



Australian Government

# Data Exchange SCORE Translation Matrix

Version 3  
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# 1. Introduction

## 1.1 Data Exchange SCORE

An important part of reporting outcomes data to the Data Exchange is the Standard Client/Community Outcomes Reporting (SCORE) framework. SCORE is a methodology for standardised reporting of outcomes data across relevant domains. The SCORE framework allows organisations to measure outcomes flexibly in a consistent and comparable manner using both validated instruments and adapted or developed tools.

## 1.2 SCORE Translation Matrix

In 2015, the Department of Social Services (DSS) commissioned the Australian Institute of Family Studies (AIFS) to identify the most common instruments that Families and Children activity organisations used to measure outcomes. AIFS reviewed nine instruments for the original Translation Matrix.

DSS committed to review the Translation Matrix to ensure its ongoing relevance for a growing range of program areas that report to the Data Exchange. In 2018, ARTD Consultants undertook a technical review of the instruments presented in the Translation Matrix. In July 2018, organisations were invited to respond to questions raised in a Discussion Paper. The Department received six submissions from organisations and internal feedback from policy and program areas. Additionally, organisations provided feedback and comments through two surveys, email and training sessions.

This Translation Matrix includes both the review findings and the feedback provided by organisations.

## 2. Important considerations in reporting outcomes

There are several important considerations for organisations in reporting outcomes:

### 2.1 Using instruments that provide valid measures of outcomes

For most funded programs, organisations have the flexibility to decide how they measure outcomes. This includes using:

- Validated instruments – 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 mental health and wellbeing. Validity is established through academic peer reviews of the instrument.
- In-house instruments – developed by organisations without formal validation, but recognised as providing a valid measure of a claimed outcome, e.g. rating generated by asking set questions about the clients sense of personal safety.
- Self-assessment tools – such as client self-reported sense of personal safety rated from one (very poor) to five (very good).

### 2.2 Using instruments to generate information about outcomes

Instruments often produce a large amount of information – covering context, circumstances and outcomes. All outcome instruments have limits on their intended purpose, scope and application. In reporting outcomes, organisations should ensure they are using their selected outcome measurement instrument as intended.

Most validated instruments provide a specific outcome measure on a standardised scale e.g., a rating for mental health distress that can be interpreted against a scale from extreme distress to normal.

For in-house instruments, organisations determine how the information they collect can be summarised as an outcome measure and the scale used for reporting outcomes.

Complexity arises where the instrument is primarily designed for assessing needs, screening and planning services rather than measuring outcomes. In these cases, care is needed to ensure the data used is a suitable outcome measure and the measurements can be interpreted consistently.

### 2.3 Appropriately translating outcome measures to SCORE

The Data Exchange provides organisations with flexibility on outcomes measurement through the use of externally validated instruments, internally developed outcomes tools or self-assessment scales. The data is reported as a SCORE on a standard five-point Likert scale: a common scale used in research studies and questionnaires.

Outcome measures need to be translated to the SCORE scale in a consistent and comparable manner, so that the reported outcomes have the same interpretation. The table below offers an example.

**Table 1. SCORE Likert Ratings**

Rating	Definition	Description
1	Very poor outcomes	Significant negative impact of circumstances on wellbeing/no progress in achievement of goals.
2	Poor outcome	Moderate negative impact of circumstances on wellbeing/limited progress in achievement of goals based on emerging engagement.
3	Moderate outcome	Progress towards improving circumstances on wellbeing/some progress in achievement of goals based on strong engagement.
4	Good outcome	Adequate short-term improvement in circumstances/moderate progress in achievement of goals.
5	Very good outcome	Adequate ongoing improvement in circumstances/full achievement of goals.

### 3. Validated Instruments

The instruments listed below have been translated for SCORE in this document. The Data Exchange does not endorse the use of any instrument or outcomes measurement tool, and expects organisations to make decisions based on their professional judgement, organisational approach and any requirements set out in their grant agreements.

The Data Exchange recognises that some organisations may be using instruments that are not listed in the Translation Matrix. This does not mean they are unsuitable for translation. Organisations are encouraged to use the generic template (see Sections 4 and 5) to translate these instruments into SCORE.

The translated instruments are:

- Child Neglect Index (CNI)
- Carers Star (CS)
- Growth Empowerment Measure (GEM)
- Edinburgh Postnatal Depression Scale (EPDS)
- Kessler Psychological Distress Scale (K10)
- Outcome Rating Scale (ORS)
- Parenting, Empowerment and Efficacy Measure (PEEM)
- Personal Wellbeing Index (PWI)
- Sessions Rating Scale (SRS)
- Strengths and Difficulties Questionnaire (SDQ).

### 3.1 Child Neglect Index (CNI)

**Table 2. Child Neglect Index**

Term Summary	Description					
Background	<p>The CNI provides child welfare practitioners and researchers with a validated and easy-to-use instrument that specifies the type and severity of neglect.</p> <p>The instrument records professional assessments of neglect on a severity scale from adequate (0), inconsistent (20-30), inadequate (40-50) to seriously inadequate (60):</p> <ul style="list-style-type: none"> <li>▪ Supervision rating (0,25,50,60)</li> <li>▪ Nutrition rating (0,20,40,50,60)</li> <li>▪ Clothing and hygiene rating (0,20,40,50,60)</li> <li>▪ Physical health care rating (0,20,45,50,60)</li> <li>▪ Mental health care rating (0,20,50,60)</li> <li>▪ Developmental / educational care rating (0,20,50,60).</li> <li>▪ CNI identifies the type and severity of neglect, and as such is a suitable measure 'before' and 'after' an intervention to measure changes in personal safety / absence of neglect for children.</li> </ul>					
Outcomes measure	CNI (0 to 60)					
Valid use of outcome measure	CNI can be used 'before' and 'after' an intervention/service to measure changes in personal and family safety for children.					
Recommended SCORE domain	Personal and family safety (SCORE Circumstances)					
Recommended SCORE translation	SCORE range	1	2	3	4	5
	SCORE descriptor	Very poor	Poor	Moderate	Good	Very Good
	CNI rating	50+	49 to 40	39 to 30	29 to 21	20 to 0
<p>For more information about the CNI, visit <a href="http://www.researchgate.net/Development_and_Preliminary_Evaluation_of_the_Ontario_Child_Neglect_Index">www.researchgate.net/Development and Preliminary Evaluation of the Ontario Child Neglect Index</a></p>						

## 3.2 Carers Star (CS)

**Table 3. Carers Star**

Term Summary	Description					
Background	<p>Carers Star is designed as a case management tool to identify caring issues, inform case plan goals, and as an instrument to measure and report carers progress and achievement of outcomes.</p> <p>CS focuses on seven elements that impact the quality of life and wellbeing of carers health; the caring role; managing at home; time for yourself; how you feel; finances; and work/employment.</p> <ul style="list-style-type: none"> <li>▪ The CS uses five stages that relate to the level of need:</li> <li>▪ Cause for concern (rating =1)</li> <li>▪ Getting help (rating =2)</li> <li>▪ Making change (rating =3)</li> <li>▪ Finding what works (rating=4)</li> <li>▪ As good as it can be (rating =5).</li> </ul> <p>To report outcomes, the <i>Organisational Guide for Carers Star</i> highlights that the CS's five-point scale can be used to self-report client ratings for each of the carer elements, or the mean average change in ratings across the seven CS elements.</p>					
Key considerations	<p>CS is a suitable summary measure of change in mental health, wellbeing and self-care for carers. While each of the individual ratings in the seven CS elements are relevant to case planning, only the mean average rating across the seven elements is used for outcomes reporting</p>					
Outcome measure	<p>Mean average rating = [(CS Health rating) + (CS Caring role rating) + (CS Managing at home rating) + (CS Time for yourself rating) + (CS How you feel rating) + (CS Finances rating) + (CS Work rating)]/7</p>					
Valid use of outcome measure	<p>CS can be used "before" and "after" an intervention to measure changes in mental health, wellbeing and self-care (SCORE circumstances domain). Technical notes:</p> <ul style="list-style-type: none"> <li>▪ If a carer is not in the labour force (retired or choosing not to seek paid work), then the CS Work rating is recorded in the calculation as a rating of five.</li> <li>▪ A valid measurement of the Carers Star mean average must include data for four or more of the seven elements. In this case, SCORE is calculated as the mean average of the elements where the carer provided a rating.</li> <li>▪ Three or fewer CS ratings does not create a valid SCORE measurement.</li> <li>▪ To create a mean average rating with fewer than seven Carers Star elements then the calculation must be adjusted to divide by the correct number of ratings.</li> <li>▪ If the mean average score is not a whole number, it is rounded to the nearest whole number (e.g. 3.6 rounds up to 4 and 3.4 rounds down to 3).</li> <li>▪ If a mean average rating is exactly halfway between two whole numbers then it rounds up to the nearest whole number (e.g. 3.5 rounds up to 4).</li> </ul>					
Recommended SCORE domain	Mental health, wellbeing and self-care (Circumstances SCORE)					
Recommended SCORE translation	SCORE	1	2	3	4	5
	SCORE descriptor	Very poor	Poor	Moderate	Good	Very Good
	Carers Star mean	1	2	3	4	5
For more information about CS, visit <a href="http://www.outcomesstar.org.uk/using-the-star/see-the-stars/carers-star/">http://www.outcomesstar.org.uk/using-the-star/see-the-stars/carers-star/</a>						

### 3.3 Edinburgh Postnatal Depression Scale (EPDS)

**Table 4. Edinburgh Postnatal Depression Scale**

Term Summary	Description					
Background	<p>The EPDS is a 10 item self-report measure designed to screen women for symptoms of emotional distress during pregnancy and the postnatal period.</p> <p>The EPDS is not a diagnostic instrument and is intended to be used in conjunction with a clinical assessment.</p> <p>The EPDS includes one question (Item 10) about suicidal thoughts. Further enquiry about the nature of any thoughts of self-harm is required in order for the level of risk to be determined and referrals made to ensure the safety of the mother and baby.</p>					
Key considerations	<ul style="list-style-type: none"> <li>EPDS is a valid measure of changes in mental health, wellbeing and self-care for women during pregnancy and the postnatal period. However, the instrument is a screening tool to prompt follow-up clinical assessments rather than measuring outcomes. It is most relevant for measuring extremely severe distress.</li> </ul>					
Outcome measure	<ul style="list-style-type: none"> <li>EPDS rating (0-30)</li> </ul>					
Valid use of outcome measure	<ul style="list-style-type: none"> <li>Caution is recommended in the use of EPDS as an outcomes measurement instrument.</li> <li>EPDS is most relevant for measuring extremely severe distress (SCORE=1/EPDS=13+) and severe distress (SCORE=2/EPDS=12).</li> <li>Caution is needed in interpreting SCORE =3 and 4 as 'positive' outcomes when the EPDS for these ratings translates to 'moderate' or 'mild' distress.</li> <li>Users also need to be aware that any woman who rates 1, 2 or 3 on Q10 (suicidal/self-harm thoughts) requires <b>immediate</b> further evaluation to ensure her own safety and that of her baby.</li> </ul>					
Recommended SCORE domain	Mental health, wellbeing and self-care (SCORE Circumstances)					
Recommended SCORE translation	SCORE range	1	2	3	4	5
	SCORE descriptor	Very poor	Poor	Moderate	Good	Very Good
	EPDS	13+	12	11 to 10	9 to 1	0
For more information about the EPDS, visit <a href="https://psychology-tools.com/epds/">psychology-tools.com/epds/</a> .						

### 3.4 Growth Empowerment Measure (GEM)

**Table 5. Growth Empowerment Measure (GEM)**

Term Summary	Description					
Background	<p>The GEM measures changes in emotional wellbeing and dimensions of empowerment important to Aboriginal and Torres Strait Islander peoples. It was developed as a tool to measure the process and outcomes of empowerment and for evaluating interventions, such as the Family Well Being program, that aim to increase empowerment. It seeks to measure people’s perspective of their psychosocial well-being and empowerment at individual, family, organisational and structural levels’.<sup>1</sup> The measure works well with programs that use empowerment approaches.</p> <p>GEM comprises the Emotional Empowerment Scale (EES14) and Scenarios. The EES14 measures 14 items of empowerment and wellbeing using a 5-point scale. Each of the Scenarios measures empowerment processes using a 7-point scale. There are 12 scenarios, 6 of which are core.</p>					
Key considerations	<p>One of the GEM components may be translated into SCORE:</p> <ul style="list-style-type: none"> <li>▪ It is appropriate to translate mean scores of the EES14 into the Mental health, wellbeing and self-care Circumstance domain.</li> <li>▪ The Scenarios are not suitable for translation as they use a 7-point rating scale.</li> </ul>					
Outcome measure	The EES14 component of GEM can be used ‘before’ and ‘after’ an intervention/service to measure changes in mental health, wellbeing and self-care.					
Valid use of outcome measure	<ul style="list-style-type: none"> <li>▪ The EES14 component of GEM is a valid measure of changes in the SCORE Circumstance domain of Mental health, wellbeing and self-care.</li> </ul>					
Recommended SCORE domains	Mental health, wellbeing and self-care SCORE Circumstances					
Recommended SCORE translation	SCORE range	1	2	3	4	5
	SCORE descriptor	Very poor	Poor	Moderate	Good	Very Good
	GEM descriptor	I feel like I don’t know anything		Half ‘n’ half		I am knowledgeable about things that are important to me
	GEM score	1	2	3	4	5
For more information about the GEM, email <a href="mailto:Melissa.Haswell@qut.edu.au">Melissa.Haswell@qut.edu.au</a> .						

<sup>1</sup> Haswell, Melissa R, David Kavanagh, Komla Tsey, Lyndon Reilly, Yvonne Cadet-James, Arlene Laliberte, Andrew Wilson, Chris Doran. 2010. ‘Psychometric validation of the Growth and Empowerment Measure (GEM) applied with Indigenous Australians, *Australian and New Zealand Journal of Psychiatry* 44:791-799.

### 3.5 Kessler Psychological Distress Scale (K10)

**Table 6. Kessler Psychological Distress Scale**

Term Summary	Description					
Background	<p>The K10 is widely used as a measure of psychological distress and as a measure of outcomes following treatment for common mental health disorders. The K10 is in the public domain and is promoted on the Clinical Research Unit for Anxiety and Depression website as a self-report measure to identify a need for treatment.</p> <p>The K10 uses a five value response option for each question – all of the time, most of the time, some of the time, a little of the time and none of the time which can be scored from five through to one.</p> <p>The maximum rating is 50 indicating severe distress, the minimum rating is 10 indicating no distress. People who are rated:</p> <ul style="list-style-type: none"> <li>▪ under 20 are likely to be well</li> <li>▪ 20-24 are likely to have a mild mental disorder</li> <li>▪ 25-29 are likely to have moderate mental disorder</li> <li>▪ 30 and over are likely to have a severe mental disorder.</li> </ul>					
Key considerations	<p>K10 is a suitable outcome measure of changes in mental health, wellbeing and self-care for adults.</p> <p>As the K10 is designed to identify the need for treatment, it is most relevant to measure severe mental disorders.</p>					
Outcome measure	K10 Score (10-50)					
Valid use of outcome measure	<p>K10 can be used 'before' and 'after' an intervention to measure changes in mental health, wellbeing and self-care for adults.</p> <p>Caution is needed in interpreting SCORE = three and four as 'positive' outcomes when the K10 rating translates to 'moderate' or 'mild' mental disorder in the instrument. This translation is intended for use with the Australian version of the K10 that uses a one to five rating scale with a total range of 10-50. The rating bands used by the Australian Bureau of Statistics were adopted for the translation.</p> <p>As the K10 is primarily designed to identify the need for treatment, it is most relevant to measuring extremely severe mental disorder (SCORE=1/K10 over 30) and severe mental disorder (SCORE=2/K-10 22-29).</p>					
Recommended SCORE domain	Mental health, wellbeing and self-care (SCORE Circumstances)					
Recommended SCORE translation	SCORE range	1	2	3	4	5
	SCORE descriptors	Very poor	Poor	Moderate	Good	Very Good
	K-10	30+	22-29	16-21	11-15	10
<p>For more information about the K10, visit <a href="http://hcp.med.harvard.edu/ncs/k6_scales.php">hcp.med.harvard.edu/ncs/k6_scales.php</a> and <a href="http://www.abs.gov.au/ausstats/abs@.nsf/lookup/4817.0.55.001Chapter92007-08">http://www.abs.gov.au/ausstats/abs@.nsf/lookup/4817.0.55.001Chapter92007-08</a></p>						

### 3.6 Outcome Rating Scale (ORS)

**Table 7. Outcome Rating Scale**

Term Summary	Description					
Background	<p>The ORS is a simple, four-item visual analogue scale designed to assess key dimensions of a client’s overall wellbeing. The ORS is administered, rated and discussed in casework with clients.</p> <p>The ORS uses four visual analogue scales each 10cm long to assess the clients’ perceptions of how they are feeling: individually (Personal well-being); interpersonally (Family, close relationships); socially (Work, school, friendships); and overall wellbeing. Each of the four dimensions translates into a rating out of 10, with a total rating out of 40.</p> <p>Documentation on the instrument notes that ‘the clinical cut-off score is 25, where combined ratings above the clinical cut-off indicate global clinically significant distress. Reliable reduction in symptoms is considered to occur when:</p> <ul style="list-style-type: none"> <li>▪ The client’s rating reduces to below the clinical cut off; and</li> <li>▪ When there is a five or more points change observed over the course of treatment.</li> </ul> <p>ORS is a licensed instrument and organisations should be aware of any costs in the use of this instrument.</p>					
Outcome measure	ORS rating (0-40)					
Valid use of outcome measure	ORS can be used ‘before’ and ‘after’ an intervention/service to measure changes in mental health, wellbeing and self-care.					
Recommended SCORE domain	Mental health, wellbeing and self-care (SCORE Circumstances)					
Recommended SCORE translation	SCORE range	1	2	3	4	5
	SCORE descriptor	Very poor	Poor	Moderate	Good	Very Good
	ORS	0 to 12	13 to 18	19 to 24	25 to 30	31 to 40
For more information about the ORS, visit <a href="http://scottdmiller.com/the-outcome-and-session-rating-scales-support-tools/">scottdmiller.com/the-outcome-and-session-rating-scales-support-tools/</a> .						

### 3.7 Parental Empowerment and Efficacy Measure (PEEM)

**Table 8. Parental Empowerment and Efficacy Measure**

Term Summary	Description					
Background	<p>The PEEM is a freely available, strengths-based measurement instrument in which parents are invited to rate themselves in relation to 20 statements using a 10 point scale from 'this sounds nothing like me' to 'this sounds exactly like me'.</p> <p>PEEM focuses on two main areas of parenting: confidence to be a good parent / carry out parenting responsibilities, and capacity to connect with informal and formal networks. The premise of the instrument is that these two areas of parenting are prerequisites for good family functioning.</p> <p>In testing and evaluating the instrument with Australian families, a mean PEEM rating was 154 (out of 200) with a standard deviation of 24.</p>					
Key considerations	<p>PEEM is primarily designed to measure parenting practices – rather than a direct measure of family functioning.</p> <p>PEEM is a suitable measure of progress in achieving goals related to changed parenting behaviours (SCORE Goals). The PEEM Goal domain ratings are based on measuring behaviours compared to above or below the average for the general population.</p>					
Outcome measure	PEEM rating (20 – 200)					
Valid use of outcome measure	PEEM can be used 'before' and 'after' an intervention/service to measure progress in achieving goals related to improved parenting behaviours.					
Recommended SCORE domain	Changed behaviours (SCORE Goals)					
Recommended SCORE translation	SCORE	1	2	3	4	5
	SCORE descriptor	Very poor	Poor	Moderate	Good	Very Good
	PEEM cut-offs	>2 SD below mean	1-2 SD below mean	Mean +/- 1SD	1-2 SD above mean	>2 SD above mean
	PEEM total	20 to 105	106 to 129	130 to 177	178 to 190	191 to 200
For more information about the PEEM, visit <a href="http://tandfonline.com/doi/abs/10.1080/0312407X.2014.902980">tandfonline.com/doi/abs/10.1080/0312407X.2014.902980</a>						

### 3.8 Personal Wellbeing Index (PWI)

**Table 9. Personal Wellbeing Index**

Term Summary	Description																																				
Background	<p>The PWI scale contains seven items of satisfaction, each one corresponding to a quality of life item: standard of living, health, achieving in life, relationships, safety, community-connectedness, and future security. These seven items represent the first level of deconstruction of the global question: ‘How satisfied are you with your life as a whole?’ The PWI has been adapted and validated with adults, children, and persons with an intellectual or cognitive disability.</p> <p>The core set of items forming the PWI comprise: How satisfied are you with:</p> <ol style="list-style-type: none"> <li>1. your standard of living [Standard of Living]</li> <li>2. your health [Personal Health]</li> <li>3. what you are achieving in life [Achieving in Life]</li> <li>4. your personal relationships [Personal Relationships]</li> <li>5. how safe you feel [Personal Safety]</li> <li>6. feeling part of your community [Community-Connectedness]</li> <li>7. your future security [Future Security].</li> </ol> <p>Each of the seven items can be analysed as a separate variable, or summed to yield an average rating that represents ‘Subjective Wellbeing’.</p> <p>Each item is rated on an 11 point scale from 0 (no satisfaction) to 10 (completely satisfied).</p>																																				
Key considerations	<p>PWI (individual questions) are suitable measures for SCORE Circumstances domains:</p> <ul style="list-style-type: none"> <li>▪ Physical health PWI Q2;</li> <li>▪ Personal and family safety PWI Q5;</li> <li>▪ Community participation &amp; networks PWI Q6;</li> <li>▪ Material well-being and basic necessities PWI Q1.</li> </ul>																																				
Outcome measure	<p>PWI Q2 (Physical health) rating [0-10];            PWI Q5 (Personal and family safety) rating [0-10];            PWI Q6 (Community participation &amp; networks) rating [0-10];            PWI Q1 (Material well-being and basic necessities) rating [0-10].</p>																																				
Valid use of outcome measure	<p>PWI (individual questions) can be used ‘before’ and ‘after’ an intervention/service to measure changes in SCORE Circumstances domains.</p>																																				
Recommended SCORE domains	<p>Physical health (PWI Q2); Personal and family safety (PWI Q5); (PWI Q6); and Material well-being and basic necessities (PWI Q1) (SCORE Circumstances)</p>																																				
Recommended SCORE translation	<table border="1"> <thead> <tr> <th>SCORE</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> </thead> <tbody> <tr> <td>SCORE descriptor</td> <td>Very poor</td> <td>Poor</td> <td>Moderate</td> <td>Good</td> <td>Very Good</td> </tr> <tr> <td>Physical health</td> <td>0-1</td> <td>2-3</td> <td>4-5</td> <td>6</td> <td>7 - 10</td> </tr> <tr> <td>Personal and family safety</td> <td>0-1</td> <td>2-3</td> <td>4-5</td> <td>6</td> <td>7 - 10</td> </tr> <tr> <td>Community participation &amp; networks</td> <td>0-1</td> <td>2-3</td> <td>4-5</td> <td>6</td> <td>7 - 10</td> </tr> <tr> <td>Material well-being/basis necessities</td> <td>0-1</td> <td>2-3</td> <td>4-5</td> <td>6</td> <td>7 - 10</td> </tr> </tbody> </table>	SCORE	1	2	3	4	5	SCORE descriptor	Very poor	Poor	Moderate	Good	Very Good	Physical health	0-1	2-3	4-5	6	7 - 10	Personal and family safety	0-1	2-3	4-5	6	7 - 10	Community participation & networks	0-1	2-3	4-5	6	7 - 10	Material well-being/basis necessities	0-1	2-3	4-5	6	7 - 10
	SCORE	1	2	3	4	5																															
	SCORE descriptor	Very poor	Poor	Moderate	Good	Very Good																															
	Physical health	0-1	2-3	4-5	6	7 - 10																															
	Personal and family safety	0-1	2-3	4-5	6	7 - 10																															
	Community participation & networks	0-1	2-3	4-5	6	7 - 10																															
Material well-being/basis necessities	0-1	2-3	4-5	6	7 - 10																																
<p>For more information about the PWI, visit <a href="http://www.acqol.com.au/instruments">http://www.acqol.com.au/instruments</a>.</p>																																					

### 3.9 Strengths and Difficulties Questionnaire (SDQ)

**Table 10. Strengths and Difficulty Questionnaire**

Term Summary	Description					
Background	<p>The SDQ is a brief behavioural screening questionnaire for children and young people aged 2-17 years. It covers 25 items on psychological attributes related to:</p> <ul style="list-style-type: none"> <li>▪ emotional symptoms (5 items)</li> <li>▪ conduct problems (5 items)</li> <li>▪ hyperactivity/inattention (5 items)</li> <li>▪ peer relationship problems (5 items) [20 difficulties items]</li> <li>▪ prosocial behaviour (5 strengths items).</li> </ul> <p>The data can be collected from child/young person self-reports, parent reports or teacher reports. Self-reports are not available for children under 11 years of age.</p>					
Key considerations	Both the SDQ Total Difficulties rating and the SDQ Total Prosocial rating are suitable outcome measures of changes in mental health, wellbeing and self-care when applied as either self-reports (from 11 years and above), parent-reports or teacher reports for children and young people aged 2-17 years.					
Outcome measure	<ul style="list-style-type: none"> <li>▪ SDQ Total Difficulties rating (0-40)</li> <li>▪ SDQ Total Prosocial rating (0-10).</li> </ul>					
Valid use of outcome measure	The SDQ Total Difficulties rating (0-40) or the SDQ Total Prosocial rating (0-10) can be used 'before' and 'after' an intervention to measure changes in mental health, wellbeing and self-care for children and young people aged 2-17 years.					
Recommended SCORE domain	Mental health, wellbeing and self-care (SCORE Circumstances)					
Recommended SCORE translation	SCORE	1	2	3	4	5
	SCORE descriptor	Very poor	Poor	Moderate	Good	Very Good
	SDQ difficulties rating (self-reported)	20 to 40	18 to 19	15 to 17	11 to 14	0 to 10
	SDQ difficulties rating (parent-reported: SCORE support person)	20 to 40	17 to 19	14 to 16	10 to 13	0 to 9
	SDQ difficulties rating (teacher-reported: SCORE support person)	19 to 40	16 to 18	12 to 15	8 to 11	0 to 7
	SDQ prosocial rating (self-reported)	0 to 4	5	6	7	8 to 10
	SDQ prosocial rating (parent-reported: SCORE support person)	0 to 5	6	7	8	9 to 10
For more information about the SDQ, visit <a href="http://sdqinfo.com/">sdqinfo.com/</a> .						

### 3.10 Sessions Rating Scale (SRS)

**Table 11. Session Rating Scale**

Term Summary	Description					
Background	<p>The SRS is a simple, four-item visual analogue scale designed to assess key dimensions of effective therapeutic relationships. The SRS is administered, rated and discussed at the end of each session to get real time alliance feedback from young people and carers so that alliance problems can be identified and addressed.</p> <p>The SRS translates what is known about the alliance into four visual analogue scales each 10 cm long to assess clients' perceptions of respect and understanding; relevance of the goals and topics; client-practitioner fit; and overall alliance. Each of the four dimensions translates into a rating out of 10, with a total rating out of 40.</p> <p>Documentation on the instrument notes that 'based on a total possible rating of 40, any rating lower than 36 overall, or 9 on any scale, could be a source of concern and therefore it is prudent to invite the client to comment.</p> <p>Clients tend to rate all alliance measures highly, so the therapist should address any suggestion of a problem in order to quickly repair ruptures to the alliance, and make the necessary adjustments in therapy to help improve client outcomes.'</p> <p>SRS is a licensed instrument and organisations should be aware of any costs in the use of this instrument.</p>					
Key considerations	<p>The SRS is primarily designed to measure the effectiveness of therapeutic relationships.</p> <p>SRS is a suitable measure of progress in achieving goals related to engaging with a particular support service. However, care is needed in interpreting SRS ratings 30-36 as 'good' outcomes (SCORE = three or four) as the interpretation is still moderate or mild detachment.</p>					
Outcome measure	SRS rating (0-40)					
Valid use of outcome measure	<p>SRS can be used 'before' and 'after' an intervention to measure of progress in achieving goals related to engaging with a particular support service (Changed engagement with support SCORE Goal domain)</p> <p>Caution is needed in interpreting SRS scores 29-35 (SCORE = three) and SRS score 36 (SCORE = four) as 'good' outcomes as the interpretation is still moderate or mild detachment with support service.</p>					
Recommended SCORE domain	Changed engagement with support service (SCORE Goals)					
Recommended SCORE translation	SCORE	1	2	3	4	5
	SCORE descriptor	Very poor	Poor	Moderate	Good	Very Good
	SRS	0 to 19	20 to 28	29 to 35*	36*	37 to 40
<p>For more information about the SRS, visit <a href="http://scottdmiller.com/the-outcome-and-session-rating-scales-support-tools/">scottdmiller.com/the-outcome-and-session-rating-scales-support-tools/</a>.</p>						

## 4. Translation of 'in house' validated instruments for outcome measures

Using validated instruments provides the ability to strengthen claims about what is being measured – although care is needed to ensure any reported outcomes closely align with the purpose and scope of the instrument used. The instruments translated into SCORE will continue to grow as the Data Exchange identifies instruments and tools for further investigation, in consultation with funded organisations and government policy and program areas.

In-house instruments are often based on extensive practitioner insights tailored to specific delivery contexts. However, care is needed in translating data from these instruments into measures of outcomes. Where in-house instruments are used, organisations may prepare brief summary statements outlining the purpose and scope of the instrument to ensure consistency in its use.

Most of these instruments generate a rating on an outcome scale. Common scales include:

- 0 (no outcomes) – 10 (outstanding outcomes) [11 point scale]
- 1 (poor), 2 (somewhat poor), 3 (somewhat good), 4 (good) [4 point scale]
- 1 (very poor) – 100 (very good) [centile scale]
- 1 – 7 [7 point scale].

Important considerations in using these scales (and translating them to SCORE) are:

1. Instrument validity. Is the scale a valid measure of a SCORE outcomes domain?
2. Scale validity. Can the scale items be interpreted as a very poor, poor, moderate, good, very good outcome?
3. Scale cut-offs. Are the cut-off points valid across the client cohorts?

To understand the scope and applicability of these instruments, details should be documented in a standard format. To support the consistent reporting of outcomes, the Data Exchange has developed a generic Translation Matrix template. This option is best suited to organisations that are using their own or validated or adapted instruments.

## 4.1 Template for translating proprietary and in-house instruments

This template is suitable for organisations that are using their own or proprietary instruments.

**Table 12. In-house Instrument Template**

Background	<Brief description of the purpose and design of the instrument>					
Key considerations	<Outline any considerations that need to be applied in interpreting the data>					
Outcome measure	<List the summary measure (or component outcome measures) generated through the application of the instrument>					
Valid use of outcome measure	<Outline the valid use of the outcome measure and any limitations on its use>					
Recommended SCORE domain(s)	<List the relevant SCORE domain(s)>					
Recommended SCORE translation	SCORE	1 Very Poor	2 Poor	3 Moderate	4 Good	5 Very Good
	Outcome Measure 1 (for SCORE domain)					
	Outcome Measure 2 (for SCORE domain)					

## 5. Translation of self-assessment instruments

Self-assessment instruments often provide a relatively simple way of directly recording either a client's, advocate's or a practitioner's self-assessment of an outcome. If the collected information is closely aligned to the intended outcome (e.g. do you feel safe in your current living arrangements?), then the outcome data can be interpreted as the self-reported perception of the outcome (e.g. self-reported sense of personal safety).

Important considerations in using self-assessment instruments (and translating them to SCORE) are:

- Clarity of the questions – plain English; clear concepts
- Alignment with SCORE domain(s) – do the questions closely align with the relevant domain?
- Consistency of scales – can the scale items in the question be interpreted as a very poor, poor, moderate, good, very good outcome?
- To understand the appropriateness of these self-assessment instruments, details should be documented in a standard format – similar to the template for validated instruments.

## 5.1 Template for translating self-assessment instruments

To support the consistent reporting of outcomes, the Data Exchange has developed a generic Translation Matrix template. This template is best suited to organisations that do not already have an outcomes reporting model in place or are using in-house outcomes instruments.

**Table 13. Self-assessment template**

Background	<Brief description of the purpose and design of the instrument>					
Key considerations	<Outline any considerations that need to be applied in interpreting the data>					
Outcome measure	<List the summary measure (or component outcome measures) generated through the application of the instrument>					
Valid use of outcome measure	<Outline the valid use of the outcome measure and any limitations on its use>					
Recommended SCORE domain(s)	<List the relevant SCORE domain(s)>					
Recommended SCORE translation	SCORE	1	2	3	4	5
		Very poor	Poor	Moderate	Good	Very Good
	Q1					
	Q2					
	Q3					
Q4						

## 6. Version History

### Version 3, published March 2019

1. Revised to add Growth Empowerment Measure (GEM)
2. Tables revised make more screen reader accessible.
3. Changed Data Exchange logo.
4. Small edits to clarify some terms

### Version 2, published November 2018

The Department released version 2 of the SCORE Translation Matrix in November 2018 to provide updates on previously translated and new instruments for inclusion, following feedback from organisations.

1. Revised content and formatting.
2. Introduction of the Carers Star translation.
3. Removal of Bringing Up Great Kids (BUGK).
4. Clarification and additional detail for remaining instruments.
5. Inclusion of self-assessment and proprietary/in-house matrix templates.

### Version 1, published November 2017.