

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

Client Level Data	Session level data	Case level data
<ul style="list-style-type: none"> ▪ Ancestry ▪ Is client a carer ▪ Main source of income ▪ Household composition 	<ul style="list-style-type: none"> ▪ Service setting ▪ Interpreter present ▪ Referral (type and purpose) 	<ul style="list-style-type: none"> ▪ Attendance profile ▪ Referral (source and reason for seeking assistance) ▪ Client exit reason

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

Service Type	Example
Intake / assessment	An initial meeting, with the intention to gather information on clients' needs or eligibility, matching clients to services
Information / Advice / Referral	Provision of standard advice, guidance or information on a specific topic, and referrals on to another service.
Awareness session	Theme 1 – Take time to watch and wait
Parenting Programs	Theme 2 – Understanding your baby
Child focused activity	Theme 3 – Responding to sensitivity chains during play
Mentoring / peer support	Theme 4 – Developing sensitivity chains during daily routines (mealtimes)
Advocacy / support	Theme 5 – Recognising, accepting, and responding with empathy to baby's feelings
Intensive support	Theme 6 – Having conversations with baby and building interaction and communication
Goal setting	Focus sessions 7-10 optional and flexible to focus on what the parent/carer requests from the previous 6 sessions
Core component completed	Assessing that the client has completed core components of the program at the time of the session.
Exit interview	A client's final session with the program.

Support and connection for young children with disability or developmental concerns

Description

The Support and connection for young children with disability or developmental concerns program activity will provide regular, facilitated community-based supports, including playgroups and music programs to young children (aged 0-8 years) with disability or developmental concerns across Australia. The activity should aim to increase children's readiness for educational environments and provide opportunities for children with disability or developmental concerns to socialise with peers and their siblings in a supported, and family-centred environment. The activity will use local knowledge and networks to support connections for parents and carers and will aim to increase parental or carer capability to support their child's development and prepare them for learning environments through participation in activities.

Who is the primary client?

Children aged 0-8 years with a disability or a developmental concern, and their parents or carers.

What are the key client characteristics?

- Children aged 0-8 years with a disability or developmental concern.
- Parents and carers of children aged 0-8 years with a disability or developmental concern.

Who might be considered 'support persons'?

For this program activity, if the client is a child, a support person will always be involved. This may include a family member or relative, including siblings, or a parent/carer of the client.

If the client is a parent or carer, support persons are voluntary. This may include a family member or relative, carer of clients, or care recipients (who are present, but not directly receiving a service).

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

Should unidentified clients be recorded?

This program activity provides face to face support, 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?

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, family names 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. 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:

For all services – Excluding those delivered to clients who **only** attend a school holiday program

- 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.

For all services

- Report Satisfaction SCOREs for **at least 50 per cent** of identified clients.

A client SCORE assessment for Circumstances and Goals is to be recorded at the following times:

- near the beginning of the client's service delivery period
- as a minimum, every six months throughout the client's service delivery period (where support is provided for longer than six months), and
- towards the end of the client's service delivery period.

A client SCORE assessment for Satisfaction should be recorded towards the end of the client's service delivery period.

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"> ▪ Age-appropriate development ▪ Community participation and networks ▪ Family functioning 	<ul style="list-style-type: none"> ▪ Changed behaviours ▪ Changed knowledge and access to information ▪ Changed skills ▪ Engagement with relevant support services 	<ul style="list-style-type: none"> ▪ The service listened to me and understood my issues ▪ I am satisfied with the services I have received

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

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
Age-appropriate development (Child)	My child finds most of the activities very hard to understand and complete.	My child finds many of the activities hard to understand and complete.	My child finds some of the activities hard but others they can understand and complete.	My child can understand and complete many of the activities.	My child can understand and complete almost all of the activities.
Community participation and networks (Child)	My child does not have opportunities to connect with their peers.	My child rarely has opportunities to connect with their peers.	My child sometimes has opportunities to connect with their peers.	My child mostly has opportunities to connect with their peers.	My child has lots of opportunities to connect with their peers.

Circumstances	1	2	3	4	5
Family functioning (Parent)	My family does not feel equipped to support our child's development needs.	My family rarely feels equipped to support our child's development needs.	My family sometimes feels equipped to support our child's development needs.	My family often feels equipped to support our child's development needs.	My family feels equipped to support our child's development needs.

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 behaviours (Child)	My child is not able to participate well in group activities.	My child is rarely able to participate well in group activities.	My child is sometimes able to participate well in group activities.	My child is usually able to participate well in group activities.	My child is always able to participate well in group activities.
Changed knowledge and access to information (Parent)	I have no knowledge about my child's development needs.	I have a little knowledge about my child's development needs.	I have some knowledge about my child's development needs.	I have good knowledge about my child's development needs.	I have very good knowledge about my child's development needs.
Changed skills (Child)	My child does not have the skills to be ready for early childhood settings or school.	My child has limited skills to be ready for early childhood settings or school.	My child has some skills to be ready for early childhood settings or school.	My child has a good amount of skills to be ready for early childhood settings or school.	My child has the skills to be ready for early childhood settings or school.
Engagement with relevant support services (Parent)	I am not working with any support services that could help me improve my situation.	I am working with a support service to improve my current situation, but we are not working together very well.	I am working with a support service to improve my current situation, and we are working ok together.	I am working with a support service to improve my current situation, and we are working well together.	I am working with a support service to improve my current situation, and we are working very well together.

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
The service listened to me and understood my issues (Child)	The service does not listen or understand my child's needs at all.	The service listens a little bit or understands some of my child's needs.	The service sometimes listens or understands my child's needs.	The service listens to me and understands my child's needs most of the time.	The service always listens to me and understands my child's needs.
I am satisfied with the services I have received (Child)	I am very unsatisfied with the services my child has received.	I am a little unsatisfied with the services my child has received.	I am somewhat satisfied with the services my child has received.	I am mostly satisfied with the services my child has received.	I am very satisfied with the services my child has received.
I am satisfied with the services I have received (Parent)	The service does not provide me with a safe and supportive space to be with my child and other families.	The service rarely provides me with a safe and supportive space to be with my child and other families.	The service sometimes provides me with a safe and supportive space to be with my child and other families.	The services usually provides me with a safe and supportive space to be with my child and other families.	The service always provides me with a safe and supportive space to be with my child and other families.

Collecting extended data

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

Client Level Data	Session level data	Case level data
<ul style="list-style-type: none"> ▪ Ancestry ▪ NDIS eligibility 	<ul style="list-style-type: none"> ▪ Referral out (type and purpose) ▪ Interpreter present ▪ Service setting 	<ul style="list-style-type: none"> ▪ Attendance profile ▪ Referral in (source and reason for seeking assistance) ▪ Exit reason

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

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

Service Type	Example
Supported Music Groups	<p>Facilitated group music sessions undertaken to focus on children aged 0-8 years with a disability or developmental concern.</p> <p>Children with disability or developmental concerns attending Music Playgroup sessions are always clients.</p> <p>The session may include practical strategies and joint learning for parents and carers alongside their children in the group music sessions.</p> <p>The sessions may also include the provision of standard advice, guidance or information for parents and carers, relating to their child's disability or concern, or connection to other services.</p> <p>Parents or carers attending Music Playgroup sessions are clients if they participate in activities with the child and/or receive advice, guidance or referrals from the service.</p>
Supported Playgroups	<p>Facilitated group activities that provide opportunities for children aged 0-8 years with a disability or developmental concern to play and learn to socialise with their peers and siblings.</p> <p>Children with disability or developmental concerns attending Supported Playgroup sessions are always clients.</p> <p>They may include opportunities for parents and carers to learn to interact and support their child's development through play and music. The group activities may also include the provision of standard advice, guidance or information for parents and carers, relating to their child's disability or concern, or connection to other services.</p> <p>Parents or carers attending Supported Playgroup sessions are clients if they participate in activities with the child and/or receive advice, guidance or referrals from the service.</p>
Child / Youth Focused Groups	<p>School holiday facilitated group activities that provide opportunities for children aged 5-8 years with a disability or developmental concern to play and learn to socialise with their peers and siblings.</p> <p>Children with disability or developmental concerns attending Child/Youth-Focussed Group sessions are always clients.</p> <p>The activities may include opportunities for parents and carers, and other support persons such as the child's siblings, to learn to interact and support the child's development through creative arts, music, and play. The group activities may also include the provision of standard advice, guidance or information for parents and carers, relating to their child's disability or concern, or connection to other services.</p> <p>Parents or carers attending Child/Youth-Focussed Group sessions are clients if they participate in activities with the child and/or receive advice, guidance or referrals from the service.</p>

Support for families, parents and carers of First Nations children with disability or developmental concerns

Description

The purpose of the Support for families, parents and carers of First Nations children with disability or developmental concerns activity is to support families, parents, and carers of young (aged 0-8 years) First Nations children with newly identified disability or emerging developmental concerns in rural or remote locations, irrespective of whether they are eligible for a National Disability Insurance Scheme (NDIS) individually funded package.

The activity will utilise a cross-cultural delivery model between First Nations and non-Aboriginal staff to deliver culturally safe and appropriate services to promote acceptance towards disability or developmental concerns, and contribute to changing attitudes towards disability or developmental concerns, while taking into account the cultural sensitivities of the cohort. The activity will also create local peer support networks, provide information about early intervention, and create and use referral pathways with existing service providers.

Who is the primary client?

Primary clients for this program activity are families and carers of First Nations children aged 0-8 years who may have newly identified disability or emerging developmental concerns and their communities, irrespective of whether they are eligible for a National Disability Insurance Scheme (NDIS) individually funded package.

What are the key client characteristics?

Family members and carers of:

- Persons identifying as Aboriginal or Torres Strait Islander residing in a rural or remote area, and who are:
 - persons identifying as having a condition, impairment or disability or
 - those with an emerging developmental concern.

Who might be considered 'support persons'?

For this program activity, support persons may include families / relatives of clients, community leaders, mentors, and informal care givers. 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](#).

Unidentified group clients

This program activity predominantly provides face to face support, group activities and community events where clients are known to the service.

However, for some group activities and community events where there is the possibility of attendance by members of the general public, organisations should collect client details for each individual participant and record them as a client in the Data Exchange where possible. If not possible, the total number of unidentified group clients should be recorded for this activity. It is expected that a **limited (<10 per cent)** number of group clients should be recorded as unidentified.

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.

Organisations can also create a separate case for each group activity. This means all contact with members of a group, whether some or all, is recorded in the same place and is easy to find for future use.

The Partnership Approach

For this program activity, organisations are required to participate in the Partnership Approach. As part of 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.

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.

A client SCORE assessment for Circumstances and Goals is to be recorded at the following times:

- near the beginning of the client's service delivery period
- as a minimum, every six months throughout the client's service delivery period (where support is provided for longer than six months), and
- towards the end of the client's service delivery period

Report Satisfaction SCOREs for **at least 10 per cent** of identified clients.

- 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?

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

Circumstances	Goals	Satisfaction	Community
<ul style="list-style-type: none"> ▪ Age-appropriate development ▪ Community participation and networks ▪ Family functioning ▪ Mental health, wellbeing and self-care 	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ Community infrastructure and networks ▪ Group / community knowledge, skills, attitudes and behaviours ▪ Organisational knowledge, skills and practices ▪ Social cohesion

Organisations may record other outcomes and extended client details, if it is considered appropriate for the program and for the clients in question. For those SCORE domains not shown above, organisations can record a SCORE assessment as outlined in the Data Exchange Protocols.

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

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
Age-appropriate development (for parents and carers of children)	My child finds all activities very hard to understand and complete.	My child finds most activities hard to understand and complete.	My child finds some activities hard but others they can understand and complete.	My child can understand and complete many activities.	My child can understand and complete almost all activities.
Community participation and networks (for parents and carers of children)	I always feel alone and disconnected from people who are experiencing similar things with a child with disability or developmental concerns.	I often feel alone and disconnected from people who are experiencing similar things with a child with disability or developmental concerns.	I sometimes feel alone and disconnected from the people who are experiencing similar things with a child with disability or developmental concerns.	I rarely feel alone and disconnected from people who are experiencing similar things with a child with disability or developmental concerns.	I never feel alone and disconnected from people who are experiencing similar things with a child with disability or developmental concerns.
Family Functioning (for parents and carers of children)	My family is never able to cope with the challenges surrounding my child's disability or developmental concern.	My family is rarely able to cope with the challenges surrounding my child's disability or developmental concern.	My family is sometimes able to cope with the challenges surrounding my child's disability or developmental concern.	My family is usually able to cope with the challenges surrounding my child's disability or developmental concern .	My family is always able to cope with the challenges surrounding my child's disability or developmental concern.
Mental health, wellbeing and self-care (for parents and carers of children)	I never take time to consider my wellbeing.	I rarely take time to consider my wellbeing.	I sometimes take time to consider my wellbeing.	I usually take time to consider my wellbeing.	I always take time to consider my wellbeing.

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 knowledge and access to information (for parents and carers of children)	I have no knowledge about my child's development needs.	I have a little knowledge about my child's development needs.	I have some knowledge about my child's development needs.	I have good knowledge about my child's development needs.	I have very good knowledge about my child's development needs.
Empowerment, choice and control to make own decisions (for parents and carers of children)	I do not feel confident that I understand my child's disability and development delays.	I rarely feel confident that I understand my child's disability and development delays.	I sometimes feel confident that I understand my child's disability and development delays.	I mostly feel confident that I understand my child's disability and development delays.	I am very confident that I understand my child's disability and development delays.
Engagement with relevant support services (for parents and carers of children)	I am not working with any support services that could help me improve my situation.	I am working with a support service to improve my current situation, but we are not working together very well.	I am working with a support service to improve my current situation, and we are working ok together.	I am working with a support service to improve my current situation, and we are working well together.	I am working with a support service to improve my current situation and we are working very well together.

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 better able to deal with issues that I sought help with (for parents and carers of children)	I cannot deal with the issues I sought help with.	I can occasionally deal with the issues I sought help with.	Sometimes I can deal with the issues I sought help with.	Most of the time 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.

Satisfaction	1	2	3	4	5
I am satisfied with the services I have received (for parents and carers of children)	I am very unsatisfied with the services I have received.	I am a little unsatisfied with the services I have received.	I am somewhat satisfied with the services I have received.	I am mostly satisfied with the services I have received.	I am very satisfied with the services I have received.
The service listened to me and understood my issues (for parents and carers of children)	The service does not provide me with a culturally safe and supportive space to learn with my child and other families.	The service rarely provides me with a culturally safe and supportive space to learn with my child and other families.	The service sometimes provides me with a culturally safe and supportive space to learn with my child and other families.	The services usually provides me with a culturally safe and supportive space to learn with my child and other families.	The service always provides me with a culturally safe and supportive space to learn with my child and other families.

Completing a Community SCORE assessment

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

Community	1	2	3	4	5
Community infrastructure and networks	The community is not engaged with providing culturally safe infrastructure and/or networks that support the disabled community.	The community has started to engage with progressing culturally safe infrastructure and/or networks that support the disabled community.	The community is strongly engaged with progressing culturally safe infrastructure and/or networks that support the disabled community. At present, the community has made limited changes.	The community is strongly engaged with progressing culturally safe infrastructure and/or networks that support the disabled community. At present, the community has made moderate changes.	The community is strongly engaged with progressing culturally safe infrastructure and/or networks that support the disabled community. At present, the community has made significant changes.

Community	1	2	3	4	5
Group / community knowledge, skills, attitudes and behaviours	The group has not yet made any progress toward improving their knowledge, skills, attitudes, or behaviours in a culturally safe manner that supports the disabled community.	The group has started to make progress toward improving their knowledge, skills, attitudes, or behaviours in a culturally safe manner that supports the disabled community.	The group has made some progress toward improving their knowledge, skills, attitudes, or behaviours in a culturally safe manner that supports the disabled community.	The group has made good progress toward improving their knowledge, skills, attitudes, or behaviours in a culturally safe manner that supports the disabled community.	The group has made significant progress toward improving their knowledge, skills, attitudes, or behaviours in a culturally safe manner that supports the disabled community.
Organisational knowledge, skills and practices	Our partner organisations have not yet made any progress toward improving their knowledge, skills, attitudes, or behaviours in a culturally safe manner to help them respond to the needs of their clients.	Our partner organisations have started to progress toward improving their knowledge, skills, attitudes, or behaviours in a culturally safe manner to help them respond to the needs of their clients.	Our partner organisations have made some progress toward improving their knowledge, skills, attitudes, or behaviours in a culturally safe manner to help them respond to the needs of their clients.	Our partner organisations have made good progress toward improving their knowledge, skills, attitudes, or behaviours in a culturally safe manner to help them respond to the needs of their clients.	Our partner organisations have made significant progress toward improving their knowledge, skills, attitudes, or behaviours in a culturally safe manner to help them respond to the needs of their clients.

Community	1	2	3	4	5
Social cohesion	The community has not yet made any progress towards demonstrating greater community cohesion.	The community has started to engage with the issues that affect them and has made limited progress towards greater community cohesion and social harmony.	The organisation has strong engagement with the issues that affect them. At present the organisation has made limited progress towards greater community cohesion and social harmony.	The community has strong engagement with the issues that affect them. At present the community has made moderate progress toward greater community cohesion and social harmony.	The community has strong engagement with the issues that affect them. At present the community has made significant progress toward greater community cohesion and social harmony.

Collecting extended data

For this program activity, it is expected 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"> ▪ Referral out (type and purpose) ▪ Interpreter present ▪ Service setting 	<ul style="list-style-type: none"> ▪ Attendance profile ▪ Referral in (source and reason for seeking assistance) ▪ Exit reason

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

Service Type	Example
Awareness Session	Bush picnics to raise awareness about childhood disability, developmental concerns including autism.
Carer Support	Support and information for carers of First Nations children with disability, developmental concerns including autism.
Child/Youth Focused Group	Group sessions targeted at the First Nations children. Focusing on building community capacity and confidence to respond to needs of children with disability, developmental concerns including autism.

Service Type	Example
Community Capacity Building	<p>Group activities that promote community relationships and awareness.</p> <p>Focusing on building community capacity to identify and respond to childhood disability, developmental concerns including autism.</p>
Disability Workshop	<p>A workshop to build the knowledge and capacity of people supporting First Nations children with disability.</p> <p>Such as bush picnics to raise awareness about childhood disability, developmental concerns and autism traits, and referral pathways.</p>
Indigenous Advocacy/Support	<p>Includes advocating for, problem solving, being an intermediary and assisting First Nations families to raise awareness of available supports for their children.</p>

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

Supports for parents and carers of young children with disability or developmental concerns

Description

The support and connection for parents and carers of young children with disability or developmental concerns program activity will provide facilitated group workshops in all states and territories for parents and carers of young children (aged 0-8 years) with a newly identified disability or who have concerns regarding their child's development. These workshops should provide opportunities for families early in their journey to learn from, and connect with, evidence-based information, family-focused strategies, and peers with similar experiences.

Who is the primary client?

Primary clients for this program activity are parents, carers and other family carers of children aged 0-8 years with a disability or developmental concerns.

What are the key client characteristics?

- Parents and carers of children aged 0-8 years with a disability or developmental concerns.

Who might be considered 'support persons'?

Support persons are not relevant for this program activity.

Should unidentified clients be recorded?

This program activity provides face to face support, 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?

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, family names 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. 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 **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 50 per cent** of identified client

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

- near the beginning of the client's service delivery, and
- towards the end of service delivery

Organisations can choose to record multiple SCORE assessments for a client at regular intervals to track how the client's outcomes change over time.

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 ▪ Family functioning ▪ Mental health, wellbeing, and self-care 	<ul style="list-style-type: none"> ▪ Changed knowledge and access to information ▪ Changed skills ▪ Engagement with relevant support services ▪ Empowerment, choice & control to make own decisions 	<ul style="list-style-type: none"> ▪ 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

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

For this program activity, all organisation 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 always feel alone and disconnected from people who are experiencing similar things with a child with disability or developmental concerns.	I often feel alone and disconnected from people who are experiencing similar things with a child with disability or developmental concerns.	I sometimes feel alone and disconnected from the people who are experiencing similar things with a child with disability or developmental concerns.	I rarely feel alone and disconnected from people who are experiencing similar things with a child with disability or developmental concerns.	I never feel alone and disconnected from people who are experiencing similar things with a child with disability or developmental concerns.
Family functioning	My family is almost never able to cope with the challenges surrounding my child's disability or developmental concern.	My family is rarely able to cope with the challenges surrounding my child's disability or developmental concern.	My family is sometimes able to cope with the challenges surrounding my child's disability or developmental concern.	My family is usually able to cope with the challenges surrounding my child's disability or developmental concern.	My family is almost always able to cope with the challenges surrounding my child's disability or developmental concern.
Mental health, wellbeing and self-care	I never take time to consider my wellbeing.	I rarely take time to consider my wellbeing.	I occasionally take time to consider my wellbeing.	I sometimes take time to consider my wellbeing.	I regularly take time to consider my wellbeing.

Completing a Goals SCORE assessment

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

Goals	1	2	3	4	5
Changed knowledge and access to information	I am never able to get information to help me better understand my child.	I am rarely able to get information to help me better understand my child.	I am somewhat able to get information to help me better understand my child.	I am mostly able to get information to help me better understand my child.	I am always able to get information to help me better understand my child.
Changed skills	I never feel confident in my ability to help my child's development.	I rarely feel confident in my ability to help my child's development.	I feel somewhat confident in my ability to help my child's development.	I feel mostly confident in my ability to help my child's development.	I feel very confident in my ability to help my child's development.
Engagement with relevant support services	I never tell professionals what I think about services being provided to my child.	I rarely tell professionals what I think about services being provided to my child.	I sometimes tell professionals what I think about services being provided to my child.	I mostly tell professionals what I think about services being provided to my child.	I always tell professionals what I think about services being provided to my child.
Empowerment, choice & control to make own decisions	I am never able to make good decisions about what services my child needs.	I am rarely able make good decisions about what services my child needs.	I am somewhat able make good decisions about what services my child needs.	I am mostly able make good decisions about what services my child needs.	I am always able to make good decisions about what services my child needs.

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
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.

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.
I am better able to deal with issues that I sought help with	I cannot deal with the issues I sought help with.	I can occasionally deal with the issues I sought help with.	Sometimes I can deal with the issues I sought help with.	Most of the time 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

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

Client Level Data	Session level data	Case level data
<ul style="list-style-type: none"> ▪ Ancestry ▪ Is client a carer ▪ NDIS eligibility 	<ul style="list-style-type: none"> ▪ Referral out (type and purpose) ▪ Interpreter present ▪ Service setting 	<ul style="list-style-type: none"> ▪ Attendance profile ▪ Referral in (source and reason for seeking assistance) ▪ Exit reason

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

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

Service Type	Example
Disability workshop	ENSVIAGE-Families workshops designed to build the knowledge and capacity of parents, carers and families supporting children with disability or developmental concerns. May also include provision of standard advice, guidance, information or connections to other services.
Indigenous Workshop	ENVISAGE First Peoples (E-FP) workshop, for families, parents and carers of Aboriginal and Torres Strait Islander children with developmental concerns and disability to build the knowledge and capacity related to supporting the child with disability or developmental concerns. May also include provision of standard advice, guidance, information or connections to other services.
Multicultural Workshops	ENISIAGE workshops for carers and families from culturally and linguistically diverse communities supporting children with disability or developmental concerns. May also include provision of standard advice, guidance, information or connections to other services.

Tristate Carer Vocational Outcomes Program

Description

The purpose of the grant is to provide a pilot program of supported vocational training to carers in order to enhance carer employment outcomes. The program will deliver face-to-face and online training, to help carers who are looking for work gain vocational education qualifications that will help them build careers, primarily in the health care and social assistance sector.

It will target people who provide care and support for an elderly relative or friend, or someone with disability, mental illness or a long-term health condition, and who are interested in training and seeking employment.

Who is the primary client?

Carers in specific areas of Southeast Queensland, South Australia and Tasmania

What are the key client characteristics?

- Carers

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](#).

It is not expected support persons would be recorded for this program activity.

Should unidentified clients be recorded?

No – this program activity provides face-to-face support where clients are known to the service and would not be 'unidentified'.

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

How should cases be set up?

There is no formal case structure recommended for this program activity. Organisations should create cases that reflect their own administrative processes. If using the web-based portal, organisations should create cases in a way that work best for them and their staff and will be useful over multiple reporting periods.

To protect client privacy, family names or other identifying information should never be recorded in the Case ID field. To easily navigate cases, organisations should use other identifying descriptions, such as 'FamilyA24' or 'Family Group 26'.

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 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 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 should also collect SCORE assessments periodically (six monthly) throughout service delivery.

The Partnership Approach also includes the ability to record an extended data set (See [Protocols](#), section 7).

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"> ▪ Employment ▪ Education and skills training 	<ul style="list-style-type: none"> ▪ Changed skills 	<ul style="list-style-type: none"> ▪ I am satisfied with the services I have received

Collecting extended data

For this program, 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"> ▪ Employment status ▪ Highest level of education / qualification ▪ Income (frequency and appropriate gross income) ▪ Main source of income ▪ Is client a carer 	<ul style="list-style-type: none"> ▪ Referral in (source and reason for seeking assistance) 	<ul style="list-style-type: none"> ▪ Referral out (type and purpose) ▪ Service Setting

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?

The service type describes the **main** focus for the session being delivered. If a session covers multiple service types the most relevant **one** should be chosen either on the basis of the majority of time spent focusing on the particular service type or the main way an outcome was achieved.

Service Type	Example
Intake and assessment	An initial meeting with a client during which the organisation gathers information on the client's vocational training needs, and/or assesses a clients' eligibility for participation in vocational training and determining if the client is accessing Carer Gateway services. This is usually the first session a client attends. This service type should also be used for the creation of a vocational outcomes plan.
Information/Advice/Referral	Referral of client to Carer Gateway service providers for additional services and support.
Education and skills training	Enrolling the client in a soft skills, accredited skills short course or certificate or diploma. Client builds knowledge or develops a skill identified in their vocational outcomes plan. A client may be enrolled in multiple courses throughout their service delivery period. A new session is to be created each time the organisation enrolls the client in a course on their behalf.

Service Type	Example
Facilitate employment pathways	<p>Placement of carer in work experience or volunteer experience position, for exposure and practical skills development in line with their vocational goals.</p> <p>A carer can be placed on multiple sessions of work experience during their service delivery period. A new session should be recorded for each work experience placement.</p>
Service Review	<p>Vocational Coach establishes that the carer will no longer be considered an active participant even though core components of the project have not been completed. An exit interview, and SCORE assessment may also occur.</p> <p>This service review requires direct contact with the carer (in person, by phone, or other form of interaction). It should not be used when there has not been direct contact with the carer which could enable such a review.</p>
Core Component completed	<p>Client has completed core components of the vocational outcomes plan. This would also be the point in time where one or more of the following would take place: a post participation interview, and a SCORE outcomes assessment.</p> <p>This service type can be used multiple times if the client completes more than one course.</p>
Mentoring/Peer Support	<p>Vocational coach monitors achievement of milestone activities facilitates scheduled meeting/touch points to ensure person-centred vocational support, and reviews and adjusts vocational outcomes plan.</p> <p>Levels of intensity for 'Mentoring / Peer Support':</p> <ul style="list-style-type: none"> • Low: A brief interaction with the coach (less than 20 minutes) • Medium: A longer meeting/coaching session or interaction with the coach (20-60 minutes) • High: An extended meeting, session or interaction with the coach (more than 1 hour).

Young Carer Bursary Program (YCBP)

Description

The Young Carer Bursary Program assists eligible young carers aged 25 years and under to continue or return to study. The Program aims to relieve the financial pressure on young carers to undertake part-time work in addition to their educational and caring responsibilities.

Who is the primary client?

Primary clients for this program activity are young carers 25 years or younger, studying an approved course either full or part-time.

What are the key client characteristics?

- Carers aged 25 years or younger and assessed as being greatest in need
- 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. 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 care recipients of clients.

Should unidentified clients be recorded?

The Young Carer Bursary Program is primarily client facing where ongoing relationships are formed, therefore it is expected that **no more than 5 per cent** of your clients be recorded as unidentified clients in any reporting period.

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

How should cases be set up?

Organisations can create a separate case for each individual 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

The Partnership Approach

What areas of SCORE are most relevant?

Organisations can choose to record outcomes against any domains that are relevant for the client. For this program activity, the following SCORE areas have been identified as most relevant:

Circumstances	Goals	Satisfaction	Community
<ul style="list-style-type: none"> ▪ Community participation and networks ▪ Education and skills training ▪ Family functioning 	<ul style="list-style-type: none"> ▪ Changed knowledge and access to information ▪ Changed skills 	<ul style="list-style-type: none"> ▪ I am satisfied with the services I have received 	<ul style="list-style-type: none"> ▪ Community infrastructures and networks

Circumstances	Goals	Satisfaction	Community
<ul style="list-style-type: none"> ▪ Material wellbeing and basic necessities ▪ Mental health, wellbeing and self-care 			

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

Service Type	Example
Intake and assessment	Application and assessment process including: receipt and initial assessment of applications; recommendations made to Independent Selection Panel for final decision; and verification and selection of successful applicants.
Information/Advice/Referral	Provision of standard advice/guidance or information in relation to a specific topic or where a referral was made to another service provided within or external to the organisation.
Education and skills training	Assisting 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 circumstance. This includes accessing education and training including re-engaging with the education system.
Child/Youth focussed groups	Sessions targeted at children or youth, and delivered in a group, rather than individual basis. Examples include playgroups, breakfast clubs and other similar services.
Counselling	Working through a particular issue such as relationship concerns or financial concerns, as delivered by an industry recognised qualified staff member.
Advocacy/Support	Advocating on a client's behalf to an entity such as a government body, or where support to the client was given in a particular circumstance such as a court appearance.
Community capacity building	Development of a communities skills/cohesion or understanding of a topic or subject. Community capacity activities are delivered to a group of people rather than an individual.
Outreach	Targeted advertising and promotion, including website.
Mentoring/Peer support	Provision of specialised support, information and role-modelling. Mental health peer support/mentoring from someone who identifies as having a lived experience of disability and/or mental health condition. This includes carers of a person with a disability or mental health condition.
Family capacity building	Support actions that help the family manage their lives effectively such as: relationship building; conflict resolutions and communications; home-based support including assistance with developing family centred activities; and establishing routines and practical help with tasks.
Carer support	Awarding of Young Carer Bursaries.

Disability and Carer Service Improvement and Sector Support

The Disability and Carer Service Improvement and Sector Support program aims to provide opportunities to people with disability, carers, policy makers, researchers, national organisations, service providers, business and community organisations to undertake work to improve the lives of people with disability and carers.

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

- Disability Advocacy Support Helpline (DASH)

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

Disability Advocacy Support Helpline (DASH)

Description

The Disability Advocacy Support Helpline (DASH) provides individual advocacy support via the phone for people with disability, and referrals to in-person advocacy and related supports. Individuals access the DASH by calling the Disability Gateway telephone line. The DASH works in partnership with existing National Disability Advocacy Program providers to help meet demand for individual advocacy services and expand service delivery to hard-to-reach regional and remote locations. The provision of advocacy services via telephone also provides people with disability greater flexibility and choice about how they receive advocacy support.

Who is the primary client?

Primary clients for this program activity are people with disability.

What are the key client characteristics?

Key clients may include people:

- identifying as having a condition, impairment or disability
- residing in a rural or remote area
- receiving government payments or persons experiencing homelessness

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 carers of clients or a carer recipient (when present but not directly receiving a service), their families or guardians, case and support workers, legal representatives, community leaders, mentors and informal care givers.

Should unidentified clients be recorded?

The DASH is client and referral based; therefore it is expected that only **5 per cent** of your clients or less be recorded as unidentified clients in any reporting period.

Clients who contact the DASH seeking anonymous information or advice can be recorded as unidentified group clients, however you should collect client data wherever possible. Group clients should not be recorded under any other circumstances.

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, the delivery organisation is 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 the ability to record an extended data set.

Organisations are expected 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 a Satisfaction SCORE for **at least 10 per cent** of identified clients.

A client SCORE assessment is recorded at least twice; once towards the beginning of the client's service delivery and once, towards the end of service delivery. This may include after the end of the service as part of a follow-up.

What areas of SCORE are most relevant?

For this program activity, it is expected that providers collect and report SCORE assessments in at least one of each of the following domains:

Circumstances	Goals	Satisfaction
<ul style="list-style-type: none"> ▪ Community participation and networks ▪ Employment ▪ Education and skills training ▪ Family functioning ▪ Housing ▪ Material wellbeing and basic necessities ▪ Mental health, wellbeing and self-care ▪ Financial resilience ▪ Personal and family safety ▪ Physical health 	<ul style="list-style-type: none"> ▪ Changed knowledge and access to information ▪ Changed skills ▪ Empowerment, choice and control to make own decisions ▪ Engagement with relevant support services 	<ul style="list-style-type: none"> ▪ 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.

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 assessments as outlined in the Data Exchange [Protocols](#).

Circumstances	1	2	3	4	5
Community participation & networks	I feel alone and disconnected from the people within my community.	I feel alone and disconnected from the people within my community most of the time.	I feel alone and disconnected from the people within my community some of the time.	I rarely feel I am alone and disconnected from the people within my community.	I never feel alone and disconnected from the people within my community.
Education and skills training	I have a lot of difficulty finding or remaining in education or training.	I have some difficulty finding and remaining in education or training.	I occasionally have difficulty finding and remaining in education.	I am in education or training that is suitable in most ways.	I am in education or training that is very suitable in all ways.

Circumstances	1	2	3	4	5
Employment	I am not employed which is not suitable for my current situation.	I am in work that is not suitable for me.	I am in work that is suitable in some ways.	I am in work that is suitable in most ways.	I am in work that is very suitable in all ways.
Family Functioning	My family does not get along.	My family has difficulty getting along and communicating	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 very well.
Financial Resilience	I am experiencing financial hardship. I feel like I cannot recover financially from this.	I am experiencing financial hardship I feel I can recover financially.	I am experiencing financial hardship; I am making some progress towards recovering financially.	I am or were experiencing financial hardship I feel I am making good progress towards recovering financially.	I am no longer experiencing financial hardship, and I have recovered financially.
Housing	I have no housing 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 wellbeing and basic necessities	I always go without the basic things I need to live. I do not participate in any of the things I would like to because I have no spare money.	I often go without the basic things I need to live. I rarely participate in any of the things I would like to because I hardly ever have spare money.	I sometimes go without the basic things I need to live. I sometimes participate in the things I would like to if I have spare money.	I rarely go without the basic things I need to live. I often participate in the things I would like to because I usually have spare money.	I never go without the basic things I need to live. 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 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 never stops me from doing the things I want to do.

Circumstances	1	2	3	4	5
Personal and 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 all 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](#).

Goals	1	2	3	4	5
Changed behaviours	I have no goals in place to change the behaviours that aren't helping me to improve my situation.	I have identified my 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 goals and can see that my situation is/will improve.	I am making good progress towards achieving my behaviour goals. My situation is improving.	I have/almost achieved my goals. My changed behaviours are really helping to improve my situation.
Changed knowledge and access to information	I have no plans to increase my knowledge about the issues I have sought help with. I am not accessing any information to support me.	I want to increase my knowledge about the issues I have sought help with and have started to access information to help me.	My knowledge is increasing in the areas relevant to the issues I have sought help with. I am accessing information to help me.	I have good knowledge in the areas relevant to the issues I sought help with. The information I am accessing has been helpful.	I have very good knowledge in the areas relevant to issues I sought help with. The information I have accessed has been very helpful in supporting me to achieve my goals.

Goals	1	2	3	4	5
Changed skills	I have no goals in place to develop or improve the skills I need to help improve my situation.	I want to develop or improve my skills and have a plan to help me achieve my goals.	My am starting to develop and improve my skills.	I have good skills in the areas I need to be able to improve my current situation.	I have very good skills in the areas I need to be able to improve my current situation.
Empowerment, choice and control to make own decisions	I am not empowered to make my own choices or have control over decisions that affect my life. I would like to become more empowered.	I have limited empowerment to make my own choices and have very little control to make decisions that affect my life. I have started making progress towards achieving my goals.	I am empowered to make some of my own choices and have some control over decisions that affect my life. I am making progress towards achieving my goals.	I am empowered to make most of my own choices and have control over most of the decisions that affect my life. I am making good progress towards achieving my goals.	I am empowered to make all of my own choices and 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 have made enquires to support services I believe will help me improve my situation.	I have started working with a support service.	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.	My situation has improved because I engaged with a support service that helped me. I will access support services in the future because of my experience.

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. 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
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.
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 very unsatisfied.	I am a little unsatisfied.	I am somewhat satisfied.	I am mostly satisfied.	I am very satisfied.

Collecting extended data

For this program activity, it is expected organisations collect and record the additional data fields outlined in the below table:

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"> ▪ Referral out (type and purpose) ▪ Interpreter present 	<ul style="list-style-type: none"> ▪ Referral in (source and reason for seeking assistance) ▪ Exit reason

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
Advocacy	Providing advocacy on behalf of the client (person with disability). For example, an advocate making phone calls or enquiries on behalf of a client.
Education and Skills Training	Assisting 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 circumstance. This may include assisting clients to access education and training and re-engaging with the education system.

Service Type	Example
Information/Advice/Referral	<p>Giving a client advice/guidance or information in relation to a specific topic.</p> <p>OR referring a client to another service provided internal or external to the organisation.</p> <p>Note: Only this service type can be used for unidentified clients.</p>
Intake and assessment	<p>The initial process of meeting or talking with the client, including gathering information on the client's situation and advocacy requirements and assessing a clients' eligibility for participation in the service.</p> <p>This is usually (but not limited to) the first session a client attends.</p>

Activity Specific Requirements of the Disability Advocacy Support Helpline

Once a service type is selected, a user must select a topic from the following options (see below) 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.
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	Issues related to assisting someone to request and manage a review of decision with National Disability Insurance Agency (NDIA).

Topic	Example
NDIS – Access/Planning	Issues related to making a request to access the NDIS and assistance to develop a plan.
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 issues.
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.

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

Version History

Version 5, January 2026

This is the first version of the 'Program specific guidance for Department of Health, Disability and Ageing programs in the Data Exchange'.

Following the Machinery of Government changes in May 2025, program activities previously included in the Department of Social Services 'Program specific guidance for Outcome 3.1 – Disability and Carers Program', transitioned out of the Department of Social Services to the Department of Health, Disability and Ageing.

The following program activities listed alongside the above in the previous Department of Social Services 'Program specific guidance for Outcome 3.1 – Disability and Carers Program' remained in the Department of Social Services, and can be found in the 'Program specific guidance for Department of Social Services programs in the Data Exchange':

- Digital Work and Study Service
- Individual Placement and Support Program
- Individual Placement and Support Program: Adult Mental Health Pilot

Version 1, August 2023

First publication and release of document.

This document was detached from the previous **Program Specific Guidance for Commonwealth Agencies** based on department and outcome type.

Program activities added:

- Support and connection for young children with disability or developmental concerns
- Supports for parents and carers of young children with disability or developmental concerns

Version 2, March 2024

Program activities modified:

- Digital Work and Study Service
 - Revisions to Partnership Approach requirements
- Individual Placement and Support Program: Adult Mental Health Pilot
 - Revisions to Partnership Approach requirements
- National Disability Advocacy Program (NDAP)
 - Revisions to unidentified clients and Service Types, and updates to Partnership Approach in relation to SCORE domains and SCORE rubric
- NDIS Appeals
 - Revisions to unidentified clients and Service Types
- Support and connection for young children with disability or developmental concerns
 - Clarification of SCORE reporting and inclusion of new Service Type – Child/Youth Focused Groups

Program activities removed:

- Disability Royal Commission – Advocacy Support
 - Program ceased
- Disability Royal Commission – Counselling Services
 - Program ceased

- National Disability Advocacy program (NDAP) – Decision Support Pilot
 - Program ceased

Version 3, August 2024

Program activities modified:

- ICSS Carer Gateway service providers
 - New Service Type included – Intensive Support

Version 4, April 2025

Program activities modified:

- NDAP
 - Revisions include:
 - Primary clients and key client characteristics
 - New SCORE Goal domains
 - Removal of three Service Types;
 - Systemic advocacy – Local
 - Systemic advocacy – State
 - Systemic advocacy – National
- NDIS Appeals
 - Administrative Review Tribunal (ART) – Reference modified to reflect new name

Program activities added:

- Building Employer Confidence in Inclusion and Disability
 - Moved from Outcome 3.2 National Disability Insurance Scheme Program Specific Guidance
- Information, Linkages and Capacity Building – Individual Capacity Building
 - Moved from Outcome 3.2 National Disability Insurance Scheme Program Specific Guidance
- Information, Linkages and Capacity Building – Social and Community Participation
 - Moved from Outcome 3.2 National Disability Insurance Scheme Program Specific Guidance
- 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 for families, parents and carers of First Nations Children with Disability or Developmental Concerns
 - Moved from Outcome 3.2 National Disability Insurance Scheme Program Specific Guidance

Choosing the right candidates to become Outcomes Star™ Licensed Trainers (LT)

- Do they have existing competence in delivering training? (Note this includes preparing session plans, engaging participants, creating a positive learning environment, presenting information clearly, facilitating experiential learning activities and discussions, and responding appropriately to questions.)
- Do they have existing competence in coaching, supervising or facilitating colleagues learning?
- Have they completed at least a one-day Outcome Star training with a licensed provider? (Unique Outcomes or an in-house Licensed Trainer)
- Have they demonstrated a sound understanding of the Star's purpose, origins and key features?
- Have they demonstrated a sound understanding of how the Star is used as a collaborative engagement, planning and outcomes measurement tool
- Have they used the Star with clients?
- Are they an enthusiastic advocate for the Star?
- Are they able to recognise cautions, limitations and contra-indications for using the Star?
- Are they considered a 'practice leader' by colleagues? (Note: if they do not have a practice background themselves, they may not have credibility in the eyes of practitioners learning to use the Star.)
- In their role, will they have capacity, to provide Star training enough to address internal demand? (Note: Is their manager willing to release them to prepare and deliver training as well as follow-up coaching or support activities associated with being a Licensed Trainer.
- Are they likely to be committed to the Licensed Trainer role for at least 2 years?

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Is the Licensed Trainer pathway right for your organisation?

Information for organisations considering the 'train the trainer' pathway for the Outcome Star™

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



An introduction to the Licensed Trainer pathway

This guide explains what it involves and what the benefits can be, so that you can decide if the Licensed Trainer pathway is right for your organisation. If you have any questions or if you would like more support from Unique Outcomes with any aspects of the Licensed Trainer pathway, get in touch with us on contact@uniqueoutcomes.com.au

1. What is the Licensed Trainer (LT) pathway?

It is the 'train-the-trainer' offer from Unique Outcomes. A Licensed Trainer is someone who has been trained and licensed by Unique Outcomes to run the core training programme for the Outcomes Star within their organisation. Core Star training is a mandatory requirement for anyone using the Star with service users, and it can only be provided by Triangle or under licence from Triangle.

The route provides flexibility for organisations wishing to roll out the Star at scale, whilst promoting consistent and professional use of the Outcomes Stars. This helps ensure the Star is used effectively, positively and accurately to support and measure change when working with people.

LTs are licensed to run Star training within their employing organisation only. Unique Outcomes do make exceptions but it must be agreed in writing with us.

2. How much does the Licensed Trainer route cost and what's included?

A fee of \$4950 +GST includes the train-the-trainer training, comprehensive materials including the Training Manual and ongoing support from Unique Outcomes and the first-year licence fee.

Subsequent annual renewals cost \$2475 + GST.

New LTs will receive ongoing support and inclusion in our comprehensive LT professional development program. Star Licences for individual staff

members to use the Star with service users are not included. Your organisation will need to arrange licences for these members of staff separately.

3. Why choose the Licensed Trainer route?

Organisations choose to take the Licensed Trainer pathway for a number of different reasons. For organisations with a large number of staff to train, or with a high turnover of staff or volunteers, this pathway can make more financial sense than purchasing individual training sessions from Unique Outcomes. In addition, Licensed Trainers can give you more flexibility around your approach to Star training. For example, although there is a standard programme for Core Star training, LTs can break this up into bite-sized chunks that work for your organisation – either to complement other pieces of training and development, or to give people the chance to try completing one or two Stars between training sessions. Another key benefit of the Licensed Trainer option is the creation of a legacy of skills and expertise about the Star within your organisation – building competency over time, demonstrating commitment to quality for funders and other stakeholders, championing good practice and helping to connect the Star into the ongoing development of your services and support.

4. Who can be a Licensed Trainer?

Although it is great if they do, Licensed Trainers do not need to have a training qualification. However, they do need to have some existing competence in delivering training. The train-the-trainer course will give individuals the skills and knowledge they need to run Star training sessions – but it is not designed to equip people to become trainers without any prior experience.

The other key requirement is capacity. LTs must have the time to train on a regular basis in order to keep their skill and confidence level high, and they must have the willingness of their managers to release them to train. The ‘ideal’ situation is for an LT to be a skilled trainer with experience of direct work with the client group your service or project supports, and if possible, some previous experience of using the Star. Non-practitioners can work well too, but they do need to be seen as credible by those staff who may be more resistant to change.

Co-delivery of training with two or more LTs can work well to bring a blend of skills into the room. Although this does have implications for costs and for the capacity to train in high numbers, we estimate that around 50% of LTs currently co-train with other Licensed Trainer colleagues

5. How many Licensed Trainers do we need?

This is a bit like ‘how long is a piece of string?’ and is best worked out through discussion with Unique Outcomes as it depends on the context of your organisation.

You should consider how many staff you need to train, over how many weeks/months and the impact of staff turnover or new starters. As a rule of thumb, unless the LT is a full-time Star trainer, our experience has shown that on average, one LT can train between 12 and 25 people a month.

One thing to consider is that if you have large numbers of staff to train to get the Star implemented, then you can start with a higher number of LTs for Year 1. Then, you can reduce the number in subsequent years to cover refresher training and new starters.

A number of organisations have taken the decision to advertise the LT opportunity to their staff and then ‘recruit’ people who meet the key requirements and who have the capacity to train. The recruitment processes have included interviews, test training activities or group presentations – and in most cases there have been more applicants than LT places! We find that potential LTs are often much more engaged if they have been recruited in this way rather than ‘picked’ by managers.

Before someone can become an LT, they must have an understanding of the Outcomes Star, have completed the core Star training, and ideally have used it in practice. If your staff do not have this in place, Unique Outcomes will work with you to address this

6. What does being a Licensed Trainer include?

Each Licensed Trainer annual licence includes:

- An annual licence to run Star training within the employing organisation, starting from the date their LT certificate is awarded
- One licence to use any version of the Outcomes Star on paper with service users
- A copy of the Outcomes Star Training Manual for core Star training, with trainer notes, exercises and demonstrations
- Access to all other necessary training materials including PowerPoint slides and handouts via the Star Online portal
- An email/ring back support service from a named member of Unique Outcome's Training team – LTs will receive a rapid response either by email or telephone
- Regular email updates from Outcomes Star/Unique Outcomes, including new versions of the Outcomes Star as they are published
- A place in a comprehensive LT Professional Development program that include the LT Community of Practice (COP) forums and elective topics. (All LTs required to attend at least one COP session and at least one elective per year to maintain their accreditation)
- New resources as they become available and updates from Outcomes Star/Unique Outcomes about the Outcomes Star

The Licensed Trainer annual licence does not include:

- Star licences for members of staff trained by Licensed Trainers to use the Outcomes Star with service users – these need to be arranged separately with Unique Outcomes
- Permission to run core Star training outside of your employing organisation, unless agreed in writing with Unique Outcomes.

7. What should people expect from the 'train-the-trainer' training course?

Below is a short overview of the two LT Train the Trainer courses- Open and In-house. Participants will be provided with all essential information about what the course will involve, including the full core competency framework for LTs, prior to the training.

Aims of the course

To ensure that participants are competent and confident to deliver core Outcomes Star training in their organisation.

Training methods

Observing an existing trainer, reflective learning, questions and discussion, observed practice.

Required preparation

- Completion of the Outcomes Star Introductory training
- Reading 'Essential pre-course info' and 'Pre-course reading'
- Attendance at a brief pre-course meeting with Unique Outcomes facilitator and an organisational representative

Open Course Structure

Part One (12 hours duration)

Breaking down the core Star training by observing and learning from a Unique Outcomes trainer. Opportunities for informal practices with the peer group.

Part Two (8 hours duration)

Delivering the two sessions from the core training to the peer group (materials provided digitally) which will be assessed by Unique Outcomes against the core competency framework. Opportunities for formative feedback.

Part Three (3x 2.5 hours sessions)

Attendance at one of the regularly scheduled Open courses and completion of an Observations Document

In-house Course structure

Course structure (and duration) designed in conjunction with your Unique Outcomes Implementation Lead

Summary of the core competency framework

Star Knowledge

- Have a good understanding of the Outcomes Star approach, its key purpose and background
- Demonstrate a good understanding of the key features of the Star
- Have a good understanding of the Journey of Change and how it relates to service users and interventions.

Training Skills

- Deliver learning using teaching methods that engage learners and produce a positive learning environment
- Confidently and clearly set training exercises and involve participants
- Facilitate group discussions about the Star, encouraging participation and respond appropriately to questions.

8. Is there anything else to consider when choosing the Licensed Trainer route

Be prepared to get started

We strongly recommend that you arrange Star licences for the managers and workers who will be using the Outcomes Star well in advance of your LTs completing their training course. Having Star licences in place means staff will be able to get immediate access to the Star materials they need, and LTs can give members of staff accurate information about how to get started with the Star.

We have also found that the services who get the most out of the Star don't leave too long a gap between training staff and implementing the Star – the best option is to get people using the Star within a week or two of their training.

Involve Licensed Trainers with implementation of the Star across the organisation

Another best practice tip is to involve the LTs in work around the implementation of the Star – for example how the Star fits with existing assessment and paperwork. The staff they train will be worried about these practicalities, so the more informed an LT is and the more they can help manage any anxiety, the better.

It has also proven useful to do this on an ongoing basis – for example, by engaging LTs as part of an Implementation Steering Group or involving them in team meetings. This can help services to pick up intelligence around how staff are working with the Star and can help you overcome any issues you may face in implementing the Star or improve the quality of how it is used with service users.

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Understand the Outcomes Star and respect its copyright

Lastly, we have found that it is vital that LTs have a clear understanding of the copyright terms of the Outcomes Star.

As the Outcomes Star is a licensed tool protected by copyright, no changes or adaptations may be made, and no derivative works can be created – all of which is explained in more detail in the Licensed Trainers pre-course reading material provided by Unique Outcomes.

Copyright controls help to protect the integrity of the tool, as each version of the Star takes over a year to develop and is tested and refined with service users and practitioners before being published. Our experience shows that the Licensed Trainers have a key role in ensuring the organisation has an accurate understanding of copyright and that the correct messages are promoted

“Being a Licensed Trainer with Unique Outcomes has been helpful- it is great to teach others the benefits of using a person-centred tool like the Star”

Licensed Trainer-City Council

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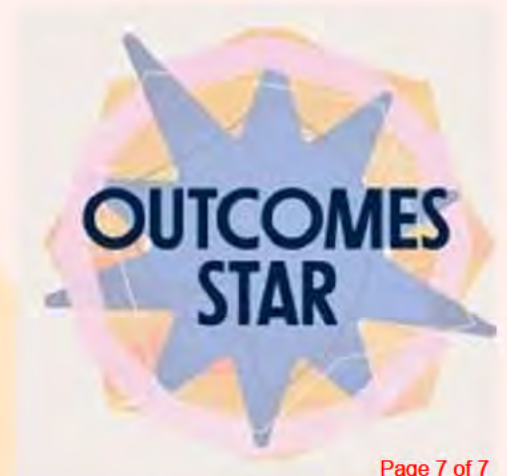
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Carer Support Framework

Integrated Carer Support Service (ICSS)

Version 1.0 December 2019

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Overview

This document provides guidance on the Carer Support Framework¹ (the framework), which outlines how Carer Gateway regional delivery partners (RDPs) provide support to carers. The purpose of the framework is to ensure a consistent and effective experience for clients of the Integrated Carer Support Service (ICSS).

The framework was tested and iterated through pilots undertaken by the Department in September 2018 and March 2019.

Carers Star™

A central component of the framework is the Carers Star™, an evidence-based tool that supports and measures change when working with people². The Carers Star™ is particularly used in the Understand Needs and Support Planning stages.

The Carers Star™ was developed in the UK specifically for use with carers, both full-time and part-time, and covers seven key areas³:

1. Health
2. The caring role
3. Managing at home
4. Time for yourself
5. How you feel
6. Finances
7. Work

Activities undertaken to design the framework

The Department has undertaken the following in the design of the framework:

- *User Research*: Working with carers and staff at carer support organisations to understand their needs, in context – **Complete**.
- *Ideation*: Exploring ideas to provide a guided, consistent approach to understanding the needs of carers and then connect them with support – **Complete**.
- *Concept development*: Creating an initial version of the framework for discussion with members of the sector – **Complete**.
- *Consultation*: Presentation of the framework to members of the sector for validation, feedback and iteration – **Complete**.
- *Development of an alpha version*: Preparation of the framework for use by carer support organisations in a limited pilot. Includes consultation with experts to successfully incorporate the Carers Star™ into the support planning process – **Complete**.
- *Pilot (September 2018)*: Use of the alpha version of the framework with real carers to evaluate suitability and inform improvement – **Complete**.
- *Development of a beta version*: Creation of a framework version that is ready for broader use by the sector in preparation for live deployment from September 2019 – **Complete**.

¹ Formerly referred to as the *Carer Pathway Navigator*.

² ©Triangle Consulting Social Enterprise Ltd. 2018. *About the Star – Triangle*. [ONLINE] Available at: ["about the star" on the outcomesstar website](#). [Accessed 27 June 2018].

³ ©Triangle Consulting Social Enterprise Ltd. 2018. *Carers Star™ – Triangle*. [ONLINE] Available at: ["carers star" on the outcomesstar website](#). [Accessed 26 October 2018].

Principles underpinning design of the framework

The user research and subsequent consultation input from sector stakeholders informed the following as key principles to guide design of the framework:

Principle	Description
Holistic approach	Assessment needs to be comprehensive and holistic, considering all relevant aspects of the carer's circumstances.
Engage carers in a conversation	The most effective way to understand the needs of a carer is through a natural conversation between them and a Carer Support Worker.
Collect only what's relevant	To provide an efficient experience, only the information that is most useful should be captured when needed, building carer and care recipient records over time.
Outcomes for carers	The process of identifying services for a carer must consider their aims, as they relate to their caring role and support outcomes that are in line with their needs as a carer.
Empower carers to self-manage	Enable carers to direct and manage their own support arrangements, empowering them to choose how and when supports are utilised.
Inclusive support	Planning supports for a carer must accommodate needs and preferences for service delivery that are specific to their cohort (including but not limited to Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse (CALD) and Lesbian, Gay, Transgender, Intersex and Queer (LGBTIQ) people).
Sustainable outcomes	Supports must enable caring arrangements to be maintained in the long term. Measuring carer outcomes is required to confirm and respond, where adjustments are needed.
Nationally consistent, locally adjusted	The framework needs to support a common way of working for all RDPs but still allow variations that support carer needs and service arrangements specific to the region they live in.

Components of the framework

The following components have been developed to support use of the framework by Carer Support Workers, who work for an RDP:

- **Carer Support Planning Process:** The steps that RDPs follow to provide support to carers who need it. The support planning process also defines the inputs and outputs at each stage in the carer's journey.
- **Support Planning Process Guidance:** The criteria that should be met when supporting a carer through the process of accessing supports available under the ICSS.
- **Understand needs Guiding Questions:** Suggested approaches for Carer Support Workers when working through the seven Carer Star™ outcome areas to understand a carer's needs and circumstances.
- **Action Plan Guiding Questions:** Suggested approaches for Carer Support Workers to guide creation of a Carer Star™ Action Plan.
- **Service Matching Table:** Assists with the identification of appropriate ICSS services to address the needs of carers.

Carer Support Planning Process

The process model (refer page 6) sets out the process for RDPs to follow to ensure that carers receive a consistently good experience when seeking support. The Carer Support Worker will facilitate the process for each individual carer, including the following stages:

- **Intake:** Initial contact with a carer when they present with an enquiry or request. Includes:
 - Identifying the carer;
 - Understanding what has prompted them to seek assistance;
 - Determining their **eligibility** to access carer support services, by confirming their role as a carer and confirming they are located in the RDPs service region;
 - Assessing the **urgency** of their request, based on their request timeframe and if they have any emergency circumstances; and
 - Educating the carer about the RDP's role and available services.
- **Registration:** Capture of a carer's identifying information and basic information⁴ about the person they care for, where required. Registration establishes a record of the carer in the RDP's system to support ongoing management of support services and monitoring of carer wellbeing, post-delivery of services.
- **Understand needs (incorporating the Carers Star™) :** Undertaken to understand a carer's aims, responsibilities, care load, living circumstances, support network (including both current paid services and informal support from others) and general relationship with the person they care for. The process identifies the carer's needs and is the key input to successfully completing the support planning process.
- **Support Planning:**
 - Identification of the types of supports/services that will benefit the carer, in line with their needs as identified through a conversation.
 - Development of an individual action plan to document the carer's goals and the actions that will be undertaken (by the carer and others) to support them.
- **Coordination:**

Activities to put services in place for the carer either via:

 - Referral to appropriate providers;
 - Direct brokerage of services on the carer's behalf; or
 - Information to enable the carer to self-refer.
- **Support:** Delivery of services to the carer by appropriate service provider(s).
- **Monitoring:** Reconnecting with the carer to:
 - Check they have sustainable supports in place⁵.
 - Measure support outcomes by checking their wellbeing against their baseline Carers Star™ reading.

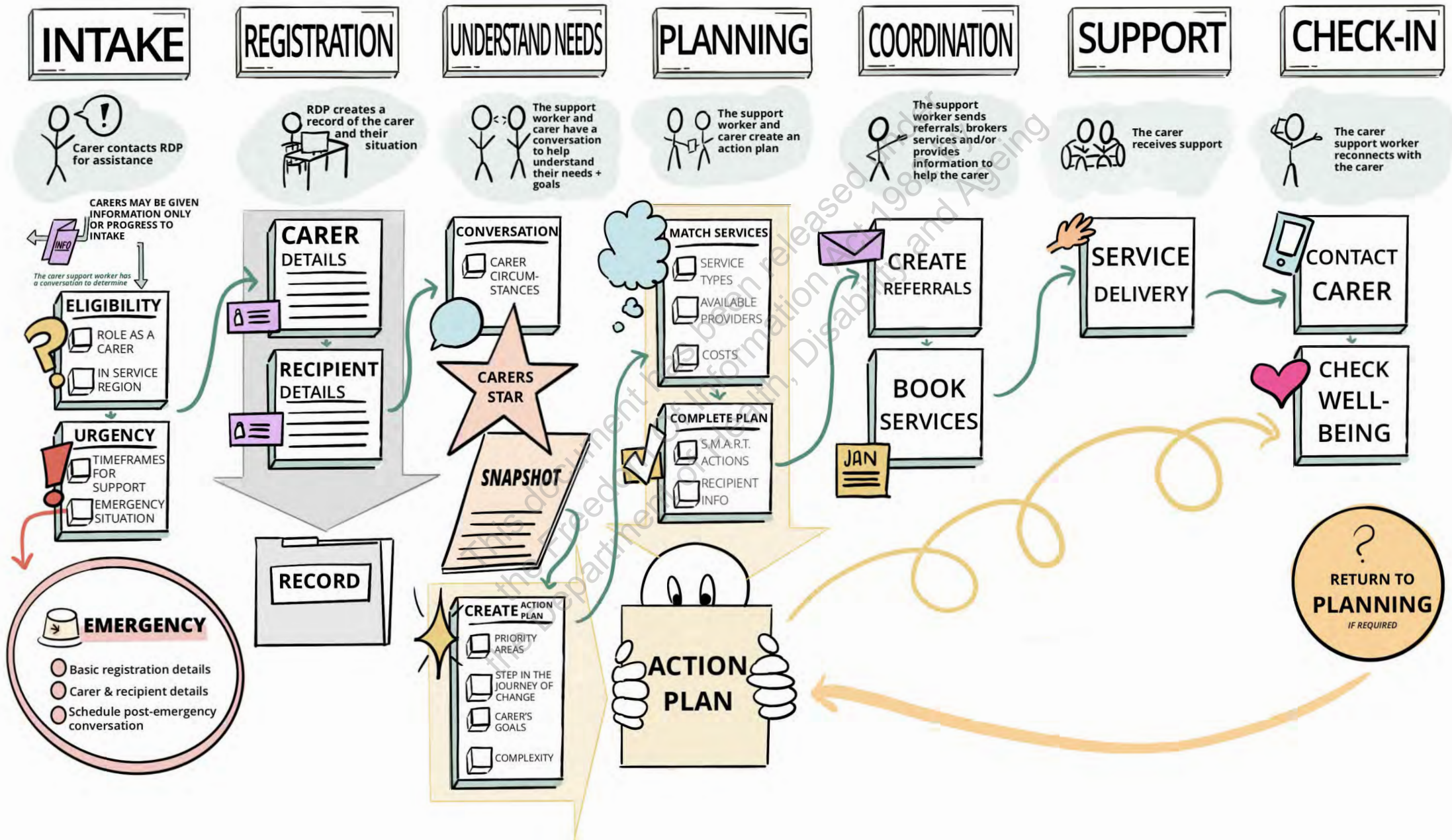
Return to Understand Needs Stage to revise Carers Star™ based on new circumstances.

⁴ The term "basic information" refers to a simple note or direction regarding the person receiving the care. An example might be – "Provides care for – Robert (Spouse). Condition – Dementia"

⁵ Checks may initially be scheduled close to the end of the carer's first round of services and then, with the carer's agreement, every three to six months, thereafter, by default.

Carer Support Planning Process

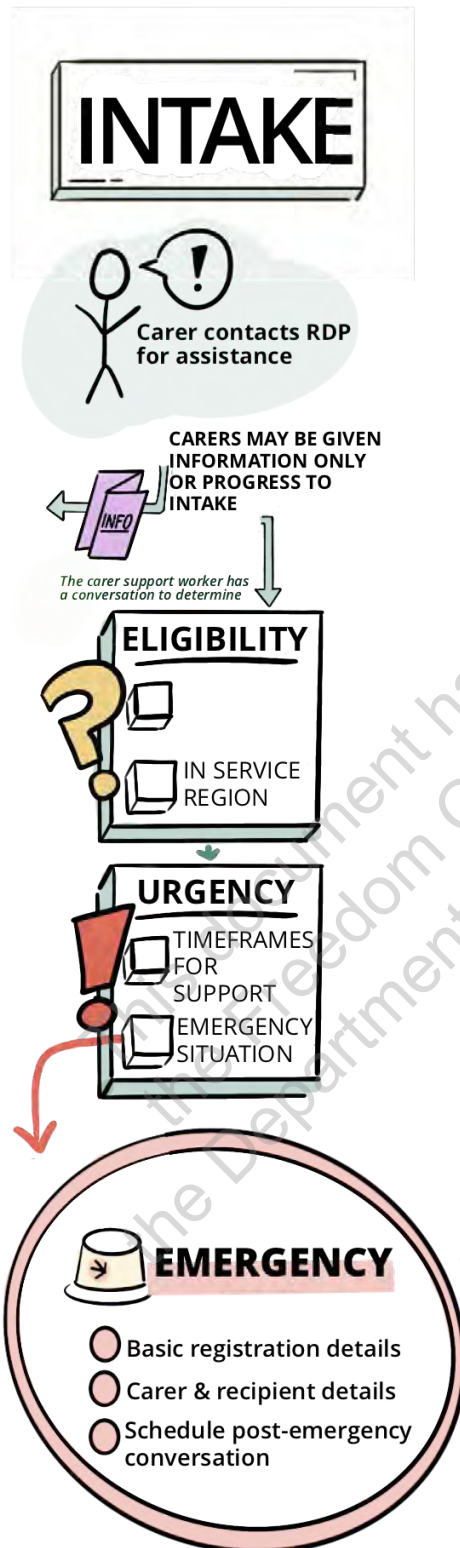
CARER SUPPORT PLANNING PROCESS



Support Planning Process Guidance

1. Intake

When a carer **contacts the RDP for assistance**, determine their **eligibility** and **urgency** for supports. Can occur over the phone or face-to-face. Undertaken by a carer support worker (trained in Carers Star) or office intake worker (not trained in Carers Star). May take between 5 to 15 minutes.



Carer contact

A carer may contact your organisation via phone, email, or through a third party, such as a health professional or other government service.

If the carer was referred by a third party, the information provided may not be a complete picture of the person's circumstances and needs. In this case you can:

- Contact the referrer (preferably by phone) to get a better picture; or
- Contact the carer directly to determine the nature of their request.

A person's contact with an RDP is often for information. Moving to the next step (registration) is only required for carers requesting support. However, requesting information is often the first step for people to recognise that they are carers and to build trust and rapport with your organisation. Many conversations that begin as a request for information end in a request for support.

Eligibility

- The person has taken responsibility for the care of another person who:
 - has a disability
 - has a mental health problem
 - has a medical condition (including a terminal or chronic illness)
 - is frail aged
- Or the person has ceased being a carer within the past 12 months
- Lives within the service area of the RDP

If the person meets these criteria, complete registration using your IT system.

Urgency

EMERGENCY: The care relationship is under high stress and breakdown has either occurred or will occur, if support is not received within 72 hours. If this occurs:

- Understand the driver for the contact
- Assist immediately
- Follow your organisation's emergency process

If the person is not experiencing an emergency, determine if their urgency is high, medium or low.

Urgency	Criteria	Next steps
HIGH	There is a high level of stress in the care relationship and there is a risk of breakdown if support is not received in the next 7 days (for less than 72 hours see 'EMERGENCY' above).	Contact carer for registration and/or understand needs within 24 hours
MEDIUM	The care relationship is under moderate stress and support is needed within the next 14 to 21 days.	Contact carer for registration and/or understand needs within 48 hours
LOW	The care relationship is under low stress.	Contact carer for registration and understand needs within 72 hours

When determining urgency, ask yourself:

- Is there anyone supporting the carer or the care recipient?
- Does the caring role seem sustainable?
- What would happen if there were no supports?
- Has a sudden event occurred such as a recent hospitalisation?

2. Registration

When a carer needs support, **record their details** and the **details of the person they care for**. Can occur over the phone or face-to-face. Undertaken by a carer support worker (trained in Carers Star) or office intake worker (not trained in Carers Star). May take between 5 to 15 minutes.



Record the carer's details

Registration may happen in the same conversation as intake. Alternatively, some people may provide an initial set of details (name, date of birth, phone number), and a more detailed registration may occur at understand needs.

Asking carers for their details will often prompt their whole story. When this happens:

- Take notes so that the information can be used later, or
- Steer the conversation into understanding needs, if the carer has time (60 minutes); and the person taking registration details is trained and able to undertake the conversation, or
- Gently remind the carer that their story will be covered later and redirect to capturing their details.

For registration to be complete, the following details should be recorded:

- Given name
- Family name
- DOB
- Gender
- Residential address
- Phone
- Indigenous status
- Country of birth
- Main/preferred language
- Consent (includes consent to act on recipient's behalf)
- Carer status (Primary/Shared/Other)
- Alternate carer's name
- Alternate carer's phone

Additional details will support further conversations with the carer and delivery of supports to them:

- Preferred name
- Disability/health condition (if any)
- Employment status
- Employment type (Full-time/Part-Time/Casual/Volunteer)
- Current Payment Type (Pension/Carer Payment)
- Carer status (Primary/other)
- Care recipients:
- Name of recipient 1
- Name of recipient 2
- Name(s) of other recipient(s)
- Relationship to recipient(s)

If this information is not captured at registration, it may be provided in later conversations with the carer. It's important to update the record with the information if this happens.

Record care recipient details

For each person the carer is caring for, the following details should be recorded at a minimum:

- Given name
- Family name
- DOB
- Gender
- Residential address
- Phone
- Disability/health condition
- Pension Type
- Indigenous status
- Country of birth
- Main/preferred language
- Consent (for each carer to act on their behalf)
- For each carer:
 - Carer's name
 - Carer's phone
 - Relationship to carer

Additional details will support further conversations with the carer and delivery of supports to them:

- Preferred name
- Program (My Aged Care / NDIS / Other)
- Type of funded plan/package

If this information is not captured at registration, it may be provided in later conversations with the carer. It's important to update the record with the information if this happens.

3. Understand Needs

Establish the carers needs through a **conversation** and record their goals, priorities and supports in an **action plan**. Can occur over the phone or face-to-face. Undertaken by a carer support worker (trained in Carers Star). May take between 30 to 90 minutes, 60 minutes on average.



Conversation

A full conversation including the Carers Star™ and action planning will take around 60 minutes to complete. For many carers, this is best scheduled a day or two after intake and registration, when they can:

- Make arrangements to be sitting comfortably, ideally without the person they care for in the same room, and
- Have had time to look at the Carers Star™ snapshot and scales before the conversation.

The Carers Star™ materials can be provided to the carer by:

- Email (preferred)
- Text message (where the carer does not have access to a computer at the time of the conversation)
- Mail (in cases where there is low urgency / the conversation is scheduled to occur in a week or more)

If the carer cannot be provided with Carers Star™ materials, or they aren't ready to engage with the Carers Star™, the snapshot can be completed by the Carer Support Worker only, and in this instance a record of 'Worker Only', should be recorded in the star.

Once the carer is ready to have the conversation, use Carers Star™ to guide a conversation about their needs, and record where they sit for each domain, making notes on their responses.

Whilst most conversations can occur on the phone, face to face is appropriate or preferred when:

- The person is Aboriginal or Torres Strait islander, and it isn't culturally appropriate to engage over the phone.
- The person requires an interpreter to communicate, and the Translating and

- Interpreting Service (TIS) isn't available or appropriate.
- The person is a young carer under 18.

More guidance on using the Carers Star™ to have a conversation with carers is covered in the Carers Star™ user guides and training material.

Action plan

Through the understanding needs conversation you have identified the main areas of concern for the carer and may have already touched on the carer's goals and priorities. Building on what you've learned, have a conversation with the carer to establish some immediate goals and actions, and document these in a plan. A good way to start the conversation is to reflect back what they've said are their main priority areas and suggest actions, e.g. *"You mentioned that getting to sleep is an issue for you, particularly when you're caring for your mum the next day. Have you thought about trying a relaxation tape at bedtime?"*.

Depending on where the carer is at in their journey of change, actions may be undertaken by the carer support worker or by the carer themselves. Action plans are most effective when they reflect the carer's own priorities and include realistic, achievable actions that relate to a broader goal.

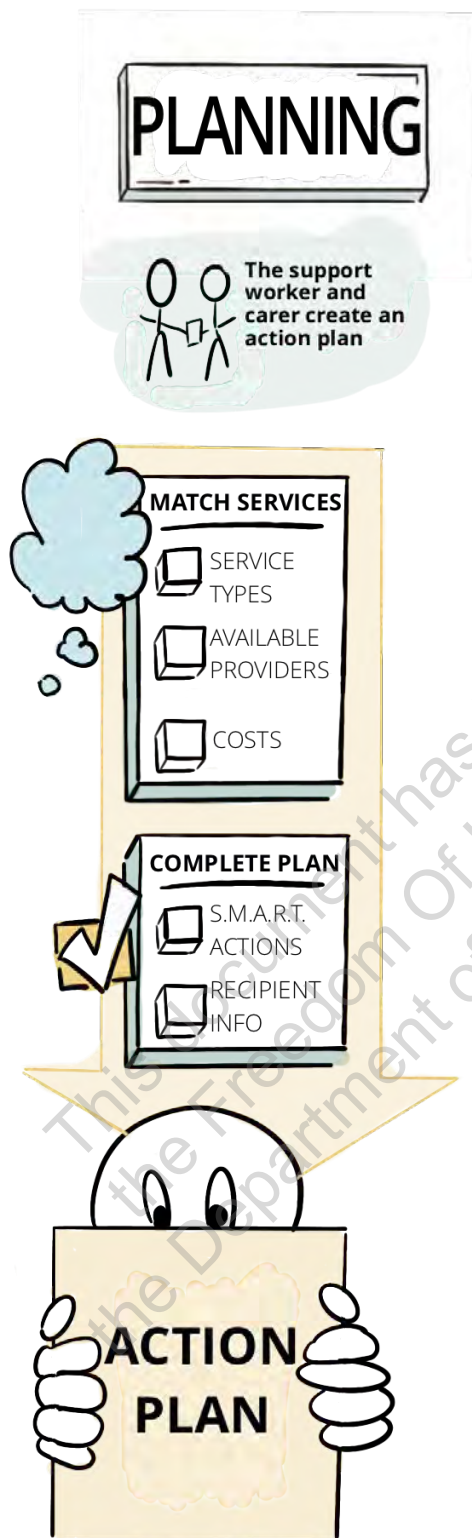
An action plan will generally include between 1-5 actions structured with the following information:

- The **priority area** from the Carers Star™ (e.g. 'Health')
- The **step in the journey of change** (e.g. 'Finding what works')
- The carer's **goal** (e.g. 'To sleep better so I have more energy in the day')
- The **action** to be undertaken, by **whom** and **when** (e.g. 'I will try streaming relaxation audio tapes at bedtime in the next week')

More guidance on using the Carers Star™ to build an action plan with carers is covered in the Carers Star™ user guides and training material.

4. Support Planning

Find supports for the carer and **finalise the action plan** with the carer. Can occur over the phone or face-to-face. Undertaken by a carer support worker (trained in Carers Star). May take between 10 to 30 minutes.



Find supports

The service matching wheel (page 19) may help in identifying available supports for the carer based on the domains of the carers star. However, your local networks and knowledge of informal supports should also be considered in forming the action plan.

When looking for supports, consider:

- The **service types** needed by the carer, *e.g. if the client requires more than one service, look for providers that will cover all;*
- The **availability** of the providers and the urgency of the client's needs, *e.g. does the provider have a three month waitlist for a service the carer needs next week;*
- The **costs** associated with the services, *e.g. if the carer has difficulty affording services, are there financial hardship provisions for fees*

The carer's communication and cultural needs should be strongly considered at this stage. Where possible, look for providers that caters to a specific cohort, or has indicated that they have additional supports to people with specific needs.

Finalise action plan

The action plan should reflect the conversations with the carer at understanding needs and planning, and should also include:

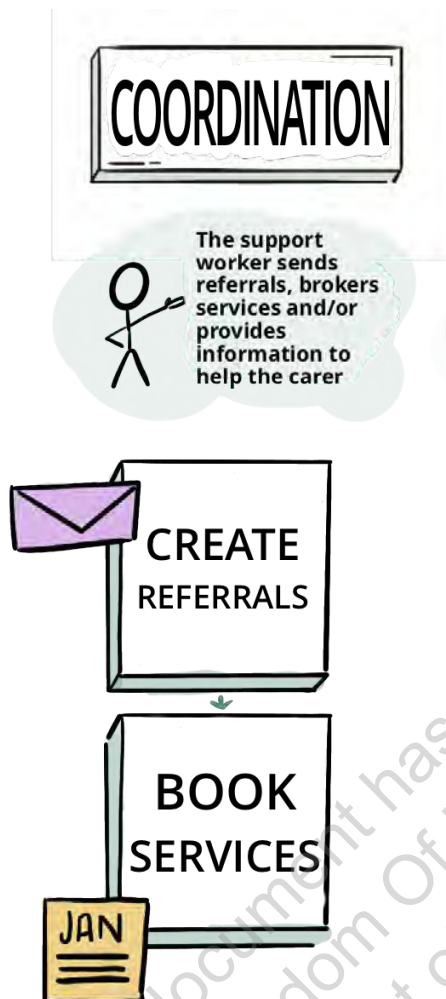
- Services that the carer has chosen to use.
- Actions for referral and/or purchase of the services.

When the action plan is complete, send a copy of their completed Carers Star™ Star Chart and action plan to the carer by email or post, depending on the carer's preferences. This is also an opportunity to send any information or brochures that you may have discussed with the carer, *e.g. information on local support groups.*

At finalisation, the carer's deidentified information should be recorded in DEX.

5. Coordination

Send referrals and **book or services** where required. Can occur over the phone, digitally (via email or eReferral system) or fax. Undertaken by a carer support worker (trained in Carers Star). Duration varies depending on action plan. May be completed the same day as support planning for simple action plans, or occur over 12 weeks for more complex plans requiring ongoing coordination.



Send referrals

If the carer intends to organise services themselves, or the services sit outside of the carer support system (e.g. My Aged Care) the Carer Support Worker creates/provides the appropriate referrals and contact details. Ensure that the carer has provided consent for their information to be provided to another organisation.

Book or broker services

If services can be booked directly, coordinate with the client to nominate a time and book the service using your system

If brokerage of services for the care recipient is required:

- Capture consent to share carer recipient's and the carer's *personal* information with the provider, if required for the services; and
- Ensure sufficient details of the care recipient's needs are captured if required for the services., e.g. *Activities of Daily Living (ADLs)* and *Instrumental Activities of Daily Living (IADLs)*

Once services have been booked or brokered:

- Contact carer so they know what to expect; and
- Post or email the schedule of services, including contribution payment details (only for services where a co-contribution payment is permitted and the carer has agreed to a co-contribution for their service).

6. Support

Services are delivered by the applicable service provider(s). Can occur face-to-face, over the phone or digitally. Undertaken by the carer themselves (for self-supports), or by services. May be one off, time-limited or ongoing services.

7. Check-in

Contact with the carer, **check wellbeing** and **return to support planning** if required. Can occur over the phone or face-to-face. Undertaken by a carer support worker (trained in Carers Star). May take between 5 to 30 minutes.



Contact carer

Contact the client **3 months** after their initial understanding needs conversation to check their progress against the action plan.

A check in is usually an informal conversation with the carer about their current situation. During the conversation, refer to their action plan and check the progress of each item.

Check wellbeing

In most cases, a check in will naturally lead to a Carers Star™ conversation. If the check in does not naturally lead to a Carers Star™ conversation, ask the carer if they have time to undertake a review of their Carers Star™ snapshot.

Even if the carer is now fully supported and doesn't intend to seek further support, an updated Carers Star™ snapshot helps to measure the effectiveness of carer supports.

Guide the conversation against each of the domains and encourage the carer to reflect on their progress in the journey of change.

Record your notes and the latest scores in your system, and report the Carers Star™ scores into DEX.

Return to support planning

If the need for new actions arise from the conversation with the carer, create a new action plan (return to step 4 – Support Planning, page 13).

If there are no new actions, arrange a follow up with the carer in **12 months**.

Guiding Questions

Purpose

Guiding questions will be developed to inform Carer Support Workers who undertake understanding needs conversations with carers for the ICSS. The intent is to enable Carer Support Workers to apply the Carers Star™ consistently. Sector stakeholders have identified a need for materials that provide guidance on:

- **Understand Needs Guiding Questions:** Identification of appropriate topics to raise with a carer to understand their needs, in line with Carers Star™ outcome areas.
- **Support Planning Guiding Questions:** Explain how to correlate Carers Star™ outcomes with services to assist the carer.

The questions below are examples of the type of questions which may be used. They *are not intended to be read verbatim as a script* – their purpose is to prompt discussion about aspects of the carer's situation that inform a Carers Star™ reading and can be used in any order, based on the judgement of the Carer Support Worker conducting the conversation.

Examples of the Understand Needs Guiding Questions

1. Health

- In general how would you say your health is?
- Do you currently have any health conditions?
- What overall impact is there on your physical health because of your caring role?
- Would you say that you have a healthy lifestyle?
- How's your diet?
- Do you get enough sleep?
- Are you on any medications?
- Do you listen to what the doctor says?

2. The Caring Role

- Any challenges for you in providing support? Are you able to support your person in all areas where they need support?
- DO you understand everything you need to do to support your person? Do you have any questions about it?
- Have you made any plans for the future? Are there already any services in place (if not already asked)?
- Do family and friends provide support to assist you in your caring role (if not already asked)?
- Do you have any concerns about the future?
 - If you were unable to continue caring either in the short term or longer term what may be some of the options?
 - Have you discussed these options with the person or family?
 - Do you have any guardianship/power of attorney arrangements in place?

3. Managing at Home

- Overall how are you coping with day to day tasks in the home? Examples include cooking, cleaning and shopping.

- Is your/their home suitable at present? What would make it more suitable?

4. Time for yourself

- Do you feel like you currently get some time to yourself and are able to attend to your own needs?
- When was the last time you spent some time by yourself outside the caring role?
- What do you enjoy doing?
- Do you get enough sleep?
- Do you get the chance to spend time with friends/family away from your caring role?
- Do you have any hobbies or interests? Do you have time to do these?

5. How you feel

- What overall impact is there on your mental health because of your caring role?
- Do you feel supported by family and friends? Any stress on relationship with person you care for? Has caring caused any strain or impacted on your relationships with family or friends?

6. Finances

- Do you receive carer pension/allowance?
- Are you ok with paying bills and groceries?
- Does your person receive a government pension/benefit?
- Has your caring role affected your financial situation?

7. Work

- Any paid employment? Status of employment?
- For carers who are employed:
 - Is your employer aware of your caring role? Are they supportive?
 - Does your caring role impact your work?
- Any volunteer work or study currently?
- Are you wanting to get back into the workforce and if so how can we support you?

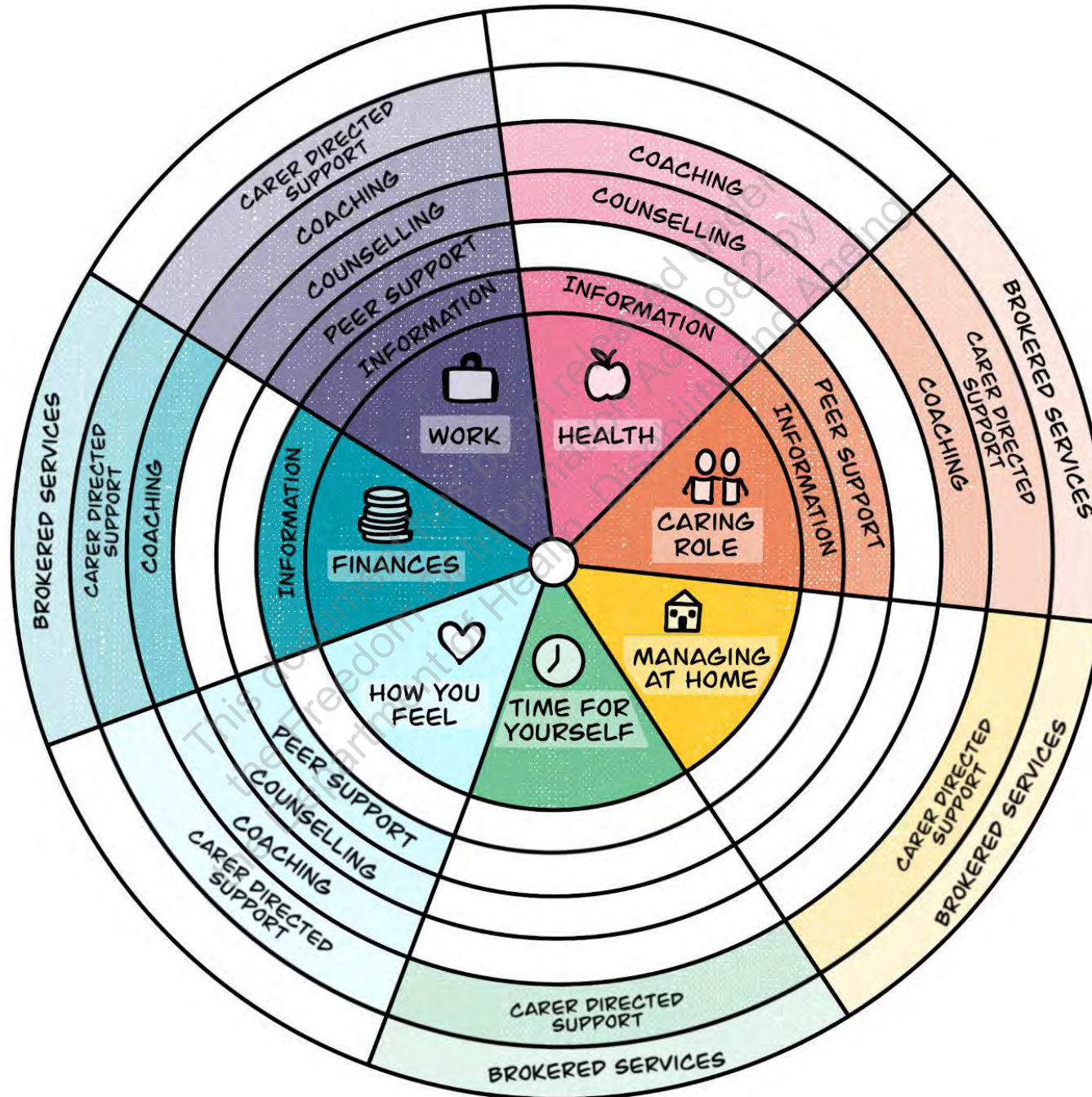
Examples of Support Planning Guiding Questions

Key questions to guide the creation of an Action Plan for the carer are as follows:

- What's important to you right now?
- Are you able to identify any goals that you would like to achieve in the near future?
- What kind of support would make the biggest difference for you now or into the future?
- Is there anything in your overall health and wellbeing you would like to change?

Service matching wheel

The following wheel matches the Carers Star™ domains against each of the services available within the ICSS.



Service Matching Table

This table suggests example ICSS services that may be appropriate to meet a carer's identified needs.

Area of Life		Need		ICSS Services								Other Actions		
				Information	Peer Support		Counselling		Coaching		Carer Directed Support	Emergency Respite	Referral	Brokerage of Recipient Services
				Online Resources	Online	In Person	Digital	In Person	Self-guided	Facilitated				
Health	Mental Health						●	●						
	Nutrition			●					●	●				
	Fitness			●					●	●				
The Caring Role	Practical support with care			●					●		●			
	Access to information/educational resources			●					●				●	
	Training			●					●	●				
	Caring advice/mentoring			●					●	●				
	Legal advice			●					●	●			●	
	Advocacy			●									●	
	Equipment/aids												●	
	Transport services												●	
	Contact/connection with other carers				●	●							●	
Temporary planned respite care												●		
Managing at home	Home repairs or modification												●	
	Support with cleaning												●	
	Support with shopping												●	
Time for yourself	Activities away from caring												●	
	Short breaks (less than a day)												●	
How you feel	To feel:													
	Supported				●	●								
	Connected				●	●								
	Secure						●	●	●	●				
Finances	Less stressed						●	●	●	●			●	
	To apply for Carer Payment/Allowance			●									●	
	Funded services for care recipient												●	
	Legal advice								●	●			●	
Work	Financial advice								●	●			●	
	Support to return to work			●					●	●			●	
	Support reduction of work hours									●			●	
	Strategies to communicate/negotiate with employer			●	●	●			●	●			●	
	Support post cessation of employment			●	●	●		●	●	●			●	