service setting:</p> <p>One of the following service settings should be selected for each session with a carer:</p> <ul style="list-style-type: none"> ▪ In-person ▪ Telephone
<p>Intake and assessment</p>	<p>This service type should be used when the service provider takes the carer through the Carer Support Planning Process, to access Carer Gateway services. This includes:</p> <ul style="list-style-type: none"> ▪ Intake ▪ Registration ▪ Needs assessment, which includes completing the Carers Star™ for the first time ▪ Service planning includes completing an Action Plan for the first time. <p>If, due to urgency, a carer is provided with Emergency Respite Care immediately then no 'Intake and assessment' session should be created in the Data Exchange until a carer has the opportunity to complete their Carers Star™.</p> <p>This service type should be used when a carer transfers from any other service provider <u>without</u> an Action Plan.</p> <p>Service setting:</p> <p>One of the following service settings should be selected for each intake and assessment session with a carer:</p> <ul style="list-style-type: none"> ▪ In-person ▪ Telephone.
<p>Mentoring/Peer support</p>	<p>This service type should be used when a carer joins an In-Person Peer Support group session. This service type should only be used for instances of peer support with a record of the carer being present.</p> <p>Note that sessions can only be recorded when they are facilitated or organised by the service provider.</p> <p>For this service type, multiple carers will be assigned to a single case – which reflects the group format of this service.</p>
<p>Emergency Respite</p>	<p>This service type should be used when the Emergency Respite Care service cares for the care recipient(s) in an emergency situation.</p> <p>'Hours/Minutes' and 'Total cost' data fields</p> <ul style="list-style-type: none"> ▪ Enter the number of hours and minutes that the Emergency Respite Care Service provides the service to the carer. Exclude travel times for the carer, care recipient or workers. In cases when multiple care recipients have co-located normal living arrangements and their replacement care overlaps, this should be entered as part of the same instance of Emergency Respite Care.

Service type	Example
	<ul style="list-style-type: none"> ▪ In the 'Total cost' field, enter the total value of the Emergency Respite Care (inclusive of transport costs) that the carer receives in the session, rounded to the nearest dollar. Do not enter any carer contribution amounts. ▪ Refer to the examples below. <p><u>Service setting:</u></p> <p>One of the following service settings should be selected for each session with a carer:</p> <ul style="list-style-type: none"> ▪ 'Client's residence', when the care recipient(s) were provided replacement care in the carer's home ▪ Another appropriate service setting, when the care recipient(s) were cared for in a location other than their home. <p>Scenario 1: The provider delivers in-home Emergency Respite Care to the care recipient for 48 hours while the carer is unexpectedly admitted to hospital. The total cost to provide the services is \$3200 (including GST). The carer offered to contribute \$400 and made this payment to the provider. The care is delivered on the last day of the current DEX reporting period, and first day of the next DEX reporting period.</p> <p>The provider would create two sessions in the Data Exchange. The cost would be entered as \$3200, and the duration would be entered as 24:00 hours for each session.</p> <ul style="list-style-type: none"> ▪ Session 1: Cost reported as \$1600, the time is reported as 24:00 hours, and the carer is linked to the session. This is reported in the current DEX reporting period. ▪ Session 2: Cost reported as \$1600, the time is reported as 24:00 hours, and the carer is linked to the session. This is reported in the following DEX reporting period. <p>Scenario 2: The provider delivers two instances of in-home Emergency Respite Care to the carer's care recipient while the carer is unexpectedly admitted to hospital on two separate occasions. Both instances are for 24 hours. The cost to provide the services is \$3200 (including GST). The carer offered to contribute \$400 and made this payment to the provider.</p> <p>The provider would create two sessions in the Data Exchange. The cost per session would be entered as \$1600, and the duration would be entered as 24:00 hours per session.</p> <ul style="list-style-type: none"> ▪ Session 1: Cost reported as \$1600, the time is reported as 24:00 hours, and the carer is linked to the session. ▪ Session 2: Cost reported as \$1600, the time is reported as 24:00 hours, and the carer is linked to the session. <p>Scenario 3: The provider delivers Emergency Respite Care to the carer's care recipient at an external facility for 12 hours while the carer is unexpectedly admitted to hospital. The cost to provide the service is \$400 (including GST). The care recipient's transportation took an additional one hour each way and cost \$100 (including GST).</p> <p>The provider would create one session in the Data Exchange. The cost would be entered as \$500, as it includes both the service and travel costs, excluding any carer contribution. The duration would be entered as 12:00 hours (not including the travel time).</p>

Service type	Example
	<ul style="list-style-type: none"> ▪ Session: Cost is reported as \$500, the time is reported as 12:00 hours and the carer is linked to the session.
<p>Service review</p>	<p>This service type should be used when reviewing a carer's situation, including:</p> <ul style="list-style-type: none"> ▪ reviewing and/or re-completing the Carers Star™ ▪ reviewing and/or re-completing an Action Plan. <p>This service type should be used in the following situations:</p> <ul style="list-style-type: none"> ▪ when some ICSS services have already been delivered to the carer ▪ when there is an unexpected change in a carer's circumstances ▪ for the completion of second and subsequent Action Plans ▪ when a carer transfers from another service provider <u>with</u> a Carers Star™ or Action Plan and needs this to be reviewed. <p><u>Service setting:</u></p> <p>One of the following service settings should be selected for each session with a carer:</p> <ul style="list-style-type: none"> ▪ In-person ▪ Telephone

ICSS Digital Counselling

Description:

The Digital Counselling Service is a free short-term counselling service for carers having trouble with anxiety, stress, low mood or depression. It is delivered through a combination of digital channels, including telephone and online. The service will help carers to manage their own health so they can remain effective in their caring role and avoid crisis events.

Who is the primary client?

Primary clients for this program activity are carers who meet the definition under the *Carer Recognition Act 2010*. Carers must be 18 years or older to access the service.

What are the key client characteristics?

The key client characteristic is any carer who requires support around stress or mental health issues. All carers are eligible, including:

- young carers (aged 18–25)
- carers who identify as lesbian, gay, bisexual, transgender and intersex
- carers from a cultural and linguistically diverse background
- carers who identify as Aboriginal and/or Torres Strait Islander.

Who might be considered 'support persons'?

Recording support persons is voluntary; staff can record support persons if they feel it is relevant. Instructions on how to record them in the web-based portal can be found on the [Data Exchange website](#).

Should unidentified clients be recorded?

The Digital Counselling Service provides individual support, where clients are known to the service. Therefore, it is expected that **no clients (0 per cent)** should be recorded as unidentified clients for this program activity.

How could cases be set up?

Organisations should create a separate case for each individual carer accessing the service. To protect client privacy, family names or other identifying information should never be recorded in the 'Case ID' field.

The Partnership Approach

For this program activity, all organisations are required to participate in the Partnership Approach. ICSS services should use the standard Data Exchange approach to record client outcomes – known as Standard Client/Community Outcomes Reporting (SCORE) reporting. The Partnership Approach also includes the ability to record an extended data set.

It is expected that, where practical, you collect outcomes data for a majority of clients. However, it is noted that you should do so within reason and in alignment with ethical requirements.

A client Circumstances SCORE assessment is recorded at least twice – towards the beginning of the client's service delivery and again towards the end of service delivery. Where practical, you can also collect SCORE assessments periodically throughout service delivery. A client Satisfaction SCORE assessment may be recorded just once (after service delivery) or multiple times when appropriate (such as after further service delivery),

Instructions on how to record outcomes in the Data Exchange can be found on the [Data Exchange website](#).

What areas of SCORE are most relevant?

For this program activity, it is expected organisations collect and record SCORE assessments in the following domains:

Circumstances	Satisfaction
<ul style="list-style-type: none"> Mental health, wellbeing and self-care 	<ul style="list-style-type: none"> I am better able to deal with issues that I sought help with I am satisfied with the services I have received The services listened to me and understood my issues

Collecting extended data

You may record other outcomes and extended client details, if you think it is appropriate for your program and for your clients to do so.

For this program activity, when should each service type be used?

Service type	Example
Information/Advice/Referral	<p>This service type should be used when providing information, advice or referral to an existing client of Digital Counselling.</p> <p>This service type can be used when:</p> <ul style="list-style-type: none"> a carer has completed their Digital Counselling sessions and requires help considering further supports and/or services referral is provided to other services that may benefit the carer a carer finds the online or phone format difficult to follow and would like to discuss other services instead a carer requests specific information about their case.
Intake and assessment	<p>For this program, 'Intake and assessment' is a defined counselling needs assessment process of the carer performed by an accredited professional.</p> <p>The carer would have previously registered their interest, either online or by phone. The assessor determines whether Digital Counselling would be clinically suited to their needs (and if the carer would benefit from other practical support and/or services). This assessment can take place in the following settings:</p> <ul style="list-style-type: none"> in the telephone setting, the assessor is able to question the carer during a phone conversation in the digital setting, the assessor studies the responses previously provided online by the carer.
Service review	<p>This service type should be used for the phone call to the carer to tell them the outcome of their counselling needs assessment. The caller will need to accurately and professionally:</p> <ul style="list-style-type: none"> explain Digital Counselling explain suitability or unsuitability with empathy, possibly outlining reasons which may be sensitive or clinical in nature explain other services, within ICSS and beyond (e.g. NDIS). <p>Where appropriate, the caller will also need to record new information that may be raised by the carer about their situation during this call.</p>

Service type	Example
Counselling	<p>For this program, counselling must be conducted by an accredited professional.</p> <p>Counselling should <u>only</u> be used when the 'intake and assessment' process indicated that the service is appropriate to the carer's clinical needs.</p> <p>There may be multiple sessions of this activity for each case. Sessions can be delivered by phone and/or through a digital channel – whichever is most convenient to the carer.</p> <p>The service setting ('telephone' or 'digital') should be used to indicate how the counselling session was conducted.</p> <p>Counselling should cease after the carer has received the 'therapeutic dose' as identified in the 'counselling' needs assessment.</p>

Service settings and other context details

For Digital Counselling, it is expected that organisations use the following service settings:

- To indicate whether the interaction with the client took place online or over the phone, one of the following service settings should be selected for each session with a carer:
 - **Telephone** (for phone sessions)
 - **Digital** (for online sessions).
- At the client record level, select '**Yes**' in response to the question 'Is the client a carer?'

You may also record other outcomes and extended client details, if you think it is appropriate for your program and for your clients to do so.

Information, Linkages and Capacity Building – Individual Capacity Building

Description

The Information, Linkages and Capacity Building program (ILC) supports all people with disability, regardless of whether they are eligible for a National Disability Insurance Scheme (NDIS) individually funded package.

One stream of the ILC is the Individual and Capacity Building (ICB) program. The ICB program supports people with disability, their families and carers have increased skills and knowledge about disability rights and self-advocacy to:

- socially connect and develop meaningful relationships
- navigate and connect with services and supports they need
- enable greater independence
- to make their own decisions, participate, lead and contribute in the community.

Activities are centred around people with disability, their families and carers and are about changing attitudes and practices, resulting in improved delivery of disability services and developing better practices to support people with disability in achieving their life goals.

Who is the primary client?

People with disability, their families and carers.

What are the key client characteristics?

Persons identifying as having a condition, impairment, or disability.

Who might be considered 'support persons'?

For this program activity, support persons may include:

- Carers of clients / care recipients
- Families / relatives of clients
- Case / Support worker
- Guardians of clients.

Recording support persons is voluntary. Staff can record support persons if they feel it is relevant. Instructions on how to record them in the web-based portal can be found on the [Data Exchange website](#).

Should unidentified clients be recorded?

This program activity predominantly provides services where clients are known. However, where there are group or online activities or community events, it is expected that no more than **5 per cent** of clients should be recorded as unidentified for this program activity.

How should cases be set up?

There is no formal case structure recommended for this program activity. However, organisations can create a separate case for each client accessing services. To protect client privacy, organisations should never record any identifiable client information, such as the client's name, in the Case ID field.

The Partnership Approach

For this program activity, all organisations **are required** to participate in the Partnership Approach. Organisations must record client outcomes known as Standard Client/Community Outcomes Reporting (SCORE). The Partnership Approach also includes the requirement to record an extended set of data.

SCORE Reporting

Organisations must meet the following minimum requirements for SCORE data:

- Report an initial and at least one subsequent Circumstances SCORE for **at least 50 per cent** of identified clients.
- Report an initial and at least one subsequent Goals SCORE for **at least 50 per cent** of identified clients.
- Report Satisfaction SCOREs for **at least 10 per cent** of identified clients.

A client SCORE assessment is to be recorded at the following times:

- Circumstances and Goals – near the beginning of the client’s service delivery
- Circumstances and Goals – as a minimum, every six months throughout service delivery (where support is provided for longer than six months), and
- Circumstances and Goals – towards the end of service delivery
- Satisfaction must be recorded at the end of service delivery

When recording a SCORE assessment, it is required that you also record the ‘Assessed by’ field to capture who has completed the assessment.

What areas of SCORE are most relevant?

For this program activity, it is expected organisations collect and record SCORE assessments in the following domains:

Circumstances	Goals	Satisfaction
<ul style="list-style-type: none"> ▪ Community participation and networks ▪ Education and skills training ▪ Material wellbeing and basic necessities ▪ Mental health, wellbeing and self-care 	<ul style="list-style-type: none"> ▪ Changed behaviour ▪ Changed knowledge and access to information ▪ Changed skills ▪ Empowerment, choice and controls to make own decisions 	<ul style="list-style-type: none"> ▪ I am satisfied with the services I have received ▪ The service listened to me and understood my issues

You may record other outcomes and extended client details, if you think it is appropriate for your program and for your clients. For those SCORE domains not shown above, organisations can record a SCORE assessment as outlined in the [Data Exchange Protocols](#).

Completing a Circumstances SCORE assessment

For this program activity, all organisations must use the following SCORE descriptions when assessing clients in the following Circumstances domains.

Circumstances	1	2	3	4	5
Community participation and networks	I never participate in activities in my community.	I rarely participate in activities in my community.	I occasionally participate in activities in my community.	I sometimes participate in activities in my community.	I regularly participate in activities in my community.
Education and skills training	I have not completed any education or training in the areas I am interested in.	I have enrolled in an education and/or training program in an area I am interested in.	I have started attending an education and/or training program in an area I am interested in.	I am part way through an education and/or training program in an area I am interested in.	I have completed an education and/or training program in an area I am interested in.
Material wellbeing and basic necessities	I do not participate in any of the things I would like to because I have no spare money.	I rarely participate in any of the things I would like to because I hardly ever have spare money.	I sometimes participate in the things I would like to if I have spare money.	I often participate in the things I would like to because I usually have spare money.	I always participate in the things I would like to because I consistently have spare money.
Mental health, wellbeing and self-care	My mental health stops me from doing all of the things I want to do.	My mental health stops me from doing most of the things I want to do.	My mental health stops me from doing some of the things I want to do.	My mental health rarely stops me from doing the things I want to do.	My mental health almost never stops me from doing the things I want to do.

Completing a Goals SCORE assessment

For this program activity, all organisations must use the following SCORE descriptions when assessing clients in the following Goals domains.

Goals	1	2	3	4	5
Changed behaviour	I have no goals in place to change the behaviours that aren't helping me to improve my situation.	I have identified goals to help me change the behaviours that aren't helping me to improve my situation.	I am starting to make progress towards achieving my behaviour goals that help me to improve my situation.	I am making good progress towards achieving my behaviour goals that help me to improve my situation.	I have/almost achieved my goals that help me to improve my situation.

Goals	1	2	3	4	5
Changed knowledge and access to information	I am not accessing any information to support me.	I have started to access information to help me achieve my goals.	I am accessing information to help me achieve my goals.	The information I am accessing has been helpful in supporting me to achieve my goals.	The information I have accessed has been very helpful in supporting me to achieve my goals.
Changed skills	I have no goals in place to develop or improve the skills I need to help to help me achieve my goals.	I want to develop or improve my skills and have a plan to help me achieve my goals.	I am following my plan and have developed and improved some of my skills.	I am following my plan and have good skills to help me achieve my goals.	I have very good skills in the areas I need to help me achieve my goals.
Empowerment, choice and controls to make own decisions	I am not empowered to make my own choices. I would like to become more empowered.	I am a little empowered to make my own choices. I have started making progress towards achieving my goals.	I am empowered to make some of my own choices. I am making progress towards achieving my goals.	I am empowered to make most of my own choices. I am making good progress towards my goals.	I am empowered to make all of my own choices. I am close to or have achieved my goals.

Completing a Satisfaction SCORE assessment

For this program activity, all organisations must use the following SCORE descriptions when assessing clients in the following Satisfaction domains.

Satisfaction	1	2	3	4	5
I am satisfied with the services I have received	I am very unsatisfied.	I am a little unsatisfied.	I am somewhat satisfied.	I am mostly satisfied.	I am very satisfied.
The service listened to me and understood my issues	The service does not listen or understand my issues at all.	The service listens a little bit or understands some of my issues.	The service sometimes listens or understands my issues.	The service listens to me and understands my issues most of the time.	The service always listens to me and understands my issues.

Collecting extended data

For this program activity, it is a **requirement** for organisations collect and record the following additional data fields:

Client Level Data	Session level data	Case level data
<ul style="list-style-type: none"> ▪ Is client a carer ▪ NDIS eligibility 	<ul style="list-style-type: none"> ▪ Service setting 	<ul style="list-style-type: none"> ▪ Attendance profile

You may record other extended client details, if it is appropriate for your program and for your clients to do so.

For this program activity, when should each service type be used?

Service Type	Example
Child/Youth Focused Groups	Group Activity undertaken that focus on a child.
Education and Skills Training	Assist a client in learning or building knowledge about a topic or aimed at developing a skill or enhancing a skill relevant to the client's circumstances.
General Workshop	Workshops where participants learn the practical application of skills, knowledge and behaviours related to a specific topic.
Indigenous Community Engagement	Organising Indigenous community events that support Indigenous communities, or community events promoting Indigenous issues.
Indigenous Social Participation	Initiate or facilitate social activities for Indigenous communities.
Information/Advice/Referral	Provision of standard advice, guidance or information on a specific topic, and referrals on to another service.
Mentoring / Peer Support	Individual support and mentoring, peer support, role modelling sessions with a mentor, buddy or coach. Typically conducted one-on-one.

Information, Linkages and Capacity Building – Social and Community Participation

Description

The Information, Linkages and Capacity Building program (ILC) supports all people with disability, regardless of whether they are eligible for a National Disability Insurance Scheme (NDIS) individually funded package.

One stream of the ILC is the Economic and Community Participation (ECP) program, of which implementation includes the delivery of the Social and Community Participation (SCP) activity. The SCP supports people with disability, their families and carers to participate, contribute and benefit from mainstream community activities including arts, culture, sport and recreation.

Activities are centred around people with disability, their families and carers and are about changing attitudes and practices, resulting in improved delivery of disability services and developing better practices to support people with disability in achieving their life goals.

Who is the primary client?

People with disability, their families and carers.

What are the key client characteristics?

Persons identifying as having a condition, impairment, or disability.

Who might be considered 'support persons'?

For this program activity, support persons may include:

- Carers of clients / care recipients
- Families / relatives of clients
- Case / Support worker
- Guardians of clients.

Recording support persons is voluntary. Staff can record support persons if they feel it is relevant. Instructions on how to record them in the web-based portal can be found on the [Data Exchange website](#).

Should unidentified clients be recorded?

This program activity predominantly provides services where clients are known. However, where there are group activities or community events, it is expected that no more than **5 per cent** of clients should be recorded as unidentified for this program activity.

How should cases be set up?

There is no formal case structure recommended for this program activity. However, organisations can create a separate case for each client accessing services. To protect client privacy, organisations should never record any identifiable client information, such as the client's name, in the Case ID field.

The Partnership Approach

For this program activity, all organisations **are required** to participate in the Partnership Approach. Organisations must record client outcomes known as Standard Client/Community Outcomes Reporting (SCORE). The Partnership Approach also includes the requirement to record an extended set of data.

SCORE Reporting

Organisations must meet the following minimum requirements for SCORE data:

- Report an initial and at least one subsequent Circumstances SCORE for **at least 50 per cent** of identified clients.
- Report an initial and at least one subsequent Goals SCORE for **at least 50 per cent** of identified clients.
- Report Satisfaction SCOREs for **at least 10 per cent** of identified clients.

A client SCORE assessment is to be recorded at the following times:

- Circumstances and Goals – near the beginning of the client’s service delivery
- Circumstances and Goals – as a minimum, every six months throughout service delivery (where support is provided for longer than six months), and
- Circumstances and Goals – towards the end of service delivery
- Satisfaction must be recorded at the end of service delivery

When recording a SCORE assessment, it is required that you also record the ‘Assessed by’ field to capture who has completed the assessment.

What areas of SCORE are most relevant?

For this program activity, it is expected organisations collect and record SCORE assessments in the following domains:

Circumstances	Goals	Satisfaction
<ul style="list-style-type: none"> ▪ Community participation and networks ▪ Education and skills training ▪ Material wellbeing and basic necessities ▪ Mental health, wellbeing and self-care ▪ Physical health 	<ul style="list-style-type: none"> ▪ Changed behaviour ▪ Changed knowledge and access to information ▪ Changed skills ▪ Empowerment, choice and controls to make own decisions 	<ul style="list-style-type: none"> ▪ I am satisfied with the services I have received ▪ The service listened to me and understood my issues

You may record other outcomes and extended client details, if you think it is appropriate for your program and for your clients. For those SCORE domains not shown above, organisations can record a SCORE assessment as outlined in the Data Exchange [Protocols](#).

Completing a Circumstances SCORE assessment

For this program activity, all organisations must use the following SCORE descriptions when assessing clients in the following Circumstances domains.

Circumstances	1	2	3	4	5
Community participation and networks	I never participate in activities in my community.	I rarely participate in activities in my community.	I occasionally participate in activities in my community.	I sometimes participate in activities in my community.	I regularly participate in activities in my community.
Education and skills training	I have not completed any education or training in the areas I am interested in.	I have enrolled in an education and/or training program in an area I am interested in.	I have started attending an education and/or training program in an area I am interested in.	I am part way through an education and/or training program in an area I am interested in.	I have completed an education and/or training program in an area I am interested in.
Material wellbeing and basic necessities	I do not participate in any of the things I would like to because I have no spare money.	I rarely participate in any of the things I would like to because I hardly ever have spare money.	I sometimes participate in the things I would like to if I have spare money.	I often participate in the things I would like to because I usually have spare money.	I always participate in the things I would like to because I consistently have spare money.
Mental health, wellbeing and self-care	My mental health stops me from doing all of the things I want to do.	My mental health stops me from doing most of the things I want to do.	My mental health stops me from doing some of the things I want to do.	My mental health rarely stops me from doing the things I want to do.	My mental health almost never stops me from doing the things I want to do.
Physical health	My physical health stops me from doing almost all of the things I want to do.	My physical health stops me from doing most of the things I want to do.	My physical health stops me from doing some of the things I want to do.	My physical health rarely stops me from doing the things I want to do.	My physical health never stops me from doing the things I want to do.

Completing a Goals SCORE assessment

For this program activity, all organisations must use the following SCORE descriptions when assessing clients in the following Goals domains.

Goals	1	2	3	4	5
Changed behaviour	I have no goals in place to change the behaviours that aren't helping me to improve my situation.	I have identified goals to help me change the behaviours that aren't helping me to improve my situation.	I am starting to make progress towards achieving my behaviour goals that help me to improve my situation.	I am making good progress towards achieving my behaviour goals that help me to improve my situation.	I have/almost achieved my goals that help me to improve my situation.
Changed knowledge and access to information	I am not accessing any information to support me.	I have started to access information to help me achieve my goals.	I am accessing information to help me achieve my goals.	The information I am accessing has been helpful in supporting me to achieve my goals.	The information I have accessed has been very helpful in supporting me to achieve my goals.
Changed skills	I have no goals in place to develop or improve the skills I need to help to help me achieve my goals.	I want to develop or improve my skills and have a plan to help me achieve my goals.	I am following my plan and have developed and improved some of my skills.	I am following my plan and have good skills to help me achieve my goals.	I have very good skills in the areas I need to help me achieve my goals..
Empowerment, choice and controls to make own decisions	I am not empowered to make my own choices. I would like to become more empowered.	I am a little empowered to make my own choices. I have started making progress towards achieving my goals.	I am empowered to make some of my own choices. I am making progress towards achieving my goals.	I am empowered to make most of my own choices. I am making good progress towards my goals.	I am empowered to make all of my own choices. I am close to or have achieved my goals.

Completing a Satisfaction SCORE assessment

For this program activity, all organisations must use the following SCORE descriptions when assessing clients in the following Satisfaction domains.

Satisfaction	1	2	3	4	5
I am satisfied with the services I have received	I am very unsatisfied.	I am a little unsatisfied.	I am somewhat satisfied.	I am mostly satisfied.	I am very satisfied.
The service listened to me and understood my issues	The service does not listen or understand my issues at all.	The service listens a little bit or understands some of my issues.	The service sometimes listens or understands my issues.	The service listens to me and understands my issues most of the time.	The service always listens to me and understands my issues.

Collecting extended data

For this program activity, it is a **requirement** for organisations collect and record the following additional data fields:

Client Level Data	Session level data	Case level data
<ul style="list-style-type: none"> ▪ Is client a carer ▪ NDIS eligibility 	<ul style="list-style-type: none"> ▪ Service setting 	<ul style="list-style-type: none"> ▪ Attendance profile

You may record other extended client details, if it is appropriate for your program and for your clients to do so.

For this program activity, when should each service type be used?

Service Type	Example
Child/Youth Focused Groups	Group Activity undertaken that focus on a child.
Education and Skills Training	Assist a client in learning or building knowledge about a topic or aimed at developing a skill or enhancing a skill relevant to the client's circumstances.
General Workshop	Workshops where participants learn the practical application of skills, knowledge and behaviours related to a specific topic.
Indigenous Community Engagement	Organising Indigenous community events that support Indigenous communities, or community events promoting Indigenous issues.
Indigenous Social Participation	Initiate or facilitate social activities for Indigenous communities.
Information/Advice/Referral	Provision of standard advice, guidance or information on a specific topic, and referrals on to another service.
Mentoring / Peer Support	Individual support and mentoring, peer support, role modelling sessions with a mentor, buddy or coach. Typically conducted one-on-one.

Service Type	Example
Social Participation	Activities, groups or events that provide social support or help a client participate in their community.

This document has been released under
the Freedom Of Information Act 1982 by
the Department of Health, Disability and Ageing

National Disability Advocacy Program (NDAP)

Description

This program provides people with disability access to effective disability advocacy that promotes, protects and ensures their full and equal enjoyment of all human rights, enabling community participation. The program provides support in situations where people with disability feel unable to act, speak or write about a difficult situation on their own, or do not have the support required to resolve an issue.

In addition to this Program Specific Guidance, [Operational Guidelines](#) are available. The Guidelines provide more detailed information about the program.

Who is the primary client?

NDAP is for people with disability who are facing complex challenges.

Primary clients are people with disability, informal carers and/or family members supporting people with disability and/or acting on their behalf.

What are the key client characteristics?

Persons:

- from a cultural and linguistically diverse background
- identifying as Aboriginal or Torres Strait Islander
- identifying as having a disability, impairment, or condition

Support persons

Support persons are persons who may attend a service alongside the client, but do not meet the definition of client themselves. Recording support persons is voluntary; users can record support persons if they feel it is relevant.

For this program activity, support persons may include families, children, parents or guardians of clients who are supporting the client to receive advocacy. A support person may also include a community leader, mentor, legal representative or a case or support worker in an unpaid or paid capacity.

Should unidentified clients be recorded?

NDAP is primarily client based where ongoing relationships are formed with providers delivering individual support and clients are known to the service. Therefore, it is expected that no more than **5 per cent of clients** should be recorded as unidentified for this program activity.

Where it is impractical to record the data of clients, for example clients contacting a service once only to seek Information/Advice/Referral, these clients may be recorded as 'unidentified clients'. However, these 'unidentified clients' are counted in the **5 per cent**.

Please refer to the [Data Exchange Protocols](#) for further guidance on appropriate use of unidentified clients.

How should cases be set up?

Organisations should create a separate case for each client accessing the service. To protect client privacy, family names should never be recorded in the Case ID field. To easily navigate cases, organisations should use other identifying descriptions, such as Client ID numbers, e.g.: 1286.

To protect client privacy, the case identity (ID) should not contain any personal information, such as any part of a client's first or last names, Customer Reference Numbers (CRN) or My Aged Care reference numbers. Family names should never be recorded in the Case ID field. To easily navigate cases, organisations should use other identifying descriptions, such as Client ID numbers. e.g.: 1286. This works well for ongoing one-on-one contact with clients.

The Partnership Approach

For this program activity, all organisations are required to participate in the Partnership Approach.

As part of the Partnership Approach, organisations record client outcomes known as Standard Client/Community Outcomes Reporting (SCORE) reporting.

The Partnership Approach also allows for the collection of an extended data set which includes information about a client's presenting needs and circumstances. For this program activity, organisations may collect the extended data set at their discretion.

Please refer to the [Data Exchange Protocols](#) for further guidance on the Partnership Approach.

SCORE

Organisations must meet the following minimum requirements for SCORE data:

- Report an initial and at least one subsequent Circumstances SCORE for **at least 50 per cent** of identified clients.
- Report an initial and at least one subsequent Goals SCORE for **at least 50 per cent** of identified clients
- Report Satisfaction SCOREs for **at least 10 per cent** of identified clients.

SCORE Frequency

A client SCORE assessment is to be recorded at the following times:

- near the beginning of the client's service delivery
- as a minimum, every six months throughout service delivery (where support is provided for longer than six months), and
- towards the end of service delivery
- a SCORE assessment for Satisfaction must be recorded at the end of service. It is also recommended that a satisfaction SCORE assessment is completed at the end of the first year of service.

What areas of SCORE are most relevant?

You may record other outcomes and extended client details, if you think it appropriate for your program and for your clients. For those SCORE domains not shown below, organisations can record a SCORE assessment as outlined in the Data Exchange Protocols.

For this program activity, it is expected organisations collect and record SCORE assessments in the domains outlined below.

When recording a SCORE assessment, it is expected that you also record the 'Assessed by' field to capture who has completed the assessment.

Completing a Circumstances SCORE assessment

All organisations must use the following Circumstances domains and descriptions when assessing clients.

Circumstances	1	2	3	4	5
Age-appropriate development	Compared to other people the same age, the person with disability, struggles to master the same skills or knowledge, and does not appear to be improving their independence and well-being.	Compared to other people the same age, the person with disability can master some of the same skills or knowledge. They plan to learn more to improve their independence and well-being.	Compared to other people the same age, the person with disability has many of the same skills and knowledge. This is improving and they are starting to learn more to improve their independence and well-being.	Compared to other people the same age, the person with disability has mastered most of the skills and knowledge, and they are learning more to support their independence and well-being.	Compared to other people the same age, the person with disability skills and knowledge are well developed and help them to be independent and have good well-being.
Community participation and networks	The person with disability feels very isolated. They have very little contact with friends, family or people in the community. They have no support.	The person with disability feels fairly isolated. They have little contact with friends, family, or people in the community. They have little support.	The person with disability feels somewhat connected. They have some contact with friends, family, or people in the community. They have some support.	The person with disability feels fairly connected. They have a reasonable amount of contact with friends, family, or people in the community. They have pretty good support.	The person with disability feels very connected. They have a lot of contact with friends or family, or people in the community. They have great support.

Circumstances	1	2	3	4	5
Education and skills training	The person with disability has not completed any education or training in the areas they are interested in.	The person with disability has enrolled in an education and/or training program in an area they are interested in.	The person with disability has started attending an education and/or training program in an area they are interested in.	The person with disability is part way through an education and/or training program in an area they are interested in.	The person with disability has completed an education and/or training program in an area they are interested in.
Employment	The person with disability has no work and this has a profound negative impact on their daily life.	The person with disability has some short-term work but would need to work more.	The person with disability sometimes has work and their ability to find work is improving.	The person with disability has work that is suitable but could do better to have a more positive impact on their daily life.	The person with disability has work that is very suitable in all ways and this has a positive impact on their daily life.
Family Functioning	The person with disability doesn't get along with their family and has a lot of conflict. This has a profound negative impact on their daily life.	The person with disability has some difficulty getting along with their family. This has a negative impact on their daily life.	The person with disability gets along with their family sometimes, but this is improving.	The person with disability gets along well with their family. They have difficulties only occasionally.	The person with disability gets along very well with their family, and this has positive impacts on their daily life.
Financial Resilience	The person with disability has a lot of difficulty finding money and can't seem to make ends meet.	The person with disability sometimes has difficulty finding money to make ends meet.	The person with disability has some money and only occasionally has difficulty making ends meet.	The person with disability has some money and is starting to get ahead.	The person with disability has money and has started to set aside money for future needs.

Circumstances	1	2	3	4	5
Housing	The person with disability has no housing today, which is having a significant negative impact on their daily life.	The person with disability is living in housing that is unsuitable or short term, which is having a negative impact on their daily life.	The person with disability is living in housing that is adequate. This occasionally has a negative impact on their daily life.	The person with disability is living in housing that is suitable and has a positive impact on their daily life.	The person with disability is living in housing that is very suitable in all ways and never has very positive impact on their daily life.
Material well-being and basic necessities	The person with disability has no access to the basic material resources they need like food, clothes, transport or keeping warm.	The person with disability has access to some of the basic material resources they need, like food, clothes, transport or keeping warm, but sometimes they need to decide which resources to go without.	The person with disability generally has access to most of the basic material resources they need like food, clothes, transport or keeping warm.	The person with disability has access to all the basic material resources they need, like food, clothes, transport or keeping warm.	The person with disability has access to all the material resources they need, like food, clothes, transport or keeping warm.
Mental health, wellbeing and self-care	For the person with disability, their mental health is very poor, and this has a profound negative impact on their daily life.	For the person with disability, their mental health is quite poor, and this has a negative impact on their daily life.	For the person with disability, their mental health is okay and only sometimes negatively impacts their daily life.	For the person with disability, their mental health is quite good and only occasionally negatively impacts their daily life.	For the person with disability, their mental health is very good and rarely if ever negatively impacts their daily life.

Circumstances	1	2	3	4	5
Personal and family safety	For the person with disability, they do not feel that their family are safe. This has a significant negative impact on their life.	For the person with disability, they do not feel that their family are completely safe. Their personal and family safety is at risk, and this has a negative impact on their life.	For the person with disability, they feel progress towards improving their personal safety, but do not always feel that their family are safe.	For the person with disability, they feel safer, and their family are also safer in the short term	For the person with disability, they feel safe, and their family feels safe
Physical Health	For the person with disability, their physical health is very poor, and this has a profound negative impact on their daily life.	For the person with disability, their physical health is poor, and this has a negative impact on their daily life.	For the person with disability, their physical health is okay and only sometimes negatively impacts their daily life.	For the person with disability, their physical health is quite good and only occasionally negatively impacts their daily life.	For the person with disability, their physical health is very good and rarely if ever negatively impacts their daily life.

Completing a Goals SCORE assessment

All organisations must use the following SCORE descriptions when assessing clients in the following Goals domains.

Goals	1	2	3	4	5
Empowerment, choice and control to make own decisions	The person with disability has no confidence or control to make decisions that improve their circumstances. This lack of confidence has profound negative impacts.	The person with disability has limited confidence and limited control to make decision that improve their circumstances. This lack of confidence has negative impacts.	The person with disability has some confidence and some control in making decisions that improve their circumstances. At times a lack of confidence and choice has a negative impact.	The person with disability is mostly confident and feels empowered to make decisions that improve their circumstances. For the most part their confidence has a positive impact.	The person with disability is very confident and feels empowered to make decisions that improve their circumstances and has a positive impact.

Completing a Satisfaction SCORE assessment

All organisations must use the following SCORE descriptions when assessing clients in the following Satisfaction domains.

Satisfaction	1	2	3	4	5
The service listened to me and understood my issues	The service does not listen or understand my issues at all.	The service listens a little bit or understands some of my issues.	The service sometimes listens or understands my issues.	The service listens to me and understands my issues a lot of the time.	The service always listens to me and understands my issues.
I am satisfied with the services I have received	I am not satisfied	I am a little satisfied	The service was ok	I am mostly satisfied	I am very satisfied
I am better able to deal with issues that I sought help with	My ability to deal with the issues I sought help with is the same	I can occasionally deal with the issues I sought help with	Sometimes I can deal with the issues I sought help with	Most often I am able to deal with the issues I sought help with	I am always able to deal with the issues I sought help with

Service Types

A service type describes the main focus of a session with one or more clients. If a session covers multiple service types, the person delivering the session should record only the most relevant service type, which is typically the one that required the most amount of time or contributed most significantly to an outcome.

Note: Systemic advocacy Service Type – As of 1 January 2025, organisations are no longer required to record systemic advocacy activity in DEX.

For this program activity, when should each service type be used?

Service Type	Example
Intake and assessment	Intake / assessment is used where the session's primary focus was the initial meeting or talking with the individual during which the organisation gathers information on the individual's needs and matches them to services available within or outside the organisation's program. The organisation also assesses the individual's eligibility for participation in a particular service. This is usually (but not limited to) the first session a client attends.

Service Type	Example
Information/Advice/Referral	<p>Information/Advice/Referral should be used where the session's primary focus was standard advice/guidance or information in relation to a specific topic (e.g. phone enquiries, email queries, etc), but did not extend to ongoing advocacy support.</p> <p>It is also applicable where the service offered was primarily a referral to another service provided within or external to the organisation.</p> <p>Note: This Service Type may be used for an existing client. It may also be used to include individuals who are not known to the service (i.e. unidentified) and are seeking information only from the service – This is the only service type where an individual client can be recorded in DEX as 'unidentified'.</p>
Education and Skills training	<p>Education and skills training is used where the primary focus of the session was to assist a client in learning or building knowledge about a topic or aimed at developing or enhancing a skill relevant to the client's circumstance. For Disability Advocacy organisations this includes delivering group training on topics such as human rights, making complaints etc.</p>
Advocacy/Support	<p>Advocacy provided by a funded organisation to deliver this program should be recorded in the Data Exchange. A session should be recorded when the advocacy occurred on behalf of the client (person with disability) regardless of whether the client was in attendance or not (e.g. an advocate making phone calls or enquiries on behalf of a client). A volunteer advocate/citizen advocate is not a client and therefore should only record details for their clients.</p>
Advocacy – Internal review	<p>All advocacy matters related to a client filing a request for the review of a reviewable decision with the NDIA. This may be referred to as an 'internal review of an NDIA decision,' as set out in section 99 of the NDIS Act.</p> <p>Note: If you are an NDIS Appeals program provider, external reviews are to be reported through the NDIS Appeals program. If you are <u>not</u> an NDIS Appeals program provider, support with external reviews is to be reported under 'Advocacy/Support' service type.</p>

Activity Specific Requirements of the NDAP program

Once a service type is selected, a user must select a topic from the following options to demonstrate the intent of the service type delivered.

Topic	Example
Abuse/Neglect/Violence	Issues related to abuse, neglect, or violence
Access to non-NDIS services	Issues related to access to non-National Disability Insurance Scheme (NDIS) services
Child protection	Issues related to child protection

Topic	Example
Community inclusion – Social/Family	Issues related to community inclusion in social or family contexts. This can include issues about recreation/leisure
Disability services	Issues related to disability services complaints
Discrimination/rights	Issues related to discrimination/rights
Education	Issues related to education
Employment	Issues related to employment
Equipment/aids	Issues related to equipment/aids
Finances	Issues related to finances excluding government payments
Government payments	Issues related to Government payments such as Centrelink payments
Health/Mental health	Issues related to health or mental health
Housing/Homelessness	Issues related to housing and/or homelessness
Legal/Access to justice	Issues related to accessing justice through legal and justice systems, including engagement with lawyers, police and courts
NDIS – Internal review	<p>Issues related to assisting someone to request and manage a review of decision with National Disability Insurance Agency (NDIA).</p> <p>Note: If you are a NDIS Appeals program provider, assistance with NDIS external reviews is to be supported by a NDIS Appeals advocate and be reported through the NDIS Appeals program.</p>
NDIS – Access/Planning	<p>Issues related to making a request to access the NDIS and assistance to develop a plan.</p> <p>If you are a non-NDIS Appeals program provider, assistance with NDIS external reviews should be reported under NDIS – Access/Planning.</p>
NDIS – Support implementing plan/Accessing services	Providing support to implement a NDIS plan or access disability services that are included in a NDIS plan
Other	Issues related to any other advocacy matters
Physical access	Issues related to physical access to buildings, transport, community venues etc.
Transport	Issues related to transport
Vulnerable/Isolated	Issues related to vulnerable and/or isolated people with disability

NDIS Appeals Program

Description

The NDIS Appeals program provides assistance to NDIS applicants and participants, and others affected by [reviewable decisions](#) of the National Disability Insurance Agency (NDIA). The program is designed to support clients to navigate external merits review process in the [Administrative Review Tribunal](#) (ART) or agreed alternative dispute resolution pathways that support resolution of disputes arising from NDIA decisions.

Who is the primary client?

The primary clients for this program activity are people with disability and other people affected by reviewable decisions of the NDIA.

What are the key client characteristics?

- People with disability (and/or their informal carers or family members) seeking support with an external review of a NDIA decision, after having applied for and received an outcome of an internal review decision.
- People participating in NDIS who disagree with a National Disability Insurance Agency reviewable decision about their funding and/or support after the decision has been through the internal review process.

Who might be considered 'support persons'?

Recording support persons is voluntary; staff can record support persons if they feel it is relevant. Instructions on how to record them in the web-based portal can be found on the Data Exchange [website](#).

For this program activity, support persons may include families, carers, parents or guardians, or legal representatives of clients (who are present but not directly receiving a service).

Should unidentified clients be recorded?

NDIS Appeals is primarily client based where ongoing relationships are formed with providers delivering individual support, and clients known to the service. Therefore, it is expected that **only 5 per cent or less** of your clients are recorded as 'unidentified clients' for all services.

It may be impractical to record the data of some clients, such as clients contacting a service once only to seek Information/Advice/Referral. In these instances, the client can be recorded as an 'unidentified client'.

Please refer to the [Data Exchange Protocols](#) for further guidance on appropriate use of unidentified clients.

Should unidentified group clients be recorded?

For this program activity, examples of where use of unidentified group clients may be appropriate are large education and awareness community events. Group clients should not be recorded under all other circumstances. Please refer to the [Data Exchange Protocols](#) for further guidance on appropriate use of unidentified clients.

How should cases be set up?

Organisations are advised to create a separate case for each individual accessing the service with the following convention:

NDIS Appeals – [Client ID] – [Month/Year of when client became a NDIS Appeals client]
= NDIS Appeals – 1286 – 04/16

For education or community events, organisations should name cases to reflect the activity delivered, i.e.: 'NDIS Appeals Education – Expo', or 'NDIS Appeals Ed – [Name] Presentation'.

The Partnership Approach

For this program activity, all organisations are required to participate in the Partnership Approach. As part of the Partnership Approach, organisations record client outcomes known as Standard Client/Community Outcomes Reporting (SCORE). The Partnership Approach also includes the ability to record an extended data set.

A client SCORE assessment is recorded at least twice – towards the beginning of the client's service delivery and again towards the end of service delivery. Where practical, you could also collect SCORE assessments periodically throughout service delivery.

Organisations must meet the following minimum requirements for SCORE data:

- Report an initial and at least one subsequent Circumstances SCORE for a minimum of **50 per cent** of identified clients.
- Report an initial and at least one subsequent Goals SCORE for minimum of **50 per cent** of identified clients
- Report a Satisfaction SCORE for **at least 10 per cent** of identified clients, at the end of service delivery.

What areas of SCORE are most relevant?

For this program activity, it is expected organisations collect and record SCORE assessments at least one circumstance, one goal and one satisfaction domain shown below.

Circumstances	Goals	Satisfaction
<ul style="list-style-type: none"> ▪ Age-appropriate development ▪ Community participation and networks ▪ Education and skills training ▪ Employment ▪ Family functioning ▪ Financial resilience ▪ Housing ▪ Material wellbeing and basic necessities ▪ Mental health, wellbeing, and self-care ▪ Personal and family safety ▪ Physical health 	<ul style="list-style-type: none"> ▪ Changed impact of immediate crisis ▪ Changed knowledge and access to information ▪ Empowerment, choice, and control to make own decisions ▪ Engagement with relevant support services 	<ul style="list-style-type: none"> ▪ I am better able to deal with issues that I sought help with ▪ I am satisfied with the services I have received ▪ The service listened to me and understood my issues

Completing a Circumstances SCORE Assessment

For this program activity, all funded organisations must use the following SCORE scale descriptions when assessing clients in the following Circumstance domains. For those SCORE domains not shown below, organisations can record a SCORE assessment as outlined in the Data Exchange [Protocols](#).

Circumstance	1	2	3	4	5
Age-appropriate development (for children)	I find most of the activities we do in class very hard to understand and complete on my own.	I find many of the activities we do in class hard to understand and complete on my own.	I find some of the activities we do in class hard but others I find I can understand and complete on my own.	I find many of the activities we do in class I understand and can complete on my own.	I can understand and complete almost all of the activities we do in class on my own.
Age-appropriate development (for parents or carers of children)	When learning the same skills and knowledge, my child struggles all of the time compared to other children their age.	When learning the same skills and knowledge, my child struggles most of the time compared to other children their age.	When learning the same skills and knowledge, my child struggles some of the time compared to other children their age.	When learning the same skills and knowledge, my child struggles a little of the time compared to other children their age.	When learning the same skills and knowledge, my child rarely struggles compared to other children their age.
Community participation & networks	I always feel alone and disconnected from the people within my community.	I often feel alone and disconnected from the people within my community.	I sometimes feel alone and disconnected from the people within my community.	I rarely feel alone and disconnected from the people within my community.	I never feel alone and disconnected from the people within my community.
Education & training	I have not completed any education or training in the areas I am interested in.	I have enrolled in an education and/or training program in an area I am interested in.	I have started attending an education and/or training program in an area I am interested in.	I am part way through an education and/or training program in an area I am interested in.	I have completed an education and/or training program in an area I am interested in.
Employment	I am not employed which is not suitable for my current situation.	I am in work that is not suitable for my current situation.	I am in work that is suitable for my current situation in some ways.	I am in work that is suitable for my current situation in most ways.	I am in work that is very suitable for my current situation in all ways.
Family Functioning (for a child over the age of 14 only)	I do not talk to my family about the things that matter to me.	I find it difficult to talk to my family about the things that matter to me.	I can talk to my family about some of the things that matter to me.	I can talk to my family about most of the things that matter to me.	I can talk to my family about all of the things that matter to me.
Family Functioning (for parents or carers of children)	My family does not get along.	My family rarely gets along or communicates well.	Sometimes my family does not get along or communicate well.	My family gets along and communicates well most of the time.	My family gets along and communicates well.

Circumstance	1	2	3	4	5
Financial Resilience	I am experiencing financial hardship. I feel like I cannot recover financially.	I am experiencing financial hardship. I have started making progress towards.	I am experiencing financial hardship. I feel I am making some progress towards recovering financially.	I am almost out of financial hardship. I feel I am making good progress towards recovering financially.	I am no longer in financial hardship, and I feel I have recovered financially.
Housing	I am homeless today.	I am living in housing that is unsuitable to my needs.	I am living in housing that is partially appropriate to my needs.	I am living in housing that is mostly appropriate to my needs.	I am living in housing that is appropriate to my needs.
Material well-being	I always go without the basic things I need to live	I often go without the basic things I need to live	I sometimes go without the basic things I need to live	I rarely go without the basic things I need to live	I never go without the basic things I need to live
Mental health, wellbeing & self-care	My mental health stops me from doing all of the things I want to do.	My mental health stops me from doing most of the things I want to do.	My mental health stops me from doing some of the things I want to do.	My mental health rarely stops me from doing the things I want to do.	My mental health almost never stops me from doing the things I want to do.
Personal & family safety	I do not feel safe where I live.	I rarely feel safe in where I live.	I sometimes feel safe where I live.	I feel safe where I live most of the time.	I feel safe where I live.
Physical Health	My physical health stops me from doing almost all of the things I want to do.	My physical health stops me from doing most of the things I want to do.	My physical health stops me from doing some of the things I want to do.	My physical health rarely stops me from doing the things I want to do.	My physical health never stops me from doing the things I want to do.

Completing a Goals SCORE assessment

For this program activity, all funded organisations must use the following SCORE descriptions when assessing clients in the following Goals domains. For those SCORE domains not shown below, organisations can record a SCORE assessment as outlined in the Data Exchange [Protocols](#).

Goal	1	2	3	4	5
Changed impact of immediate crisis	Right now, I am facing a crisis that I am struggling to cope with.	The immediate crisis I am facing is difficult and has an impact on my life. I am interested in improving my situation.	The immediate crisis I am facing is sometimes difficult, but I am working to improve my situation.	The crisis I am facing is lessening and I have begun to improve my situation.	I am no longer facing an immediate crisis, and I have improved my situation
Changed knowledge and access to information	I have no goals in place to increase my knowledge about the issues I have sought help with.	I want to increase my knowledge about the issues I have sought help with.	My knowledge is increasing in the areas relevant to the issue I have sought help with.	I have good knowledge in the areas relevant to the issues I sought help with.	I have very good knowledge in the areas relevant to issues I sought help with.
Empowerment, choice & control to make own decisions	I have no control over decisions that affect my life. I would like to become more empowered.	I have a little control to make decisions that affect my life I have started making progress towards achieving my goals.	I have some control over decisions that affect my life. I am making progress towards achieving my goals.	I have control over most of the decisions that affect my life I am making good progress towards achieving my goals.	I have control to make my own decisions on things that affect my life. I am close to or have achieved my goals.
Engagement with relevant support services	I am not working with any support services that could help me improve my situation.	I have started working with a support service to improve my current situation.	I am working with a support service, and I am making some progress towards improving my situation.	I am working with a support service, and I am making good progress towards improving my situation.	I am fully engaged with a support service and have improved my situation.

Completing a Satisfaction SCORE assessment

For this program activity, all organisations must use the following SCORE descriptions when assessing clients in the following Satisfaction domain. For those SCORE domains not shown below, organisations can record a SCORE assessment as outlined in the Data Exchange [Protocols](#).

Satisfaction	1	2	3	4	5
The service listened to me and understood my issues	The service does not listen or understand my issues at all.	The service listens a little bit or understands some of my issues.	The service sometimes listens or understands my issues.	The service listens to me and understands my issues most of the time.	The service always listens to me and understands my issues.
I am satisfied with the services I have received	I am very unsatisfied.	I am a little unsatisfied.	I am somewhat satisfied.	I am mostly satisfied.	I am very satisfied.
I am better able to deal with issues that I sought help with	I cannot deal with the issues I sought help with is the same.	I can occasionally deal with the issues I sought help with.	Sometimes I can deal with the issues I sought help with.	Most often I am able to deal with the issues I sought help with.	I am always able to deal with the issues I sought help with.

Collecting extended data

You may also record other outcomes and extended client details, if you think it is appropriate for your program and for your clients to do so.

For this program activity, when should each service type be used?

Service Type	Example
Intake and assessment	Initial appointment and intake.
Information/Advice/Referral	<p>Information/Advice/Referral should be used where the session's primary focus was standard advice/guidance or information in relation to NDIS Appeals or external reviews (e.g. phone enquiries, email queries, etc) but did not extend to ongoing advocacy support.</p> <p>It is also applicable where the service offered was primarily a referral to another service provided within or external to the organisation but did not extend to ongoing advocacy support.</p> <p>Notes: This Service Type may be used for an existing client, but may also be used to include people who are not known to the service (i.e unidentified) and are just seeking information and have no further contact with the service – This is the only situation where a client can be recorded in DEX as 'unidentified'.</p>
Education and skills training	Self-advocacy support for individuals, self-advocacy group sessions.

Service Type	Example
Advocacy - External review	Where the client has lodged an appeal with the Administrative Appeals Tribunal (AAT), e.g. assisting the client with any case conferences, conciliation hearings, meeting with legal representation, engaging with Early Resolution team.
Community capacity building	NDIS Appeals networking sessions, education presentations, stalls at expos and events.
Family capacity building	Information sessions to people with disability, carers, and families at venues.
Dispute resolution	Where the client receives advocacy support for the review of a NDIA decision through approved alternative dispute resolution mechanisms.

This document has been released under the Freedom Of Information Act 1982 by the Department of Health, Disability and Ageing

NDIS Economic and Community Participation – SCP – Ability First Australia Assistive Technology Pilot

Description

This grant aims to pilot a national Assistive Technology rental, subscription and refurbishment program with the aim of improving the personal mobility of people with disability to enable them to maximise social and community participation. Central to the pilot is increasing the access, and affordability of Assistive Technology, and the capacity of people with a disability so they can participate more readily in their communities.

Who is the primary client?

Persons with disability, their families and carers.

What are the key client characteristics?

Persons identifying as having a condition, impairment, or disability.

Support persons

Support persons are persons who may attend a service alongside the client, but do not meet the definition of client themselves. Recording support persons is voluntary; users can record support persons if they feel it is relevant.

Should unidentified clients be recorded?

This program activity predominantly provides where clients are known to the service. However where there are group or online activities or community events, it is expected that no more than **5 per cent of clients** should be recorded as unidentified for this program activity.

How should cases be set up

There is no formal case structure recommended for this program activity. However, organisations can create a separate case for each client accessing services. To protect client privacy, organisations should never record any identifiable client information, such as the client's name, in the Case ID field.

The partnership approach

For this program activity, all organisations are required to participate in the partnership approach for recording an extended set of data.

Collecting extended data

The extended data set includes information about a client's presenting needs and circumstances, such as the reason for seeking assistance, referrals (in and out), household composition and income status.

For this program activity, it is a **requirement** for organisations collect and record the following additional data fields:

Client Level Data	Session level data	Case level data
<ul style="list-style-type: none"> ▪ Is client a carer ▪ NDIS eligibility 	<ul style="list-style-type: none"> ▪ Service setting 	<ul style="list-style-type: none"> ▪ Attendance profile

You may record other extended client details, if it is appropriate for your program and for your clients to do so.

Service Types

A service type describes the main focus of a session with one or more clients. If a session covers multiple service types, the person delivering the session should record only the most relevant service type, which is typically the one that required the most amount of time or contributed most significantly to an outcome.

For this program activity, when should each service type be used?

Service Type	Example
Child/Youth Focused Groups	Group Activity undertaken that focus on a child.
Education and Skills Training	Assist a client in learning or building knowledge about a topic or aimed at developing a skill or enhancing a skill relevant to the client's circumstances.
Workshop	Workshops where participants learn the practical application of skills, knowledge and behaviours related to a specific topic.
Indigenous Community Engagement	Organising Indigenous community events that support Indigenous communities, or community events promoting Indigenous issues.
Information/Advice/Referral	Provision of standard advice, guidance or information on a specific topic, and referrals on to another service.
Mentoring / Peer Support	Individual support and mentoring, peer support, role modelling sessions with a mentor, buddy or coach. Typically conducted one-on-one.
Specialist Support	Support delivered by a specialist, suitably qualified worker.
Social Participation	Activities, groups or events that provide social support or help a client participate in their community.

Pre-emptive early intervention pilot for infants showing early signs of difference in social communication

Description

The Australian Government is funding the South Australian Government (SA) to deliver a pre-emptive early intervention pilot for infants aged 6-18 months who are showing early differences in their social interaction and communication development, using the Inklings program. The SA pilot will help inform whether this intervention along with a second pre-emptive pilot which the Government will fund, is effective to inform consideration of any future national approaches. The pilots will compare and contrast with an existing pilot being implemented by the National Disability Insurance Agency (NDIA), the Western Australian (WA) Government and The Kids Research Institute (TKRI).

Who is the primary client?

The primary clients directly receiving services from this program are children aged 6-18 months.

Other clients directly receiving services are the parents and carers or kin of these children.

What are the key client characteristics?

Persons:

- children aged 6-18 months
- who are parents and carers or kin of these children
- from a cultural and linguistically diverse background
- identifying as Aboriginal or Torres Strait Islander
- residing in a low SEIFA area

Should unidentified clients be recorded?

This program activity provides face to face sessions, fortnightly in a health clinic, home or early education setting or via telehealth with a trained practitioner, where clients are known to the service. Therefore, it is expected that **no clients (0 per cent)** should be recorded as unidentified clients.

How should cases be set up?

The recommended case structure for this program activity is family members or carers arrangements, in order to link infants and parents/carers within the same case.

To protect client privacy, the case identity (ID) should not contain any personal information, such as any part of a client's first or last names or Customer Reference Numbers (CRN). Family names should never be recorded in the Case ID field. To easily navigate cases, use other identifying descriptions, such as Client ID numbers. e.g.: 1286. This works well for ongoing one-on-one contact with clients.

Please refer to the Data Exchange [Protocols](#) for further guidance on case structures.

The partnership Approach

For this program activity, all organisations are required to participate in the partnership approach, by recording an extended set of data.

Extended data

The extended data set includes information about a client's presenting needs and circumstances, such as the reason for seeking assistance, referrals (in and out), household composition and income status.

For this program, providing a Service Setting at the session level data is particularly important.