

# Data Collection and Reporting Guide

Community and Family Support  
Program


April 2026



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# 1. Introduction

This document provides guidance on data collection and reporting for the Community and Family Support (CAFS) program in the Department of Communities and Justice (DCJ).

The guidance includes the minimum reporting requirements for the CAFS program; consent and privacy obligations; how to measure and report client outcomes; reporting qualitative data; and using data to improve service delivery and client outcomes.

This document should be read in conjunction with [The Data Exchange Protocols](#) and the [CAFS Program Specifications](#).

# 2. Community and Family Support Program

The Community and Family Support Program delivers flexible support to children, young people, families and communities experiencing, or at risk of vulnerability. Importantly, it seeks to prevent risk from escalating and ensures that risk factors leading to child abuse and neglect are addressed early.



The CAFS program has the following three program activities:

- **Community Strengthening** focuses on community wellbeing, the collective sense of belonging, participation, trust, and access to resources and services that allow individuals and their communities to flourish and fulfil their potential. This is particularly important for at risk groups within the community. This includes services that build and facilitate community cohesion, inclusion and wellbeing, and empower Aboriginal communities – for example, delivering community events and workshops, advocacy and support, and education skills and training.
- **Family Connect and Support (FCS)** provides a soft entry point and connection to the service system for families who require services to prevent their needs escalating. FCS helps families identify their strengths and address underlying issues and needs by delivering holistic assessment, case coordination, warm referrals, information, advice and practical support.
- **Wellbeing and Safety** aims to support children, young people and families with targeted and intensive support. This includes services that strengthen protective factors and respond to risk factors that may lead to child abuse, neglect and/or family violence, and help parents and caregivers provide their children and young people with a safe and nurturing home – for example, counselling, family capacity building, parenting programs and supported playgroups.

### 3. Data Exchange

[The Data Exchange](#) is the primary data reporting platform for the CAFS program. It is a web-based platform hosted by the Department of Social Services (DSS).

The Data Exchange (DEX) has the flexibility to capture information across the entire CAFS continuum and supports DCJ and CAFS-funded services to work together to deliver quality services and achieve client and community outcomes. We can use the data in DEX to:

- monitor performance and progress
- have a clear understanding of the CAFS client base
- track client pathways through the service system
- measure the impact we have on client and community outcomes
- be responsive to changing local needs.

The Data Exchange also strengthens the evidence base for the CAFS program and supports continuous quality improvement for funded organisations and DCJ.

### 4. Quarterly data reporting

Quarterly reporting is mandatory from 1 January 2026 in the CAFS program.

All CAFS service providers are required to report their data through the Data Exchange in accordance with [The Data Exchange Protocols](#) and this document, except for reporting on the Community Sector Coordination service type.

This will enable shared learning, continuous quality improvement and performance monitoring to ensure service providers are reporting high quality data and meeting their contractual obligations.

It will also enable the program and service providers to demonstrate the impact of their service delivery with clients and communities to internal and external stakeholders.

#### 4.1 Quarterly reporting periods

DCJ encourages service providers to enter data at any time within a reporting period and at least quarterly for effective monitoring and quality.

An additional 30 days to submit data is provided after the end date of each reporting period as outlined in the table below:

Reporting period	Data due date
1 January – 31 March	30 April

1 April - 30 June	30 July
1 July - 30 September	30 October
1 October - 31 December	30 January

If you miss the deadline due to circumstances outside the control of your organisation, such as a crisis or natural disaster, you can submit a [System Re-opening Request form](#) to the Department of Social Services (DSS). Please consult with your DCJ Commissioning and Planning Officer (CPO) before submitting a request to ensure the request will be supported by DCJ.

Please note a change in staff or a lack of time are not valid reasons accepted by DCJ or DSS to re-open the system. In these circumstances, a summary of your data that has been de-identified should be provided to your DCJ Commissioning and Planning Officer (CPO) outside of DEX to assist with annual reporting.

## 5. Reporting data in the Data Exchange

Service providers may enter or upload their data into the Data Exchange using one of three methods:

### 5.1 Data entry methods

<b>System-to-system transfers</b>	Service providers with their own client management system capable of pushing data via web services through to the Data Exchange can continue using this software to collect and transfer their data. Service providers will need to update or adjust their system in accordance with the <a href="#">Data Exchange Web Services Technical Specifications</a> .
<b>Bulk file upload</b>	Service providers with their own client management system capable of creating and exporting XML files can continue using this software to collect and transfer their performance data. Service providers will need to update or adjust their system in accordance with the <a href="#">Data Exchange Bulk File Upload Technical Specifications</a> .
<b>Enter data directly via web platform</b>	Service providers can use the Data Exchange web-based portal to manually input their data. The web-based portal can be used as a basic case management system, although it only allows for data that is relevant to reporting. This option is available to all CAFS funded service providers.

All service providers will have access to the Data Exchange platform directly regardless of their upload method. This is useful for service providers with their own client

management system who may need to enter or correct some data via the Data Exchange portal directly.

## 6. Minimum dataset for CAFS program

There is a minimum dataset that all service providers must report in the CAFS program.

The CAFS minimum dataset ensures enough information is collected and reported to support continuous improvement of the CAFS program, while also ensuring resources are prioritised for service delivery.

### 6.1 Priority Requirements in DEX

In the Data Exchange there is a small set of mandatory data items. These data items are marked with a red asterisk \* in **6.3 Minimum Dataset for Community & Family Support program**.

These data items capture the demographics of clients, how often clients attend services, where they attend and what services they receive. They also include client consent information.

It is mandatory to provide this information as you cannot create a Case or Session in the Data Exchange if this information is missing.

It is important clients are asked these questions in a client-centred way through discussion, intake form, or assessments.


### 6.2 Partnership Approach in DEX

The Partnership Approach in DEX is an extended dataset, which is mandatory in the CAFS program. Service providers must manually opt into the Partnership approach on the Data Exchange portal: [Update participation in the Partnership Approach](#).

The Partnership Approach enables CAFS funded service providers to access further self-service data reports to support evidence-informed practice and flexible service delivery.

The data items that must be reported are marked with two asterisks \*\* in **6.3 Minimum Dataset for Community and Family Support program**, which includes demographic data, referral data, and client / community outcomes data.

All service providers have the option of recording additional data in the Data Exchange if it is valuable and will be used, such as the service setting, a client's education level, or employment status.



All service providers must only report data against the Service Types in their contract. When emerging needs are identified service providers should speak with their Commissioning and Planning Officer (CPO) about updating their Service Types to flexibly deliver services and report the new data. This may be actioned by contract amendment or variation, your CPO will advise you which process is required for any changes.

For more information, see:

- [Appendix 2](#) for a full list of the data fields and field values to be completed or uploaded into the Data Exchange.
- [The Data Exchange Protocols](#) for a full list of additional data that can be reported.
- [Example client intake form](#) for an example of a client intake form.

### 6.3 Minimum Dataset for Community and Family Support program

Service Delivery Information	Client Details and Demographics	Client Outcomes and Satisfaction**	Community Outcomes**
<p><b>Cases:</b></p> <ul style="list-style-type: none"> <li>Case ID</li> <li>Outlet* (location)</li> <li>Program activity*</li> <li>Total number of unidentified clients associated with the case (estimate)</li> <li>Attendance profile**</li> <li>Clients attached to the case</li> <li>Referral source**</li> <li>Reasons for seeking assistance**</li> </ul>	<p><b>For identified clients only:</b></p> <ul style="list-style-type: none"> <li>Client ID</li> <li>Given name*</li> <li>Family name*</li> <li>Name provided is pseudonym</li> <li>Date of birth*</li> <li>Estimated DOB</li> <li>Gender*</li> <li>Residential address*</li> <li>Ancestry* (culture client primarily identifies with)</li> <li>Aboriginal and Torres Strait Islander identification*</li> <li>Disability, impairment or condition*</li> <li>Consent to store personal information in the Data Exchange*</li> <li>Consent to participate in research, surveys, and evaluation*</li> <li>Homelessness indicator**</li> <li>Household composition**</li> </ul>	<p>One <b>GOAL</b> or <b>CIRCUMSTANCE</b> SCORE for 50% of identified/de-identified clients per quarter</p> <p>AND</p> <p>One <b>SATISFACTION</b> SCORE for 10% of identified/de-identified clients per quarter.</p> <p>Note: Goal and Circumstance SCOREs need to be paired on DEX using the same Service Type.</p>	<p>One <b>Community</b> SCORE for 50% of unidentified clients per quarter.</p>
<p><b>Sessions:</b></p> <ul style="list-style-type: none"> <li>Session ID</li> <li>Session date*</li> <li>Service type*</li> <li>Total number of unidentified clients attended session</li> <li>Referral type**</li> <li>Referral purpose**</li> <li>Client/support persons attended</li> </ul>			

\* These are part of the Data Exchange priority requirements. For cases and sessions, it is mandatory that we provide this information. For identified clients, it is mandatory that we ask clients these questions. \*\*These are part of the Data Exchange Partnership Approach and mandatory for CAFS services to report. This information should be collected through intake forms or client-centred practice over time. The referral type and referral purpose are only mandatory if a referral is made. If no referral is made it can be left blank as it's not a mandatory field in DEX.

## 7. Who is a client in the CAFS program?

A client is any person who directly receives a service as part of a CAFS-funded activity that is expected to lead to a measurable outcome, including children.

When reporting in DEX, children and other family members may be added to a Case as part of the family, however they should not be added to a Session unless they directly received that session of service AND they are expected to achieve a measurable outcome from that session.

The following table has practice examples to highlight when to add children to a Session.

Practice examples	Add child to Session?
Child attends counselling session with a parent and the counsellor supports the child.	Yes
Child attends counselling session with a parent but the child plays with toys separately.	No
Worker conducts home visit to provide family support, but the child is at school.	No

CAFS service providers and their staff who receive services through the Community Sector Coordination service type are not considered clients and should not be reported on DEX.

As below, clients may be recorded as identified, de-identified or unidentified.

### 7.1 Identified, de-identified and unidentified clients



**Identified**



**De-identified**



**Unidentified**

<b>Identified clients</b>	An identified client is where a client consents to their personal information being stored in the Data Exchange.
<b>De-identified clients</b>	Individual clients must be de-identified if they do not consent to have their personal information stored in the Data Exchange (see 26.1 How to de-identify a client on DEX).
<b>Unidentified clients</b>	Clients may be recorded as unidentified when it is not practical or appropriate to collect client details, such as a large group or light interaction. No information is collected from these clients.

All client data reported in DEX is de-identified for DSS and DCJ to maintain client privacy. Even when a client consents to have their personal information stored on DEX, DSS and DCJ does not see a client’s name or street address, only their non-identifying demographic data.

It may not always be practical, possible or appropriate to collect client details and demographics. Practitioners should use their professional judgement to determine how and when to collect client information. For information about de-identifying client data see the graphic in 27.1 below.

Where it is not possible to collect demographic data for individual clients, such as a program delivered in schools, this should be reported under the Community Strengthening program activity rather than the Safety & Wellbeing program activity.

Service providers may record a combination of identified, de-identified and unidentified clients. The following table provides an important guide on the percentage of identified or de-identified and unidentified clients service providers should aim to report for each CAFS service type. **There is no penalty for not reaching these percentage amounts each reporting period.**

## 7.2 Percentage of clients to report (guide only, not mandatory)

Community Strengthening service types	Identified or de-identified clients	Unidentified clients
<ul style="list-style-type: none"> <li>• Community engagement</li> <li>• Indigenous advocacy / support</li> <li>• Indigenous community engagement</li> <li>• Indigenous healing activities</li> <li>• Information / Advice / Referral</li> <li>• Social participation</li> </ul>	Report <b>25%</b> of clients as identified or de-identified.	Report <b>75%</b> of clients as unidentified.
<ul style="list-style-type: none"> <li>• Advocacy and support</li> <li>• Education and skills training</li> <li>• Facilitate employment pathways</li> </ul>	Report <b>50%</b> of clients as identified or de-identified.	Report <b>50%</b> of clients as unidentified.

Family Connect and Support service types	Identified or de-identified clients	Unidentified clients
<ul style="list-style-type: none"> <li>• Active holding</li> <li>• Family capacity building</li> <li>• Information / Advice / Referral</li> </ul>	Report <b>100%</b> of clients as identified or de-identified.	<b>No</b> clients should be reported as unidentified.

Wellbeing and Safety service types	Identified or de-identified clients	Unidentified clients
<ul style="list-style-type: none"> <li>• Counselling</li> <li>• Education and skills training</li> <li>• Family capacity building</li> <li>• Indigenous supported playgroups</li> <li>• Information / Advice / Referral</li> <li>• Mentoring / peer support</li> <li>• Parenting programs</li> <li>• Indigenous parenting programs</li> <li>• Specialist support</li> <li>• Supported playgroups</li> <li>• Youth individualised support</li> </ul>	Report <b>100%</b> of clients as identified or de-identified.	<b>No</b> clients should be reported as unidentified.

## 8. Culturally and Linguistically Diverse clients

A culturally and linguistically diverse (CALD) client in the CAFS program is determined by the primary culture the client identifies with. This approach is based on the principle of client-led practice and decision-making as the most accurate way to collect and report data.

A CALD client is reported in the Data Exchange using the “Ancestry” field, which is part of the extended demographics. The list of values in the “Ancestry” field is drawn from the Australian Bureau of Statistics Australian Standard Classification of Cultural and Ethnic Groups (ASCCEG), 2016.



The Australian Bureau of Statistics (ABS) endorses the use of this classification when collecting, aggregating, and disseminating data relating to the cultural and ethnic diversity of the Australian population. In addition to its use by the ABS, the ASCCEG is also designed for use in the broader Australian statistical community, including government agencies, private companies, and community organisations.

Service providers may still collect “Country of birth” and/or “Language spoken at home” if this data is valuable and will be used. However, there is no longer any requirement to report this data. This will help ensure data reporting is kept to a minimum and CAFS resources are prioritised for service delivery.

Where a client primarily identifies with one of the following cultures or countries they will not be counted as a CALD client:

- Aboriginal and / or Torres Strait Islander
- Australia
- Canada
- Ireland
- New Zealand
- South Africa
- United Kingdom
- United States of America

## 9. Service delivery information

### 9.1 Program Activities and Service Types

There are three program activities in the CAFS program that all service delivery is reported under:

- Program Activity 1: CAFS - Community Strengthening
- Program Activity 2: CAFS - Family Connect and Support
- Program Activity 3: CAFS - Wellbeing and Safety

Program activities are assigned to your organisation by DCJ in the Data Exchange. You will only have access to the program activities you have been contracted to deliver.

Under each program activity sits numerous service types. Service types are the activities you deliver directly to clients. Service providers must only report on the service types they are contracted to deliver. For a full list of service types see [CAFS Program Specifications](#).

To report your service delivery in the Data Exchange you need to create Outlets, Cases, and Sessions.

## 9.2 Naming of Outlets in DEX

An outlet is the location where a service is delivered or where staff travelled from to deliver a service.

Service providers must create their own Outlets in the Data Exchange to identify the location where their activities are delivered, as identified in your contract(s).

When naming an Outlet in the CAFS program, the following convention is used:

**Contract ID > Outlet name > Suburb**, for example:

- CON-123456 - Bankstown Neighbourhood Centre – Bankstown
- CON-987654 - Family Support – Dubbo
- CON-246876 – Supported Playgroup – Coffs Harbour
- CON-13579 – Lake Illawarra High School – Lake Illawarra

The following optional table can be used by service providers and Commissioning & Planning teams to match data to contracted deliverables and assist with monitoring progress:

Outlet name	Table in contract	Row in contract
CON-987654 - Family Support – Dubbo	Table 2.3	A
CON-987654 – Supported playgroup – Dubbo	Table 2.3	B
CON-987654 – Neighbourhood Centre – Dubbo	Table 2.1	A

An Outlet's name or address must not include any sensitive information, such as a person's home address or a protected location such as a refuge. To create an Outlet for a protected location, record the Outlet as the nearest premises where staff are based, or use an address of a nearby public place, such as a post office, police station or shopping centre.

You should not create duplicate outlets with an identical name and address (suburb, state, postcode combination) as an existing outlet for your organisation. If you create or

edit an outlet using an existing name and address, an error will display advising you to modify the outlet name or address.

A new or updated Outlet triggers an approval process by the Department of Social Services that may take up to 10 days to approve.

Service providers cannot begin reporting until they have set up their Outlets and linked the related Program Activities to the Outlet.

#### Need help to set up your outlets?

- [Create and manage outlets](#)

## 10. Cases and Sessions

Cases and Sessions must be created in DEX to report the activities you deliver.

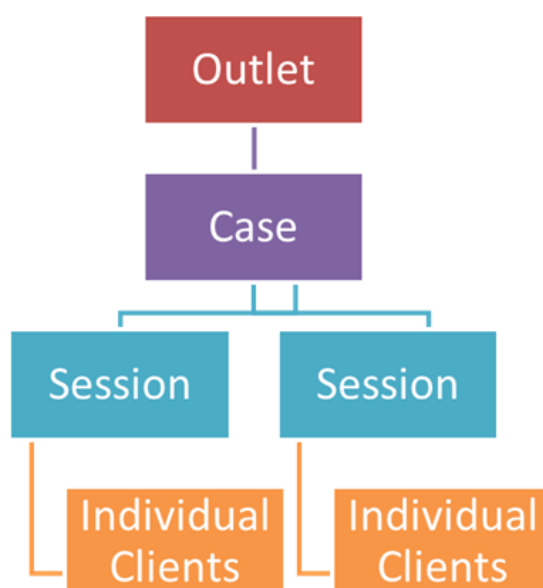
Cases function as containers as they group your Sessions together. Cases link client and Session data to location and the related program activity (see figure below).

A Session is an individual episode of service, such as a home visit, playgroup, or an event.

A Session is not to be created for standard casework tasks, such as phone calls, text messages, sending referrals and other administrative duties where the client is not present, which should be captured in case notes but not reported as a Session of service.

You can have an unlimited number of Sessions within a Case. Sessions tell us what activity was delivered, when and to whom.

### 10.1 Outlets, Cases, Sessions, and Clients



The way you set up your Cases will depend on the program activity you deliver:

- **Community Strengthening** cases are based on the service provided (e.g. events, workshops, educational groups, etc).
- **Family Connect and Support** cases are based on the client or family (e.g. using a client or family ID number).
- **Wellbeing and Safety** cases are based on the client or family (e.g. using a client or family ID number).

A **Session** record should only be created to report:

- What service was delivered on a particular date within a reporting period
- The type of service delivered, and
- Which clients attended AND were expected to achieve an outcome.

Where services are delivered in collaboration with other organisations the way data is reported needs to reflect the agreement and prevent double counting. For counting rules and examples see [Add clients, cases and sessions](#).

## 11. Measuring and reporting client outcomes

Client outcomes are the changes that occur for clients and communities because of service delivery, such as changes in skills, knowledge, or circumstances.

There are seven client outcomes the CAFS program aims to achieve for all children, young people, families, and communities in NSW, which align with the [NSW Human Services Outcomes Framework](#).

Service providers should aim to work towards one or more of the seven client outcomes described below in **18.2 Client outcomes in the CAFS program**.

Services funded under the CAFS program sit within a diverse and complex human services system. CAFS services contribute to outcomes for the families and communities they serve in many ways. Often, the changes we see in our clients and communities are the result of a collective effort across the service system.

The outcomes service providers contribute to will be identified in their individual contracts. To understand how each service provider contributes to these outcomes, we must report client and community outcome data in the Data Exchange using Standard Client/Community Outcome Reporting (SCORE). See section **15: What is SCORE** below.

## 12. Outcomes for Aboriginal People in the Community and Family Support Program Framework

Outcomes for Aboriginal people in the CAFS program have been designed in consultation with Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal staff in the CAFS program to reflect what is important to Aboriginal people.

These outcomes are additional to the CAFS client outcomes. ACCOs and service providers supporting Aboriginal people are not required to report these outcomes in DEX.

See **Appendix 4: Outcomes for Aboriginal People in the Community and Family Support Program Framework**. For more information, see [CAFS Program Specifications](#).



### 13. Indigenous Data Governance

The CAFS program is committed to the principles of Indigenous Data Governance, which refers to the right of Indigenous peoples to exercise ownership over Indigenous data.

Ownership of data can be expressed through the creation, collection, access, analysis, interpretation, management, dissemination, and use of Indigenous data.



For more information, see [CAFS Program Specifications](#).

### 14. Service system outcomes

Improving the wellbeing of children, young people, families, and communities requires a flexible and responsive service system equipped to respond quickly and effectively to emerging issues and challenges.

Seven service system outcomes have been developed to describe the outcomes that the CAFS program aims to achieve as a sector to improve client and community outcomes.

Organisations delivering community sector coordination activities play a fundamental role in supporting the CAFS sector to deliver the service system outcomes. These organisations will be specifically contracted to deliver services aligned to the CAFS Service System Outcomes and are expected to demonstrate their contribution to achieving them. See **Community Sector Coordination** below.

As detailed below, the seven service system outcomes are, strengths based; flexible and responsive; culturally safe and responsive; capable; collaborative; person-centred and community-centred and evidence informed.



See Appendix 5: Service System Outcomes for CAFS program.

## 15. What is SCORE?

SCORE stands for ‘Standard Client / Community Outcomes Reporting’.

SCORE is an outcome reporting tool that helps report the impact of service delivery using a 5-point rating scale.

There are four distinct types of SCORE:

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

Each type of SCORE has different domains that can be used to report client outcomes, as detailed below. Descriptions of these domains are in the [Data Exchange Protocols](#).

### 15.1 SCORE types and domains

SCORE types	Domains
Circumstances SCORE	<ul style="list-style-type: none"> <li>• Physical health</li> <li>• Mental health, wellbeing and self-care</li> <li>• Personal and family safety</li> <li>• Age-appropriate development</li> <li>• Material wellbeing and necessities</li> <li>• Community Participation and Networks</li> <li>• Family Functioning</li> <li>• Financial resilience</li> <li>• Employment</li> <li>• Education and Skills training</li> <li>• Housing</li> </ul>
Goals SCORE	<ul style="list-style-type: none"> <li>• Knowledge and access to information</li> <li>• Skills</li> <li>• Behaviours</li> <li>• Empowerment, choice and control to make own decisions</li> <li>• Engagement with support services</li> </ul>

	<ul style="list-style-type: none"> <li>• Impact of immediate crisis</li> </ul>
<b>Community SCORE</b>	<ul style="list-style-type: none"> <li>• Group or community knowledge, skills, attitudes and behaviours</li> <li>• Organisational knowledge, skills and practices</li> <li>• Community infrastructure and networks</li> <li>• Social cohesion</li> </ul>
<b>Satisfaction SCORE</b>	<ul style="list-style-type: none"> <li>• The service listened to me and understood my issues</li> <li>• I am satisfied with the services I have received</li> <li>• I am better able to deal with the issues I sought help with</li> </ul>

### 15.2 Circumstances SCORE 5-point scale

Circumstances SCORE is used to report if a client's circumstances have improved and what kind of impact they have on the client's overall wellbeing. For example, does the client's housing situation negatively impact their wellbeing?

1	2	3	4	5
Negative impact	Moderate negative impact	Middle ground	Adequate over the short term	Adequate and stable over the medium term

### 15.3 Goals SCORE 5-point scale

Goals SCORE is used to report a client progress in achieving their goals. For example, has the client's behaviour improved?

1	2	3	4	5
No progress	Limited progress with emerging engagement	Limited progress with strong engagement	Moderate progress	Fully achieved

### 15.4 Satisfaction SCORE 5-point scale

Satisfaction SCORE is used to report if clients are satisfied with the service they received. For example, does the client agree or disagree that the service listened to them and understand their issues?

1	2	3	4	5
Disagree	Tend to disagree	Neither agree nor disagree	Tend to agree	Agree

### 15.5 Community SCORE 5-point scale

Community SCORE is used to report changes in groups and/or communities. For example, has there been a change in social cohesion in a community?

1 No change	2 Limited change with emerging engagement	3 Limited change with strong engagement	4 Moderate change	5 Significant change
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See **Appendix 3** for the full SCORE scales.

## 16. How do CAFS program client outcomes align with SCORE?

Each of the seven CAFS program client outcomes can be mapped to one or more SCORE domains (see **19.2 Client outcomes in the CAFS Program**), for example:

- the CAFS client outcome ‘Increased participation in community events’ maps to the Circumstance SCORE domain ‘Community Participation and Networks’.
- the CAFS client outcome ‘Increased school attendance and achievement’ could map to the Circumstances SCORE domain ‘Age-Appropriate development’ OR ‘Education and Skills training’.

The Goals SCORE domains sit across all the CAFS program client outcomes. This means they could be used to report any of the CAFS client outcomes.

Service providers do not need to collect and report data for every SCORE domain. Service providers must choose the domain(s) that are most relevant to the outcomes they are trying to achieve when reporting in the Data Exchange. At a minimum, service providers need to report on the CAFS program client outcomes in their contract.

## 17. Optional outcome e-tool

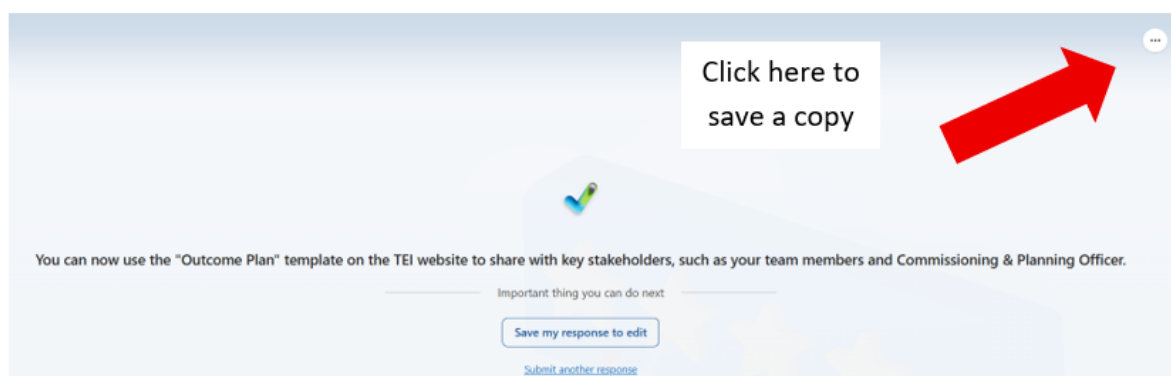
### 17.1 Outcomes e-Tool

An optional [Outcomes e-Tool](#) has been developed to help service providers plan how they will collect and report outcomes in the Data Exchange.

The form uses conditional formatting to help service providers quickly and easily choose the primary client or community outcomes to report and then who, when and how these outcomes will be measured.

The form populates according to the SCORE type selected (Circumstances, Goals, Community or Satisfaction) and then suggests relevant client survey questions or practitioner assessment questions for reporting outcomes using a 1-5 scale.

On completing the tool service providers will have the option to save the results as a PDF by clicking the option at the top-right corner > Print response > Save as PDF:



## 17.2 Outcomes Plan Template

An optional [Outcomes Plan template](#) has been developed as an interactive tool service providers can use to store and share their outcome reporting plans with key stakeholders, such as team members and Commissioning and Planning Officers.

The Outcomes Plan template (and Outcomes e-Tool) includes a reminder for service providers to align their outcome reporting with their CAFS contract and their Program Logic and report the following minimum outcome reporting requirements:

- **Client outcomes** - one Goal or Circumstance SCORE for 50% of identified / deidentified clients per quarter.
- **Community outcomes** - one Community SCORE for 50% of unidentified clients per quarter.

## 18. How many clients do I need to report SCOREs for?

In the CAFS program, SCORE should be reported for most but not all clients, as detailed below in **18.1 Percentage of clients to report outcomes**. There is no penalty for not reaching the percentage each reporting period.

Circumstances, Goals and Satisfaction SCORE are used to report outcomes for individual clients, as detailed below in **18.2 Client outcomes in the CAFS Program**.


Community SCORE is used to report outcomes for unidentified clients in groups or community activities.

### 18.1 Percentage of clients to report outcomes (guide only, not mandatory)

Circumstances SCORE and/or Goals SCORE	50% of identified / deidentified clients per quarter
Community SCORE	50% of unidentified clients per quarter.
Satisfaction SCORE	10% of identified / deidentified clients per quarter

## 18.2 Client outcomes in the CAFS Program

### NSW Human Services Outcomes Framework (People Domains)

 Client Outcomes

 Description

Your contribution to the Community and Family Support program client outcomes will be reported across the seven domains of the Human Services Outcomes Framework using the relevant short term indicators below.

#### Short term indicators from DSS Data Exchange

 SCORE circumstance domains

 SCORE community domains

 Available validated instruments


**SCORE goals sit across all Human Services Outcomes Framework domains**

\* See the Community and Family Support Data Collection and Reporting Guide for further information about validated instruments.

### The overarching Community and Family Support program client outcome is achieving safety and wellbeing at home

#### Safety

All people in NSW are able to be safe.

-  Children are safe within their families.
-  Reduced risk of entry into the child protection system.
-  Increased safety from family violence and (longer term) reduced rates of family violence.
-  Families and communities are supported to keep children safe. For example, through community level educational events or specific targeted supports such as drug and alcohol counselling and parenting programs.
-  Personal and family safety
-  Child neglect index
-  Personal wellbeing Index Q5









#### Social and Community

All people are able to participate and feel socially and culturally connected.

-  Increased inclusion and participation in community events
-  Increased sense of belonging to their community
-  Increased client connection to supportive relationships
-  increase in formal and informal networks
-  People are supported to feel part of the community and that they are making a contribution. For example, by participating in community events, parenting groups, and Aboriginal initiatives.
-  Community participation & networks
-  Group/community, knowledge, skills attitudes behaviours
-  Organisational, knowledge, skills and practices
-  Community infrastructure and networks
-  Social cohesion
-  Personal wellbeing Index Q6






#### Empowerment

All people and communities in NSW are able to contribute to decision making that affects them and live fulfilling lives.

-  Increased client reported self-determination.
-  Families have increased knowledge of the services and supports available to them.
-  Families and carers are empowered and confident to understand and meet their child's needs.
-  Families have improved resourcefulness to meet their needs.
-  Families are empowered to engage with services which support their needs.
-  Families feel heard, understood and respected when engaging with Community and Family Support services.
-  People are supported to exercise control over decisions that affect their lives. For example, through advocacy, supported referrals to relevant services or personalised training support.
-  Parental empowerment and efficacy measure








#### Home

All people in NSW have a safe and affordable place to live.

-  Sustained safe and stable housing
-  People are supported to find or stay in safe and stable housing.
-  People are supported to have close and healthy relationships with immediate family members. For example, through activities such as supported playgroups, parenting programs and family capacity building.
-  Family functioning
-  Housing















#### Education and Skills

All people in NSW are able to learn, contribute and achieve.

-  Increased school attendance and achievement.
-  Reduced number of children starting school developmentally vulnerable in one, or two or more AEDC domains.
-  Children and young people are supported to attend and engage in school.
-  People are supported to participate in education and develop skills. For example, through mentoring or advocacy support as well as material aid and specialist support.
-  Children are developmentally ready when they start school.
-  Age-appropriate development
-  Education & skills training

#### Health

All people in NSW are able to live a healthy life.

-  Improved health and development of children and young people
-  Improved parental health
-  Improved mental health and wellbeing of children and young people
-  Improved personal wellbeing
-  People are supported to access and receive the health services they need. For example, through referral to therapeutic and health services, participation in parenting programs.
-  Physical health
-  Mental health
-  Wellbeing, and self-care
-  Carers star
-  Edinburgh postnatal depression scale
-  Growth and empowerment measure
-  Kessler Psychological Distress Scale (K10)
-  Outcome rating scale
-  Personal Well-being Index Q2
-  Strengths and difficulties questionnaire

#### Economic

All people in NSW are able to contribute to and benefit from the economy.

-  Sustained participation in employment\*
-  People are supported to have their basic needs met. For example, through attending education and training sessions or referral to employment agencies.
-  Financial resilience
-  Material well-being and basic necessities
-  Employment
-  Personal wellbeing Index Q1

## 19. When should I use Community SCORE?

Community SCORE should be used when it is not possible, practical or relevant to record identified or deidentified clients, for example:

- a community event where it is not possible or appropriate to collect client details
- a drop-in centre where people are not regularly attending
- short interactions, such as providing information or advice.

Community SCORE can be reported in two separate ways. The first method is to report an initial and follow up SCORE and the second method is to report one SCORE only:

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Community SCOREs can be recorded two different ways:

### Community SCORE

- Record one Community SCORE (e.g. at the end of a community event)
- Record initial and follow-up SCOREs (e.g. at the first and last training session)

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The way you record Community SCORE will depend on type of activity you conduct and what is practical.

## 20. Community Wellbeing Survey

The [Community Wellbeing Survey](#) was developed to measure community wellbeing, identify local and emerging needs and help tell the story behind DEX data, such as cost-of-living pressures, natural disasters and other community-level events.

The Community Wellbeing Survey is optional, anonymous and available in ten languages commonly used in NSW and is administered by the Local Community Services Association (LCSA).



All CAFS funded organisations delivering Community Strengthening activities are invited to offer the survey to their clients and community members throughout the year using the following reusable link:

[https://surveys.dcj.nsw.gov.au/jfe/form/SV\\_0Ck6ckVGAPWywMC](https://surveys.dcj.nsw.gov.au/jfe/form/SV_0Ck6ckVGAPWywMC).

Survey results are published annually on the [LCSA website](#) and a copy of your service's survey results can be obtained from LCSA upon request.

For more information or a copy of the QR code to add to your own communication, please contact [admin@lcsansw.org.au](mailto:admin@lcsansw.org.au)

## 21. How can we measure client outcomes?

In the CAFS program, service providers have the flexibility to measure outcomes several different ways. You can:

1. Use SCORE directly as a survey tool or to conduct a practitioner assessment.
2. Use a validated tool and translate the result into SCORE
3. Use your own tool and translate the result into SCORE

We encourage you to assess client outcomes in a way that best suits your unique service delivery context.

### 21.1 Use SCORE directly

As detailed in the following table, you can use SCORE directly to collect and report outcomes in the Data Exchange via a survey or a practitioner assessment.

<b>Use SCORE as a survey</b>	Clients can conduct a self-assessment with the survey tool: <a href="#">How to use SCORE with Clients</a> . This tool is a simple version of SCORE. It includes Circumstances, Goals, and Satisfaction SCOREs. You can print this document or copy the questions for relevant domains into your own document. You can simplify the questions further if necessary.
<b>Use SCORE to conduct a practitioner assessment</b>	Practitioners or workers can conduct an assessment using the SCORE. See the matrix in Appendix 3. You can observe and talk to the client and identify where you think they fit on the 5-point rating scale.

### 21.2 Use a validated tool and translate the result into SCORE

A validated tool is an instrument that has been demonstrated by research and rigorous testing to be sufficiently reliable, valid and sensitive.

You can use a validated tool to measure client outcomes. You can then translate those outcomes into SCORE.

DSS have developed a [SCORE Translation Matrix](#) to help organisations translate validated instruments into SCORE.

The SCORE translation matrix has already translated eleven commonly used validated tools into SCORE. These instruments include:

- Personal Wellbeing Index (PWI)
- Child Neglect Index (CNI)

- Edinburgh Postnatal Depression Scale (EPDS)
- Growth and empowerment measure (GEM)
- Kessler Psychological Distress Scale (K10)
- Outcome Rating Scale (ORS)
- Parenting, Empowerment and Efficacy Measure (PEEM)
- Sessions Rating Scale (SRS)
- Strengths and Difficulties Questionnaire (SDQ)
- Carers Star (CS)

The [SCORE Translation Matrix](#) includes a blank template you can use to translate other tools into SCORE.

### 21.3 Use your own tool and translate the result into SCORE

You can use your own survey or instrument to measure client outcomes. You can then translate those outcomes into SCORE.

The [SCORE Translation Matrix](#) includes a blank template you can use to translate your survey or tool into SCORE. This will ensure staff within your organisation report outcomes into SCORE in a consistent way.

## 22. Common Assessment Tool

The [Early Intervention Common Assessment Tool \(CAT\)](#) has been developed for CAFS workers to adopt a flexible and consistent approach when conducting assessments that are family led and culturally safe. It is designed to assess a family's strengths and their current challenges.



Following an assessment and service delivery, workers should choose one primary outcome to report in the Data Exchange, in line with minimum outcome reporting requirements (see **Minimum Dataset** at section 6.3).

Service providers may also choose one or more secondary outcomes to report to reflect additional areas of progress or change.

### 22.1 Mapping CAT to SCORE for reporting client outcomes

The CAT domains and scaling questions have been mapped to SCORE in the following table to help service providers consistently report client outcomes in DEX.

All service providers delivering the FCS program activity must use the Common Assessment Tool (CAT) when conducting a comprehensive assessment.

The CAT is optional for service providers delivering the Community Strengthening and Wellbeing and Safety program activities. Where a comprehensive assessment is required, CAFS service providers should use the CAT or another suitable and culturally appropriate assessment tool.

While all outcome domains should be assessed, service providers don't need to record a response to all the scaling questions. Service providers should report in DEX the primary reason for seeking assistance by the client and any secondary issues if needed.

CAT domain	CAT questions	Mapping to SCORE
<b>Safety</b>	<ul style="list-style-type: none"> <li>• My family and I feel safe at home</li> <li>• My family and I feel safe out in the community</li> <li>• My family does not have arguments that lead to aggression or physical abuse</li> </ul>	<b>Circumstance SCORE:</b> <ul style="list-style-type: none"> <li>• Personal and family safety</li> </ul>
<b>Social &amp; Community</b>	<ul style="list-style-type: none"> <li>• My family and I are connected to our culture</li> <li>• I have a clear sense of what my culture means to me</li> <li>• I feel connected to my community</li> </ul>	<b>Circumstance SCORE:</b> <ul style="list-style-type: none"> <li>• Community participation and networks</li> </ul>
<b>Family relationships</b>	<ul style="list-style-type: none"> <li>• I have confidence in my parenting and caring skills</li> <li>• My family generally gets along with each other</li> <li>• I have friends and people I can count on outside of my family</li> <li>• My children find it easy to make and maintain friendships</li> </ul>	<b>Circumstance SCORE:</b> <ul style="list-style-type: none"> <li>• Family functioning</li> </ul>
<b>Health</b>	Part A: Child's physical health, mental health and disability:	<b>Circumstance SCORE:</b>
	<ul style="list-style-type: none"> <li>• My children are physically healthy</li> </ul>	<ul style="list-style-type: none"> <li>• Physical health</li> </ul>
	<ul style="list-style-type: none"> <li>• My children are usually happy and emotionally well</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health, wellbeing and self-care</li> </ul>
	<ul style="list-style-type: none"> <li>• My children can do most things that are expected for their age and ability</li> </ul>	<ul style="list-style-type: none"> <li>• Age-appropriate development</li> </ul>
	Part B: Child's behaviour	<b>Circumstance SCORE:</b>
	<ul style="list-style-type: none"> <li>• My children cope well with difficult situations</li> </ul>	<ul style="list-style-type: none"> <li>• Age-appropriate development</li> </ul>
	<ul style="list-style-type: none"> <li>• I feel confident in managing my child's behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health, wellbeing and self-care</li> </ul>
	Part C: Parent's physical health, mental health and disability	<b>Circumstance SCORE:</b>

	<ul style="list-style-type: none"> <li>I am generally in good physical health</li> </ul>	<ul style="list-style-type: none"> <li>Physical health</li> </ul>
	<ul style="list-style-type: none"> <li>I generally feel good emotionally</li> </ul>	<ul style="list-style-type: none"> <li>Mental health, wellbeing and self-care</li> </ul>
	<p>Part D: Alcohol and/or other drugs use</p> <ul style="list-style-type: none"> <li>Drinking alcohol is not a problem for me or my family</li> <li>Drug use is not a problem for me or my family</li> </ul>	<p><b>Circumstance SCORE:</b></p> <ul style="list-style-type: none"> <li>Mental health, wellbeing and self-care</li> </ul>
<b>Home</b>	<ul style="list-style-type: none"> <li>My family's home is stable</li> <li>My family's home is appropriate/suitable for our needs</li> </ul>	<p><b>Circumstance SCORE:</b></p> <ul style="list-style-type: none"> <li>Housing</li> </ul>
<b>Economic</b>	<ul style="list-style-type: none"> <li>I can afford the things I need for myself and my family</li> <li>I am employed in suitable work</li> <li>I have access to healthy food for myself and my family</li> <li>I can prepare healthy meals for myself and my family</li> </ul>	<p><b>Circumstance SCORE:</b></p> <ul style="list-style-type: none"> <li>Employment</li> <li>Financial resilience</li> <li>Material wellbeing and necessities</li> </ul>
<b>Education &amp; skills</b>	<p>Part A: Education and skills</p> <ul style="list-style-type: none"> <li>I am happy with my current level of education/training</li> </ul> <p>Part B: Child's learning and development</p> <ul style="list-style-type: none"> <li>My children enjoy learning and developing new skills</li> <li>I am happy with my children's attendance and engagement with school</li> <li>I have confidence in my children's development or ability to learn</li> </ul>	<p><b>Circumstance SCORE:</b></p> <ul style="list-style-type: none"> <li>Education and skills</li> </ul>
<b>Empowerment</b>	<ul style="list-style-type: none"> <li>I feel confident in making decisions for my family</li> <li>I know about the services that can provide support for myself and my family</li> <li>I feel confident in talking with services to seek support for myself and my family</li> </ul>	<p><b>Goal SCORE:</b></p> <ul style="list-style-type: none"> <li>Empowerment, choice and control</li> </ul>

## 23. How should we assess client outcomes?

The approach you take will depend on the tool or instrument you have chosen to measure client outcomes. It may also depend on your client and what they feel comfortable with.

Service providers should decide what is the most appropriate way for their service and their clients to assess the outcomes, as detailed below:

<p><b>Use SCORE directly</b></p>	<p>An assessment can be completed by:</p> <ul style="list-style-type: none"> <li>• A client’s self-assessment: a client can complete the ‘How to use SCORE with clients’ survey.</li> <li>• A support person (e.g. a carer): a support person can complete the survey on behalf of or with the client.</li> <li>• Practitioner/worker’s assessment: a practitioner talks to and observes the client and uses their professional judgement to determine a client’s SCORE.</li> <li>• Joint assessment between the client and practitioner: the client and practitioner work together to determine the client’s SCORE.</li> </ul>
<p><b>Use a validated tool and translate the result into SCORE</b></p>	<p>Follow the instructions on how to use that tool. For example, the Child Neglect Index should be completed by a practitioner. The K10 and PWI are self-assessment tools that should be completed by the client.</p> <p>See the <a href="#">SCORE Translation Matrix</a> for information on how to administer each validated instrument.</p>
<p><b>Use your own tool and translate the result into SCORE</b></p>	<p>We encourage you to think about the best way to administer your tool. This may change depending on your client’s needs.</p>

## 24. When to assess client outcomes

The approach you take will depend on the type of SCORE you use:

<p><b>Circumstance and Goals SCORE</b></p>	<p>Circumstance and Goal SCOREs must be recorded at least twice. Initially at the beginning of service delivery and then at the end of service delivery, or at regular intervals through service delivery, to track a client’s progress. Two</p>
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SCOREs must be recorded against the same Service Types to see the paired data in DEX.

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<b>Satisfaction SCORE</b>	Satisfaction SCOREs are recorded once, towards the end of service delivery.
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Your first SCORE assessment should be conducted early in service delivery once rapport has been established with your client.

Service providers can put an initial and subsequent score against one session (eg at a one-off training course where participants complete a pre and post training questionnaire).

If you deliver an ongoing or long-term service, you can conduct SCORE assessments at regular intervals. This can be used to track client progress. For example, if you conduct counselling sessions, you could conduct an assessment once a month to monitor client outcomes.

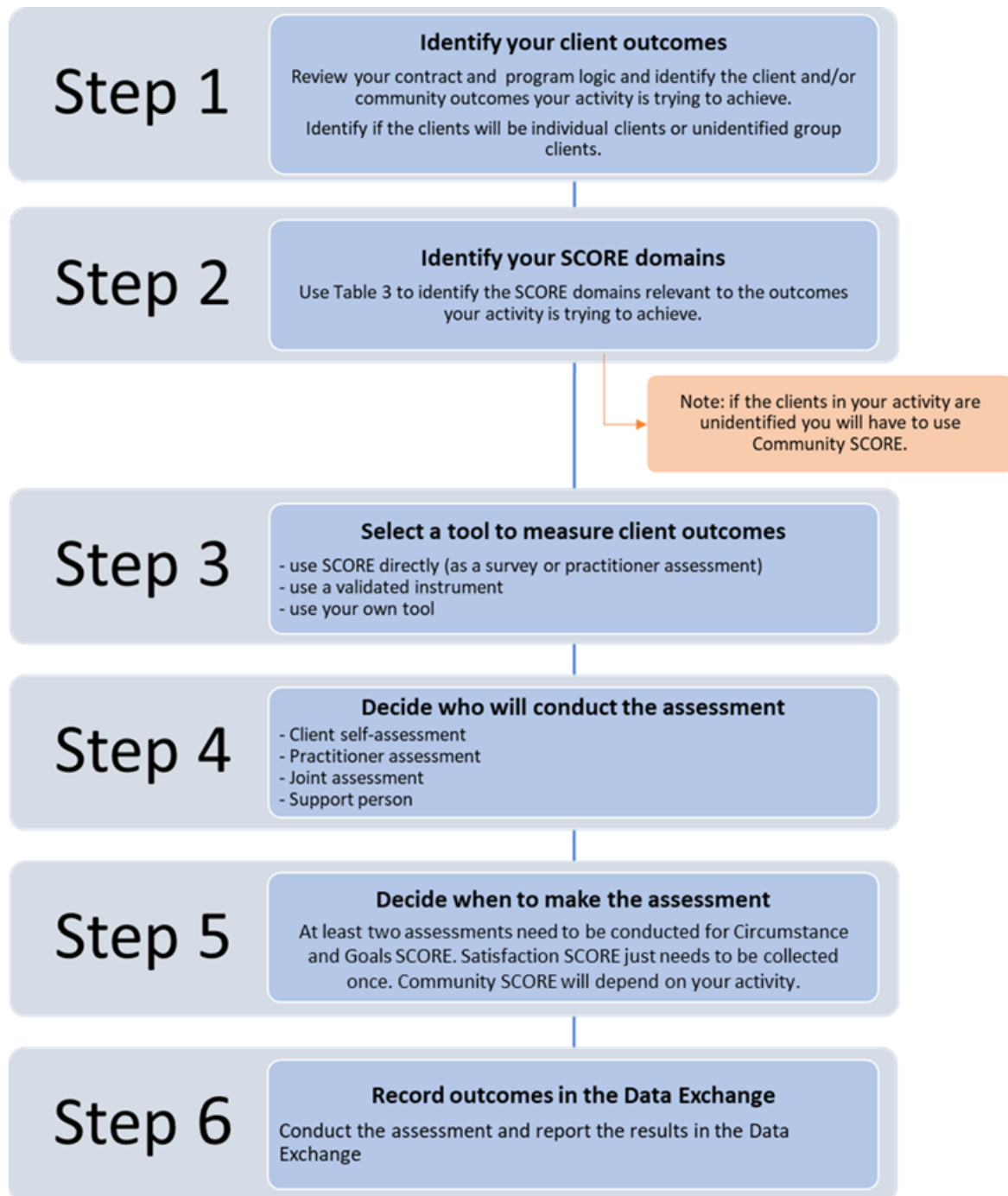
Conducting an assessment at the end of service delivery may not always be possible. This is because clients may unexpectedly leave service. You should take this into consideration when deciding when to conduct your assessments.

The service type chosen for reporting outcomes using SCORE is at the discretion of CAFS workers. For example, after intake a CAFS worker may assess a family will primarily receive the Family Capacity Building service type and proceeds to attach an initial SCORE assessment to this service type. At the end of service provision, the CAFS worker will conduct the subsequent SCORE assessment (found at the end of this document) and attach the subsequent assessment to the same service type (i.e. Family Capacity Building). In line with this example, the Intake/Assessment service type should not be used for reporting SCORE.

## **25. How to measure and report client outcomes**

Services are encouraged to collect and report client and community outcomes in a way that best suits their own unique service delivery context. The diagram below outlines the steps you should follow to decide how to measure and report client and community outcomes in the Data Exchange.

## 25.1 Measuring client outcomes decision-making process



## 26. Consent and privacy

The Data Exchange Framework was designed to ensure a client's personal information is protected through stringent protocols that comply with the requirements of the Privacy Act 1988 (the Privacy Act), including the Australian Privacy Principles.

Where an organisation stores personal information in the Data Exchange, only the organisation can access the personal information stored on this DSS hosted information system. Strict IT security protocols prevent DSS staff from accessing personal information in this system for any purpose other than confirming that the privacy protocols are working correctly.

Data Exchange data will not be provided to other parties in Australia or elsewhere in the world for any other purpose.

All CAFS funded service providers must comply with the following legislation, as contained in Clause 18 of the Human Services Agreement – Standard Terms:

- Privacy and Personal Information Protection Act 1998 NSW (PIIP Act)
- Health Records and Information Privacy Act 2002 (HRIP Act)
- Privacy Act 1988

All CAFS service providers must also:

- Obtain client consent to collect, store, use and disclose client's personal information
- Ensure clients are given a privacy notice that clearly describes why you are collecting their information and how it will be used
- Ensure that the information you collect is stored secure.

See [Information for clients about privacy](#) for more information.

### 26.1 Consent and Notification Arrangements

CAFS service providers must apply the Data Exchange consent and notification arrangements if they intend to store client's **personal information** in the Data Exchange.

Personal information is information about an individual that can be used to identify them. In the Data Exchange, personal information is the clients:

- first name
- last name
- street-level address (e.g. 1 Main Street)

Other information about clients, (e.g. date of birth, gender, Indigenous status, and disability status) is also collected by service providers and reported into the Data Exchange. However, this is NOT personal information as it cannot be used to identify an individual.

If your organisation stores client's personal information in the Data Exchange, you must:

1. Use the DSS standard notification on privacy (or similar) to notify clients about the Data Exchange.
2. Obtain consent to store client's personal information in the Data Exchange.
3. Obtain consent for clients for participate in follow up research, surveys and evaluation.

See [Information for clients about privacy](#) for more information.

If your organisation does NOT store personal information in the Data Exchange, you do not need to apply the Data Exchange consent and notification arrangements. However, you must still comply with NSW privacy legislation and ensure your practices for collecting, using and disclosing client's personal information is lawful.

## 27. What if a client does not provide consent?

If a client does not consent to have their personal information stored in the Data Exchange, you must follow the guidance:

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**For service providers using the web-based portal**

In the client's record, untick the 'consent to store personal information' box. The client will be de-identified. This means their name and street-level address will not be stored in the Data Exchange. You must still enter the client's name and address in their record. This is so a statistical linkage key can be created. Keep a record of the Client ID. This will enable you to attach the client to cases and sessions they attend, record SCOREs and update their client record as needed. You will not be able to search for the client by their name in the Data Exchange. You will have to use their Client ID to find them.

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**For service providers conducting bulk uploads or system-to-system transfers**

Use the 'false' value in your data file. You must generate a SLK or configure your existing system to push SLKs across to the Data Exchange. You can remove a client's personal information from your XML file or system before uploading it to the Data Exchange.

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### 27.1 How to de-identify a client on DEX

When a client does not consent to their personal information being stored on DEX, service providers still add the client to DEX to ensure a high quality SLK, but must untick the client's consent, which will de-identify the client by removing their given name, family name and street address, as per diagram below:



**Identified**



**De-identified**

**+ Add a client - Client details**

Client ID:  
 Given name: Julie  
 Family name: Adams  
 Name provided is a pseudonym: No  
 Estimated date of birth: No  
 Date of birth: 17 August 2007  
 Gender: Female

Client consents for DSS to collect personal information from providers for storage on DSS Data Exchange:  Yes

If a client does not give consent to store their personal information on DEX, the client is still added to ensure a high quality SLK, but the consent field is changed from 'Yes' to 'No'.

**+ Add a client - Client details**

Client ID:  
 Given name:  
 Family name:  
 Name provided is a pseudonym: No  
 Estimated date of birth: No  
 Date of birth: 17 August 2007  
 Gender: Female

Client consents for DSS to collect personal information from providers for storage on DSS Data Exchange:  No

**+ Add a client - Residential address**

Residential address All fields marked with an asterisk (\*) are required.

Address line 1:   
Street number and street name e.g. 123 Example St

Address line 2:

Suburb/Town:   
 State:   
 Postcode:

This will de-identify the client by removing their personal information (name and street address).

**+ Add a client - Residential address**

Residential address All fields marked with an asterisk (\*) are required.

Address line 1:   
Street number and street name e.g. 123 Example St

Address line 2:

Suburb/Town:   
 State:   
 Postcode:

**+ Add a SCORE**

- Circumstance
- Goal
- Satisfaction

SCORE continues to be reported the same

**+ Add a SCORE**

- Circumstance
- Goal
- Satisfaction

Unidentified clients have no information collected and are not added to DEX. A Community SCORE can be added for unidentified clients, but not a Circumstance or Goal SCORE.



**Unidentified**

**+ Add a client - Client details**

Name provided:   
 Estimated date of birth:

Client consents for DSS to collect personal information from providers for storage on DSS Data Exchange:

**+ Add a client - Residential address**

Residential address All fields marked with an asterisk (\*) are required.

Address line 1:   
Street number and street name e.g. 123 Example St

Address line 2:

Suburb/Town:   
 State:   
 Postcode:

## 28. Data Exchange Reports

The Data Exchange has a self-service reporting function that allows you to access your own data in a series of online reports. The reports share valuable and useful information so we can continually ensure services are effective and relevant to CAFS clients. It can inform business planning and provide insights into program delivery and policy development.

The data in the reports is de-identified. The reports reflect the information that is entered/uploaded by service providers.

These reports can be accessed by service providers at any time. The content of reports is refreshed every 24 hours, to enable near real-time access to information. This means the more regularly you enter data, the more relevant your reports will be.

Service providers are free to share their reports and the information they contain.

DCJ staff also have access to the reports. They will use the data in the reports to:

- monitor and evaluate the entire CAFS program
- monitor a service provider's performance and ensure they adhere to their contract.

CAFS service providers can access eight different Data Exchange reports.

### 28.1 Standard reports

Standard reports cover the mandatory priority data submitted by your organisation.

All organisations who use the Data Exchange have automatic access to these reports:

- [Organisation overview report](#) provides information about your organisation's service delivery. It includes information about clients, outlets, service types and patterns of service delivery. You can use this report to see which services are accessed most often, or whether client groups and their needs are changing.
- [Organisation data quality report](#) highlights key data quality issues (e.g. missing client information). You can use this report to improve and/or maintain data quality.

### 28.2 Partnership Approach reports

All CAFS service providers must participate in the [Partnership Approach](#). This will enable you to report extended demographic data, client and/or community outcomes and access to several additional reports, including population-level datasets.

The following reports are available:

- The **CAFS Report for Service Providers** in DEX has been designed specifically for the CAFS program. This report will support you to monitor and evaluate your work and understand the outcomes your activities contribute to.
- [Service Footprint report](#) provides a roadmap of clients accessing services. This shows how far clients travel to services and how many clients you have supported within the local and out-of-area regions. You can use this information to better target your services and demonstrate community need.
- [Resource Planning report](#) provides an overview of trends in service delivery. It helps predict trends in service delivery to assist with future planning of resources.
- [Community profiles reports](#) combine population-level datasets to show a comprehensive picture of NSW communities. There are two editions of this report. The first contains 2011 census data and the second contains 2016 census data. Note: this report does not include information reported by CAFS service providers.
- [Client outcomes report](#) looks at changes in individual client outcomes over time (ie SCORE). You can use this data to understand if client's circumstances are improving, if clients are achieving their goals, or if they are satisfied with the service they received.
- [Community outcomes report](#) looks at changes in group or community outcomes over time (ie Community SCORE).

To access the Data Exchange reports, see [Introduction and Access](#) for a step-by-step guide for service providers.

To access the Partnership Approach reports your organisation must be signed up to the Partnership Approach. To do this, see [Update participation in the Partnership Approach](#)

Note: If you are a DCJ staff member, you will need to follow a different process to access the reports. Email [CAFS@dcj.nsw.gov.au](mailto:CAFS@dcj.nsw.gov.au) for assistance.

## 29. Collecting and reporting qualitative data

In the CAFS program it is NOT mandatory to collect and report qualitative data.

However, service providers are encouraged to share qualitative data to:

- communicate outcomes and impact in culturally diverse ways
- tell descriptive stories behind the quantitative data
- showcase work with clients and communities to staff, Boards and Commissioning & Planning Officers
- assist with grants and funding applications

- inform continuous quality improvement.

Qualitative data can provide important insights into our client's experiences and the impact of our services, which can help adapt to emerging needs and ensure services remain flexible.

Service providers may share qualitative data in a format that best meets their unique context, such as quotes from clients and partners, case studies, annual reports, videos, photos, focus groups and observations.



Service providers should only collect qualitative data where:

- there is somewhere safe to store the data (hard and/or soft copies)
- there is capacity to analyse the data
- the data will be used to better understand client needs and outcomes
- the data will use the data to improve service delivery and design.

## 30. Community Sector Coordination

Community Sector Coordination activities are conducted with other CAFS service providers – not with clients and communities directly. For example, organisational governance activities/support, strategic planning activities, coaching/mentoring and other 1:1 support to CAFS providers, or workforce development and skill/capability building.

Service providers who deliver sector coordination activities must report this data outside the Data Exchange, using the Community Sector Coordination Reporting Tool to their DCJ contract manager every 6 months.

This tool is mandatory for those services who are contracted to deliver the Community Sector Coordination service type.

### 30.1 Community Sector Coordination reporting tool

All non-government organisations delivering Community Sector Coordination activities must use the Community Sector Coordination reporting tool to report this data. This tool will be provided by the Contract Manager for relevant providers.

These providers should continue reporting the rest of their data (services to CAFS clients) in the Data Exchange. This minimum reporting requirements and the Tool will help:

- demonstrate the impact of your work
- inform your contract managers about the activities you delivered and the challenges, and successes
- demonstrate your contribution to the CAFS service system outcomes
- support continuous quality improvement.

DCJ will use the information to:

- better understand how Community Sector Coordination contributes to the CAFS service system outcomes (see the CAFS Service System Outcomes at Appendix F of the CAFS Program Specifications)
- support the strategic alignment of Community Sector Coordination activities across the CAFS space.

## **31. Performance monitoring and data quality**

Data Exchange reports are used to understand the impact of the program and monitor contract performance.

You will be expected to regularly review your data with your contract manager (CPO). Part of this will be to ensure your organisation is meeting your contractual obligations and to address any data quality issues. However, these conversations will also be used to identify improvements or changes that could be made to service delivery.

You will need to use your data to demonstrate that you are:

- delivering services in the locations in your contract
- working with the target groups identified in your contract
- conducting the program activities and service types in your contract
- reaching the client numbers in your contract
- reporting against the client outcomes in your contract.

You will also need to ensure the data you report is high quality. You can use the Data Quality report in DEX to support this.

It is your responsibility to ensure your reporting is correct. You should monitor and check your data at least quarterly to ensure any errors are corrected before a reporting period closes.

## **32. Using data to improve services**

All CAFS service providers have access to their own data and can use it at any time.

The Data Exchange data can help us:

- Get a clear and up-to-date picture of who our clients are and what services they need. We can use this information to make sure clients get the right services at the right time. We can also use it to make sure we are reaching the right target groups in our communities and to see how these groups might change over time.
- Understand if we are making a positive impact in our clients' lives. We can see if our clients' circumstances have improved or if they have achieved their goals since receiving our services. We can use this information to improve our services and demonstrate their effectiveness.

- Understand how clients move through the service system and engage with services. We can get a better picture of the type of services clients are referred to and why. We can use this information to help us facilitate effective referrals and to identify emerging issues.
- See changes in service delivery over time, including client numbers, attendances, and sessions. We can compare financial years, reporting periods, months and even days to identify trends and patterns. This can help us plan and forecast future service delivery.

DCJ encourages you to share your key learnings, including DCJ Commissioning and Planning teams, other services and governance groups. Where appropriate, you can also inform clients and communities about how your information and feedback has impacted service delivery. This will show their concerns and issues have been heard and can help increase engagement.

### 33. Additional resources

#### Key DEX resources

Getting onto the Data Exchange	<ul style="list-style-type: none"> <li>• <a href="#">Quick start guide to the Data Exchange</a></li> <li>• <a href="#">FAQs about myID and RAM</a></li> </ul>
Start reporting	<ul style="list-style-type: none"> <li>• <a href="#">Set up your organisation</a></li> <li>• <a href="#">Create an outlet</a></li> <li>• <a href="#">Add clients, cases and sessions</a></li> <li>• <a href="#">Example client intake form</a></li> </ul>
Consent and privacy	<ul style="list-style-type: none"> <li>• <a href="#">Privacy Information sheet</a></li> <li>• <a href="#">Using the Data Exchange – Consent and Privacy</a></li> <li>• <a href="#">Example client intake form</a></li> </ul>
Measuring and reporting outcomes	<ul style="list-style-type: none"> <li>• <a href="#">Outcomes e-Tool</a></li> <li>• <a href="#">Outcome Plan (template)</a></li> <li>• <a href="#">CAFS guide to developing surveys</a></li> </ul>

<b>Using the Data Exchange reports</b>	<ul style="list-style-type: none"> <li>• <a href="#">The Data Exchange Reports: Access, explore and export your data</a></li> <li>• <a href="#">Using data in the CAFS Program</a></li> <li>• <a href="#">Using data to improve our services</a></li> <li>• <a href="#">NSW TEI Activity Report</a></li> <li>• NSW CAFS Activity Report</li> </ul>
<b>Data Exchange webinar series</b>	<ul style="list-style-type: none"> <li>• <a href="#">DSS webinars</a></li> </ul>
<b>Community Sector Coordination</b>	Please contact your CPO for the Community Sector Coordination Reporting Tool

The resources below have been developed by the Department of Social Services. They describe how to use the Data Exchange platform directly.

### More Data Exchange resources

<b>Policy documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">The Data Exchange Protocols</a></li> <li>• <a href="#">Program specific guidance for Stage Agencies in the Data Exchange</a></li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• <a href="#">Overview of the My Organisation section</a></li> <li>• <a href="#">Update participation in the Partnership Approach</a></li> <li>• <a href="#">Add and edit a user</a></li> <li>• <a href="#">Create and manage outlets</a></li> <li>• <a href="#">System re-opening request form</a></li> <li>• <a href="#">Novation process</a></li> </ul>
<b>Using the DEX platform directly</b>	<ul style="list-style-type: none"> <li>• <a href="#">Navigation guide</a></li> </ul>
	<ul style="list-style-type: none"> <li>• <a href="#">Add a case</a></li> <li>• <a href="#">Add a session</a></li> <li>• <a href="#">Add a client</a></li> <li>• <a href="#">Add a SCORE assessment</a></li> <li>• <a href="#">Find and edit a case</a></li> <li>• <a href="#">Find and edit a session</a></li> <li>• <a href="#">Find and edit a client</a></li> <li>• <a href="#">View and edit a SCORE assessment</a></li> </ul>
	<ul style="list-style-type: none"> <li>• <a href="#">Recording alternate forms of service delivery</a></li> </ul>

**Bulk uploads or transfers**

- [Upload methods](#)
- [Bulk file upload technical specifications](#)
- [Bulk XML upload learning module](#)
- [Reference data](#)
- [Web service technical specifications](#)

**SCORE**

- [How to use SCORE with clients](#)
- [SCORE translation matrix](#)


## 34. Where to go for help

<b>Contact</b>	<b>Type of Support</b>
<a href="#">DSS Data Exchange Website</a>	Training resources for the Data Exchange
DSS DEX support (DEX Helpdesk): <a href="mailto:dssdataexchange.helpdesk@dss.gov.au">dssdataexchange.helpdesk@dss.gov.au</a>	Technical issues with the Data Exchange web platform (NB: not myID or RAM)
<a href="#">CAFS website</a>	Training resources tailored to the CAFS program
Your DCJ Contract Manager	Email your DCJ contract manager for any issues or questions you have. They should be your first point of contact.
CAFS Inbox: <a href="mailto:CAFS@dcj.nsw.gov.au">CAFS@dcj.nsw.gov.au</a>	CAFS specific questions which are unavailable in existing resources, and which cannot be answered by your local contract manager.
myID and RAM support line: <a href="tel:1300287539">1300 287 539</a>	Support for issues with myID and RAM
MyID ' <a href="#">Need help?</a> ' webpage	Support resources for myID
RAM ' <a href="#">Help</a> ' webpage	Support resources for RAM

## 35. Appendix 1 - Glossary

<b>Term</b>	<b>Definition</b>
<b>Activities</b>	The specific services you deliver to a client (e.g. a playgroup, a school program, providing information and advice).
<b>Ancestry</b>	In the CAFS program, the Ancestry field in the Data Exchange is used to report the cultural background a client primarily identifies with.
<b>Cases</b>	Cases function as containers. They link client and session data to location and program activity data.
<b>Clients</b>	A person who receives a service as part of a funded activity that is expected to lead to a measurable outcome.
<b>Client record</b>	A record in the Data Exchange for each individual client.
<b>Data Exchange Reports</b>	Online interactive pages of data. There are nine different reports we can access that each contain different data.
<b>Evaluation</b>	A rigorous, systematic and objective process to assess the effectiveness, efficiency, appropriateness and sustainability of programs.
<b>Individual clients</b>	Clients who have a client record created for them in the Data Exchange. The client may be identified or de-identified.
<b>In-house tools</b>	Questionnaires and scales developed by practitioners within a specific service are called in-house tools. They may or may not be validated.
<b>Monitoring</b>	A process to periodically report against agreed service levels. Uses quantitative indicators to routinely measure the success of activities for clients.
<b>myID</b>	An app that is used to access the Data Exchange. MyID is a digital identity.
<b>Outcomes</b>	The changes that occur for individuals, groups, families, or communities during or after an activity. Changes can include attitudes, values, or behaviours.
<b>Outcomes matrix</b>	A tool used to help providers identify the outcomes they want to achieve and how to measure them.
<b>Outlets</b>	The location services are delivered in.
<b>Outputs</b>	The direct and measurable products of an activity or service. For example: number of sessions run, and number of clients attended.

<b>Partnership approach</b>	An extended dataset that service providers can report. In return, they are given access to extra self-service reports.
<b>Personal information</b>	In the Data Exchange, personal information is a client's first and last name and their street-level address.
<b>Practitioner assessment</b>	An assessment conducted by a practitioner or worker to determine a client's progress.
<b>Priority requirements</b>	A small set of mandatory data items.
<b>Program activity</b>	<p>The Community &amp; Family Support program comprises three program activities:</p> <ol style="list-style-type: none"> <li>1. Community Strengthening</li> <li>2. Family Connect and Support</li> <li>3. Wellbeing and Safety.</li> </ol>
<b>Qualitative data</b>	Methods used to gain descriptive data that contextualises outcomes and provides a narrative around quantitative data. Qualitative methods include focus groups, in-depth interviews or surveys. They may be administered to program staff, participants or other stakeholders.
<b>Quantitative data</b>	Quantitative methods analyse numerical data to give objective measurements. Data may be collected through polls and surveys, or by manipulating existing data.
<b>RAM</b>	RAM stands for Relationship Authorisation Manager (RAM). It is an Australian Government authorisation service that allows you to act on behalf of your organisation online. It allows you to manage your business authorisations in one place.
<b>CAFS Program Client Outcomes</b>	Nine high-level outcomes the entire CAFS program is working towards.
<b>CAFS Minimum dataset</b>	The minimum data that service providers must report in the Data Exchange.
<b>SCORE</b>	The Standard Client/Community Outcomes Reporting framework in the Data Exchange.
<b>SCORE domains</b>	Specific domains used to report outcomes.
<b>SCORE type</b>	<p>Four different types of outcomes that can be reported in the Data Exchange:</p> <ol style="list-style-type: none"> <li>1. Circumstances SCORE</li> <li>2. Goals SCORE</li> <li>3. Satisfaction SCORE</li> <li>4. Community SCORE</li> </ol>



<b>Session</b>	A session in the Data Exchange records what service was delivered and when, and which clients attended.
<b>Service providers</b>	Organisations funded by DCJ under the CAFS Program.
<b>Service types</b>	The activities service providers undertake based on their program activity.
<b>Unidentified group clients</b>	Clients who participate in a CAFS activity, but it is not possible to collect client's details and demographics.
<b>Validated instruments</b>	Recognised by the academic research community as a valid way to 'measure what it is supposed to measure'. E.g. a valid measure of client health and wellbeing. Validity is established through academic peer reviews of the instrument.

## 36. Appendix 2 – The CAFS Minimum Dataset

### Case level data


Data field		Field values	
Case ID		Open field. If left blank a system generated number is assigned.	
Outlet* (location)		Drop down menu of service providers outlets.	
Program activity*		Drop down menu. The drop down will only display the program activities that have been assigned to the outlet selected. <ul style="list-style-type: none"> <li>• Community Strengthening</li> <li>• Family Connect and Support</li> <li>• Wellbeing and Safety</li> </ul>	
Attendance Profile**		<ul style="list-style-type: none"> <li>• Family</li> <li>• Community Event</li> <li>• Peer support group</li> <li>• Couple</li> <li>• Cohabitants</li> </ul>	
Unidentified client count		Free text number only – limit of 999. Enter the expected number of unique unidentified clients associated with the case.	
Clients attached to the case		Attach client records to case as relevant.	
Referral in – this information is entered at the case level but can be recorded for each client associated with the case.	Referral source	<ul style="list-style-type: none"> <li>• Health agency</li> <li>• Community services agency</li> <li>• Educational agency</li> <li>• Internal</li> <li>• Legal agency</li> <li>• Employment/job placement agency</li> <li>• Centrelink/Department of Human Services (DHS)</li> <li>• Other Agency</li> <li>• Self</li> <li>• Family</li> <li>• Friends</li> </ul>	<ul style="list-style-type: none"> <li>• General Medical Practitioner</li> <li>• My Aged Care Gateway</li> <li>• Linkages Package</li> <li>• Continuity of Support (CoS) Programme</li> <li>• Humanitarian Settlement Program</li> <li>• LAC Referral</li> <li>• NDIS referral</li> <li>• Other party</li> <li>• Not stated/inadequately described</li> </ul>
	Reason for seeking assistance	<ul style="list-style-type: none"> <li>• Physical health</li> <li>• Mental health, wellbeing and self-care</li> <li>• Personal and family safety</li> <li>• Age-appropriate development</li> <li>• Community participation and networks</li> </ul>	<ul style="list-style-type: none"> <li>• Family functioning</li> <li>• Financial resilience</li> <li>• Employment</li> <li>• Education and skills training</li> <li>• Material wellbeing and basic necessities</li> <li>• Housing</li> </ul>

## Session level data

Data field		Field values
Session ID		Open field. If blank left a system generated number is assigned.
Session date*		DD/MM/YY
Service type*		The number and variety of service types will depend on the program activity selected in the Case/ The full list of values relevant to CAFS program are in the <a href="#">CAFS Program Specifications</a> .
Unidentified client count		Free text number only – cannot exceed the value specified at the Case level. Enter the actual number of unidentified clients who attended the session.
Client/support persons attended		Attach client records to sessions as relevant.
Referral out – this information is entered at the session level but can be recorded for each client attached to the session.	Referral type	Internal External
	Referral reason	<ul style="list-style-type: none"> <li>• Physical health</li> <li>• Mental health, wellbeing &amp; self-care</li> <li>• Personal and family safety</li> <li>• Age-appropriate development</li> <li>• Community participation &amp; networks</li> <li>• Financial Resilience</li> <li>• Family functioning</li> <li>• Employment</li> <li>• Education and skills training</li> <li>• Material wellbeing and basic necessities</li> <li>• Housing</li> <li>• Support to caring role</li> <li>• Other</li> </ul>

## Client level data

Data field		Field values
Client ID		Open field. If left a system generated number is assigned, beginning at 001.
Given name*		Open field
Family name*		Open field
Name provided is pseudonym		Tick box if yes.
Date of birth*		DD/MM/YY
Estimated DOB		Tick box if yes. If box is tick 'date of birth' field changes to just 'year of birth'.
Gender*		<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Intersex/indeterminate</li> <li>• Not stated or adequately described</li> </ul>
Residential address*		<ul style="list-style-type: none"> <li>• Residential address line 1 and 2 (optional)</li> <li>• Suburb (mandatory)</li> <li>• State (mandatory)</li> <li>• Postcode (limit of four digits) (mandatory)</li> </ul>
Ancestry*		Select from the list of values which is based on the Australian Bureau of Statistics Australian Standard Classification of Cultural and Ethnic Groups (ASCCEG), 2016
Aboriginal and Torres Strait Islander identification*		<ul style="list-style-type: none"> <li>• No</li> <li>• Aboriginal</li> <li>• Torres Strait Islander</li> <li>• Aboriginal and Torres Strait Islander</li> <li>• Not stated/inadequately described</li> </ul>
Disability, impairment or condition*		<ul style="list-style-type: none"> <li>• Intellectual/learning</li> <li>• Psychiatric</li> <li>• Sensory/speech</li> <li>• Physical/diverse</li> <li>• None (no disability)</li> <li>• Not stated/inadequately described</li> </ul>
Consent to store personal information in the Data Exchange*		Tick box if yes. If box is not ticked, client record is de-identified.
Consent to participate in research, surveys and evaluation*		Tick box if yes.
Homelessness indicator**		<ul style="list-style-type: none"> <li>• Yes / No / At risk</li> </ul>
Household composition**		<ul style="list-style-type: none"> <li>• Single (person living alone)</li> <li>• Sole parent with dependent(s)</li> <li>• Couple</li> <li>• Couple with dependent(s)</li> <li>• Group (related adults)</li> <li>• Group (unrelated adults)</li> <li>• Homeless/No household</li> <li>• Not stated or inadequately described</li> </ul>



\*These are part of the Data Exchange priority requirements. For cases and sessions, it is mandatory that we provide this information. For individual clients, it is mandatory that we ask clients these questions.

\*\*These are part of the Data Exchange Partnership Approach. In the CAFS Program we ask that, when relevant, services record this additional data.

## 37. Appendix 3 – SCORE

### Circumstances SCORE domains

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

	on independence, participation and wellbeing	independence, participation and wellbeing	independence, participation and wellbeing	, participation and wellbeing	participation and wellbeing
<b>Family functioning</b>	Significant negative impact of poor family functioning on independence, participation and wellbeing	Moderate negative impact of poor family functioning on independence, participation and wellbeing	Progress towards improving family functioning to support independence, participation and wellbeing	Adequate short-term family functioning to support independence, participation and wellbeing	Adequate ongoing family functioning to support independence, participation and wellbeing
<b>Financial resilience</b>	Significant negative impact of poor financial resilience on independence, participation and wellbeing	Moderate negative impact of poor financial resilience on independence, participation and wellbeing	Progress towards improving financial resilience to support independence, participation and wellbeing	Adequate short-term financial resilience to support independence, participation and wellbeing	Adequate ongoing financial resilience to support independence, participation and wellbeing
<b>Material wellbeing and basic necessities</b>	Significant negative impact of lack of basic material resources on independence, participation and wellbeing	Moderate negative impact of lack of basic material resources on independence, participation and wellbeing	Progress towards stability in meeting basic material needs to support independence, participation and wellbeing	Adequate short-term basic material resources to support independence, participation and wellbeing	Adequate ongoing basic material resources to support independence, participation and wellbeing
<b>Employment</b>	Significant negative impact of lack of employment on independence, participation and wellbeing	Moderate negative impact of lack of employment on independence, participation and wellbeing	Progress towards improving employment to support independence, participation and wellbeing	Adequate short-term employment to support independence, participation and wellbeing	Adequate ongoing employment to support independence, participation and wellbeing
<b>Education and skills training</b>	Significant negative impact of lack of engagement with education and training on independence, participation and wellbeing	Moderate negative impact of lack of engagement with education and training on independence, participation and wellbeing	Progress towards improving engagement with education and training to support independence, participation and wellbeing	Adequate short-term engagement with education and training to support independence, participation and wellbeing	Adequate ongoing engagement with education and training to support independence, participation and wellbeing
<b>Housing</b>	Significant negative impact of poor housing on	Moderate negative impact of poor housing on independence,	Progress towards housing stability to support independence,	Adequate short-term housing stability to support	Adequate ongoing housing stability to support

	independence , participation and wellbeing e.g. 'rough sleeping'	participation and wellbeing e.g. living in severe overcrowding; or at significant risk of tenancy failure	participation and wellbeing e.g. supported transitional housing	independence , participation and wellbeing e.g. supported transitional housing	independence, participation and wellbeing e.g. stable private rental or social housing
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## Goals SCORE domains

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

<b>Engagement with support services</b>	No progress in increasing engagement with support services relevant to client's needs and circumstances	Limited progress to date in achieving engagement goals –but emerging engagement	Limited progress to date in achieving engagement goals–but strong engagement	Moderate progress to date in achieving engagement goals	Full achievement of goals related to increasing engagement with support services relevant to client's needs and circumstances
<b>Impact of immediate crisis</b>	No progress in reducing the negative impact of the immediate crisis	Limited progress to date in achieving goals to reduce the negative impact– but emerging engagement	Limited progress to date in achieving goals to reduce the negative impact–but strong engagement	Moderate progress to date in achieving goals to reduce the negative impact	Full achievement of goals related to reducing the negative impact of the immediate crisis

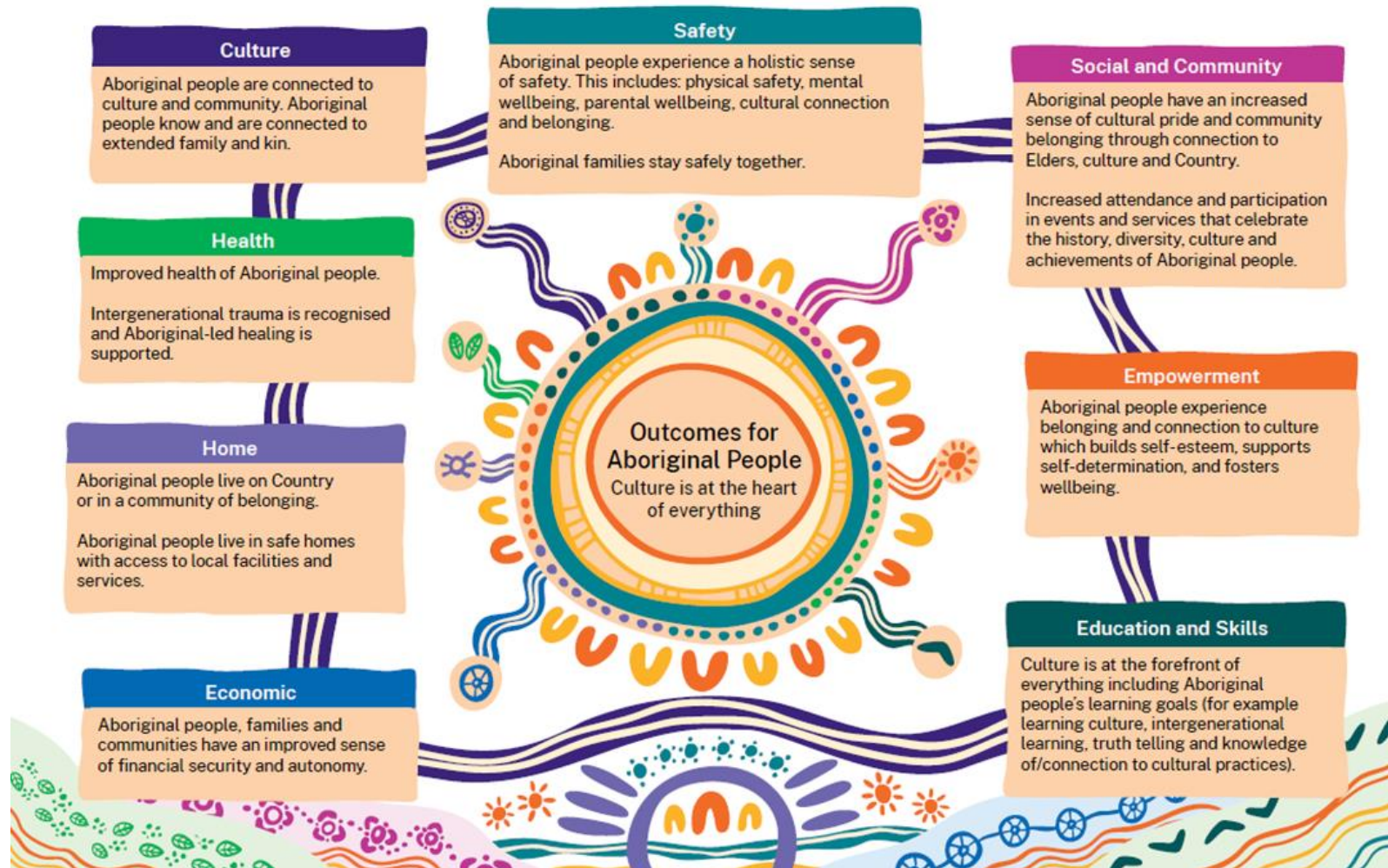
### Satisfaction SCORE domains

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

## Community SCORE domains

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

## 38. Appendix 4 – Outcomes for Aboriginal People in the Community and Family Support Program



# Outcomes for Aboriginal People in the Community and Family Support Program

**Culture**

**Outcomes:** Aboriginal people are connected to culture and community. Aboriginal people know and are connected to extended family and kin.

**Outcome descriptions:** Connection to culture fosters identity, pride and resilience in Aboriginal people and supports individual wellbeing, especially for Aboriginal children and young people.

Aboriginal people are supported and respected on their individual journey to connect to culture.

**Safety**

**Outcomes:** Aboriginal people experience a holistic sense of safety. This includes: physical safety, mental wellbeing, parental wellbeing, cultural connection and belonging.

**Outcome descriptions:** Aboriginal people are connected to, and protected by, community and culture.

Aboriginal people access culturally safe and responsive supports that address any issues and reduce risk from escalating.

Aboriginal children and young people grow up safe, strong and connected to culture.

Aboriginal families stay safely together.

**Social and Community**

**Outcomes:** Aboriginal people have an increased sense of cultural pride and community belonging through connection to Elders, culture and Country.

**Outcome descriptions:** Aboriginal people are connected to Elders and community; and the wisdom and traditions of culture, language and intergenerational relationships.

Aboriginal communities have access to culturally safe, responsive and locally-informed services that create community cohesion and support. Aboriginal communities are built through culture. Aboriginal culture is practiced and celebrated.

Aboriginal people are connected to broader community.

Increased attendance and participation in events and services that celebrate the history, diversity, culture and achievements of Aboriginal people.

**Empowerment**

**Outcomes:** Aboriginal people experience belonging and connection to culture which builds self-esteem, supports self-determination, and fosters wellbeing.

**Outcome descriptions:** Aboriginal people have access and choice to services that are Aboriginal designed and culturally safe and responsive.

Aboriginal people can access services that prioritise both community and family-led decision making; and support wellbeing and community-controlled solutions.



# Outcomes for Aboriginal People in the Community and Family Support Program

## Education and Skills

**Outcomes:**  
Culture is at the forefront of everything including Aboriginal people's learning goals (for example learning culture, intergenerational learning, truth telling and knowledge of/connection to cultural practices).

**Outcome descriptions:**  
Aboriginal people engage in educational and vocational opportunities that connect with their learning and cultural needs.

Cultural knowledge and practices including the sharing of language, men's and women's business, dance, music and art are recognised as critical educational opportunities.

Children and young people are connected to culture and supported to reach developmental goals, transition to school and practice social skills.

Aboriginal people are supported to strengthen their parenting skills through parenting programs, supported playgroups, family capacity building and other educational activities.

## Home

**Outcomes:**  
Aboriginal people live on Country or in a community of belonging.

**Outcome descriptions:**  
Housing is considered safe when it provides physical safety and basic needs.

Aboriginal people live in safe homes with access to local facilities and services.

Aboriginal people are supported to sustain strong kin and community connections.

## Health

**Outcomes:**  
Improved health of Aboriginal people.

**Outcome descriptions:**  
Aboriginal communities have access to culturally safe and responsive services.

Intergenerational trauma is recognised and Aboriginal-led healing is supported.

Health services support holistic wellbeing and understand the intrinsic relationship between health and wellbeing.

Wellbeing includes culture, spirituality and community connection and values these as a source of strength, resilience and healing.








## Economic

**Outcomes:**  
Aboriginal people, families and communities have an improved sense of financial security and autonomy.

**Outcome descriptions:**  
Aboriginal people engage in activities and/or community support that meets their individual and family's economic needs (for example employment, education and training, social and community, brokerage/financial aid).



### 39. Appendix 5 - Service System Outcomes for CAFS program

CAFS Service System Outcome Domains <sup>1</sup>	 Strengths based	 Flexible and responsive	 Culturally safe and responsive	 Capable	 Collaborative	 Person and community centred	 Evidence informed
<b>CAFS Service System Outcomes</b>	CAFS services adopt a strengths-based approach to service delivery.	CAFS services are flexible, accessible and responsive.	CAFS services are culturally safe, responsive and inclusive.	CAFS services provide meaningful client and community engagement by skilled staff.	CAFS services provide coordinated support and clear referral pathways through enduring partnerships across the service system.	CAFS services are child, young person, family and community centred. They support clients and communities to build their capacity for change.	CAFS services learn from data, program implementation, client voices and feedback, innovative pilots, research evidence and evaluations to improve service design and delivery, and client outcomes.
<b>Description</b>	<ul style="list-style-type: none"> <li>Strengths-based practice focuses on abilities, knowledge and capacities rather than deficits. It recognises clients and communities are experts in their own lives, and supports children, families and communities to be resilient and capable of growth, learning and change.</li> <li>Interactions with clients and communities build on protective factors and help grow capability and confidence.</li> <li>Services draw on the unique strengths of the family and engage in family-led decision-</li> </ul>	<ul style="list-style-type: none"> <li>Clients and communities access free services most appropriate to their needs through accessible, timely, responsive and integrated services and referrals to ensure their needs are addressed early.</li> <li>Active efforts are made to engage clients and support them to overcome barriers to accessing supports and services. CAFS services are proactive in improving service visibility and accessibility.</li> <li>Services actively connect with clients and communities who</li> </ul>	<ul style="list-style-type: none"> <li>Cultural safety means an environment which is spiritually, socially and emotionally safe, as well as physically safe, where there is no assault, challenge or denial of a person's identity and what they need.<sup>2</sup></li> <li>The following are critical elements of cultural safety for Aboriginal people: <ol style="list-style-type: none"> <li>Recognising the importance of culture</li> <li>Self-determination</li> <li>Workforce</li> <li>Whole of organisation approach</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>Clients and communities access services from providers and workers who are respectful and have the appropriate skills to work with those who are marginalised and/or experiencing vulnerabilities.</li> <li>Service providers are committed to the capability building and professional development of their staff.</li> <li>Services promote a culture of learning and reflective</li> </ul>	<ul style="list-style-type: none"> <li>Clients and communities receive integrated and coordinated support from services.</li> <li>Clients and communities are supported to navigate a complex service system.</li> <li>Services contribute to capacity building in the local community and are actively involved in shaping the sector in partnership with others.</li> <li>Clients and communities are</li> </ul>	<ul style="list-style-type: none"> <li>Clients and communities are placed at the centre of the service and the service meets their unique needs.</li> <li>Clients and communities actively participate in the design and delivery of services to achieve their determined goals.</li> <li>Clients exercise choice and control in service delivery and life decisions.</li> <li>Client rights to confidentiality and privacy are upheld.</li> <li>Practitioners take an intersectional approach, recognising there</li> </ul>	<ul style="list-style-type: none"> <li>Clients and communities have access to programs that are evidence informed.</li> </ul>








<sup>1</sup> It should be noted that domains overlap, and indicators may measure more than service system domain.

<sup>2</sup> Williams (1999), cited in Bin-Sallik (2003).

	making, goal setting and case planning.	<p>need support in settings that meet their needs (e.g. outreach and services in everyday settings).</p> <ul style="list-style-type: none"> <li>• Services consider and are responsive to the needs and preferences of diverse clients, particularly those with additional vulnerabilities.</li> </ul>	<p>Leadership and partnership</p> <p>Research, monitoring and evaluation.</p> <ul style="list-style-type: none"> <li>• Promoting respect and positive attitudes for diversity and supporting children, young people, families and communities from all backgrounds and cultures by fostering belonging and inclusion.</li> </ul>	<p>practice and identify opportunities for training of their staff in key elements relevant to their day-to-day work with clients.</p>	<p>supported to build informal and formal networks.</p> <ul style="list-style-type: none"> <li>• CAFS practitioners are confident in their ability and the legislative basis to share information to support families experiencing risk and to increase wellbeing and safety.</li> </ul>	<p>are multiple factors influencing and contributing to a person's identity (e.g. gender, sexuality, disability, ethnicity).</p> <ul style="list-style-type: none"> <li>•</li> </ul>	
<b>Example service provider activities</b>	<ul style="list-style-type: none"> <li>• The CAFS sector is trained and supported to identify the strengths of the children, young people, families and communities they work with to improve their circumstances and achieve their goals.</li> <li>• For Aboriginal communities, this includes programs and services that incorporate Aboriginal social structures such as wider kinship networks, Elder mentors and role models, and ways of sharing knowledge and wisdom such as connecting to Country, circular learning, yarning, relationship-strengthening activities, dadirri discussion methods, lore, traditional art, food, dance, songlines, music and storytelling, and the use of language.</li> </ul>	<ul style="list-style-type: none"> <li>• Strategies include ensuring engagement with families (particularly when first making contact) by facilitating access, through home visits/outreach (including in universal and everyday settings), provision of transport, using bilingual staff, being flexible in-service delivery, ensuring accessible locations and removing any barriers to access (e.g. expanding the window for clinic scheduling, flexible opening hours, using diverse communication strategies, mobile services).</li> <li>• For Aboriginal communities, the existence of Aboriginal governance and staff, and/or the involvement of respected community leaders or Elders can lead to increased program participation.</li> </ul>	<ul style="list-style-type: none"> <li>• Services should be trauma informed and healing focused, acknowledging the impacts of intergenerational trauma as well as ongoing experiences of racism and stigma.</li> <li>• Co-designed and community-led services are the most effective for engaging and supporting Aboriginal children, families and communities.</li> <li>• For culturally and linguistically diverse (CALD) communities, developing an understanding of and being respectful of children, young people and family's culture, race, nationality, beliefs and strengths. Seeking the expertise of local cultural community and multicultural services. Practitioners learning about the cultures of the persons with whom they work and about the communities where they live and practice.</li> </ul>	<ul style="list-style-type: none"> <li>• CAFS sector has good governance, leadership and core competencies professional development opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>• CAFS sector works together and maintains partnerships to meet the complex and changing needs of clients.</li> <li>• Integrate multiple, wraparound components to provide more holistic services for Aboriginal participants.</li> <li>• Bi-directional warm referrals between services or having partner services co-located for easier access and integration of case management.</li> <li>• CAFS sector actively participates in local governance committees etc.</li> <li>• CAFS services are supported by peak bodies to maintain partnerships with DCJ.</li> </ul>	<ul style="list-style-type: none"> <li>• CAFS sector is trained and supported in person-centred practice.</li> <li>• Services and supports are designed to focus on achieving the client's goals and are tailored to their needs and unique circumstances rather than requiring them to fit into a standardised service model.</li> <li>• Client and community participation in all aspects of service design, planning, implementation and evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>• CAFS sector uses available evidence and data to design, implement and improve their services and client and community outcomes.</li> </ul>

			<ul style="list-style-type: none"> <li>• In Western culture, individual rights are held in high regard whereas in other cultures there may be an increased focus on collective rights and shared resources. Practitioners should consider involving family, community and elders where appropriate.</li> <li>• When language is a barrier, using interpreters or translated material to communicate with children, young people and their families.</li> <li>• For CALD communities, supporting community-led strategies that provide culturally appropriate and accessible information about safety and wellbeing.</li> </ul>				
<b>Example community sector coordination activities</b>	<ul style="list-style-type: none"> <li>• Tailored skill and professional development sessions focused on strengths-based practice.</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitate strategic planning activities or provide coaching/mentoring support to ensure CAFS service providers are well placed to offer flexible service delivery to meet the needs of their community.</li> <li>• Activities to build and sustain the Aboriginal workforce.</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing cultural safety and wellbeing knowledge through training and reflection opportunities.</li> <li>• Form and facilitate partnerships with Aboriginal leaders to embed cultural safety within organisational governance and strategic planning and to ensure service offerings are informed by Aboriginal worldviews, local knowledge and expertise.</li> <li>• Building the capacity of service providers to incorporate the Aboriginal Case Management Policy.</li> </ul>	<ul style="list-style-type: none"> <li>• Activities undertaken by non-government organisations to support service delivery coordination, which includes development of workforce capability and skills including training, practice tools, resources and frameworks that support the aims and objectives of the CAFS program.</li> <li>• Building the skills and capabilities of practitioners in relation to evidence-informed practice.</li> </ul>	<ul style="list-style-type: none"> <li>• Form and coordinate partnership projects and working groups, including strategic planning activities that support integrated services, identify gaps and strengthen collaborative opportunities and referral pathways.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify training needs and gaps and facilitate activities that foster and strengthen the knowledge and skills of practitioners in relation to person-centred practice.</li> <li>• Build the skills, capacity and capability of service providers to be informed by local community needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Create and maintain resources, training opportunities and general information to support evidence-informed approach.</li> <li>• Build the skills and capabilities of practitioners to engage with the DCJ Evidence Portal and use evidence in decision-making, planning, practice and service delivery.</li> <li>• Use evidence and data to identify service gaps.</li> </ul>

			<ul style="list-style-type: none"> <li>Facilitation of cultural capacity building to inform service delivery to CALD children, young people, families and communities.</li> </ul>				
<p><b>Example short term &amp; medium-term indicators for service providers</b></p>	<ul style="list-style-type: none"> <li>Program wide – Client satisfaction SCORES which measure whether clients felt heard and whether services were effective in helping them meet their goal may indicate a program delivers strengths-based services.</li> </ul>	<ul style="list-style-type: none"> <li>Number of services which are aligned to need.</li> <li>Number of referrals accepted.</li> <li>Number of clients coming into contact with the child protection system.</li> </ul>	<ul style="list-style-type: none"> <li>Number of staff who have attended cultural safety training.</li> <li>Number of staff who have attended trauma-informed practice training.</li> <li>Number of service providers with a plan for implementing changes that support a culturally safe and responsive workplace.</li> <li>Number of services designed by Aboriginal or CALD communities.</li> <li>Number of services delivered by Aboriginal Community Controlled Organisations or Aboriginal staff.</li> <li>Feedback from Aboriginal clients on their experience of receiving support and feelings of empowerment.</li> </ul>	<ul style="list-style-type: none"> <li>Number of adequately qualified staff (as per contractual agreements).</li> <li>Number of staff who have successfully completed cultural safety, trauma-informed practice and/or family violence (including coercive control) training.</li> <li>Number of staff participating in ongoing professional development, including reflective practice and supervision.</li> </ul>	<ul style="list-style-type: none"> <li>Number of partnership projects.</li> <li>Length of time a partnership has existed or a partnership project has been running.</li> <li>Number of peaks meetings organised and attended.</li> </ul>	<ul style="list-style-type: none"> <li>Number of co-designed projects with clients.</li> <li>Number of services designed by Aboriginal communities or CALD communities.</li> <li>Number of services delivered by Aboriginal and CALD managed or majority managed and staffed organisations.</li> <li>Number of staff who attended person-centred practice training.</li> </ul>	<ul style="list-style-type: none"> <li>Number of services with program logics assessed as high quality.</li> <li>Number of evidence-informed programs delivered, or programs designed using the evidence or core components outlined in the DCJ Evidence Portal.</li> <li>Number of CAFS services staff who implemented new evidence that was discussed within peer group discussions.</li> </ul>

CAFS Service System Outcome Domains	 Strengths based	 Flexible and responsive	 Culturally safe and responsive	 Capable	 Collaborative	 Person and community centred	 Evidence informed
<b>Overall Service System indicators which measure service system and the capacity of the sector</b>	<p><b>Strengths based</b></p> <ul style="list-style-type: none"> <li>Number of services which use person/family-led tools and decision-making processes when they engage with individuals/families.</li> </ul> <p><b>Flexible and responsive</b></p> <ul style="list-style-type: none"> <li>Number of organisations delivering services in rural communities.</li> <li>Number of clients living in LGAs with no service providers (DEX data – client LGA and outlet LGA).</li> <li>Number of organisations conducting outreach.</li> </ul> <p><b>Culturally safe and responsive</b></p> <ul style="list-style-type: none"> <li>Number of co-designed projects by service providers.</li> <li>Number of Early Support services designed by Aboriginal communities or CALD communities.</li> <li>Proportion of CAFS services delivered by Aboriginal Community Controlled Organisations or Aboriginal staff.</li> <li>Proportion of Aboriginal staff within sector.</li> <li>Proportion of CALD staff within sector.</li> <li>Proportion of CAFS services and staff who have attended cultural safety training.</li> <li>Proportion of service providers with a plan for implementing changes that support a culturally safe and responsive workplace.</li> </ul> <p><b>Capable</b></p> <ul style="list-style-type: none"> <li>Proportion of service providers which actively monitor the implementation of plans to implement workplace safety.</li> <li>Proportion of service providers with adequately qualified staff (as per contractual agreements).</li> <li>Proportion of service providers with staff who have attended trauma-informed practice training.</li> </ul> <p><b>Collaborative</b></p> <ul style="list-style-type: none"> <li>Number of partnership projects delivered by service providers.</li> </ul> <p><b>Person and community centred</b></p> <ul style="list-style-type: none"> <li>Proportion of CAFS service providers who have staff trained in person-centred practice.</li> <li>Proportion of CAFS sector staff who have trained in person-centred practice.</li> <li>Proportion of providers who have a plan for implementing trauma-informed practices within their organisation.</li> <li>Proportion of providers who actively monitor their plan for implementing trauma-informed practices within their organisation.</li> <li>Proportion of service providers who use client and community participation in service design, planning, implementation and evaluation.</li> </ul> <p><b>Evidence informed</b></p> <ul style="list-style-type: none"> <li>Proportion of service providers delivering evidence-informed programs or programs designed using the core components.</li> <li>Proportion of service programs that are evidence-informed (which have program logics rated as high quality).</li> <li>Proportion of Family Support Services that have used the Preventing Child Maltreatment core components in their design and delivery.</li> <li>Number of service providers using the DCJ Evidence Portal including relevant key elements, critical elements, key themes, etc. to design and implement services.</li> <li>Number of emerging programs identified from the CAFS sector.</li> <li>Number of services with individual program logics that reflect/align to the program-wide program logics.</li> <li>Number of Wellbeing and Safety services delivering parenting programs and supported playgroups from the list of evidence-informed programs/models.</li> </ul>						