**How to use SCORE with clients**

**Standard Client/Community Outcomes Reporting (SCORE)**

**Introduction**  
  
SCORE is designed to measure the result of a client’s interaction with a funded service. This data helps funders and organisations understand the impact the service is making on a client’s life. SCORE captures a point in time in the client’s service journey and should be done when the practitioner notes changes during delivery of the service, or at logical review points.

Organisations are advised to report against the domain in each SCORE component that they think is most relevant for the session. While this is the minimum requirement, organisations have the option of also reporting additional domains if they consider these to be important or were raised in the session.

SCORE allows organisations to measure client outcomes using their own tools and methods — but to report these outcomes to the Data Exchange in a way that is consistent and comparable. SCORE may be reported through a practitioner assessment, a client self-assessment, support person assessment, or a joint assessment.

**How to use this document:**

This document is designed as a client friendly, plain English version of SCORE. It is intended to help organisations moving towards outcomes measurement by presenting the SCORE domains for your client to undertake a self-assessment or support person assessment.

The tables below list the possible client responses to the SCORE domains in CIRCUMSTANCE, GOAL and SATISFACTION. Clients only need to select the domain(s) relevant to the service they access.

Your organisation can select the relevant SCORE domain(s) for clients as outlined in the [Program Specific Guidance](https://dex.dss.gov.au/document/81) on the Data Exchange website and the topics raised in the session with the client.

You can print this document for your clients to use or copy the content into your organisation’s template. You may remove any domains that are not relevant to the service the client has accessed. It is important that the rating scale is not changed when editing this document.

Go to the [Data Exchange](https://dex.dss.gov.au/policy#policy) website for more information on SCORE and reporting outcomes. For technical assistance your organisation can email the [Data Exchange Helpdesk](mailto:dssdataexchange.helpdesk@dss.gov.au) or phone 1800 020 283 between 8.30am – 5.30pm Monday to Friday.

Client Circumstance SCORE

**Table 1. Client Circumstance SCORE   
Please tick the box under the statement that best describes your circumstance**

| SCORE  Circumstance domain | 1  Very Poor | 2  Poor | 3  Moderate | 4  Good | 5  Very Good |
| --- | --- | --- | --- | --- | --- |
| **Physical Health** | | My physical health is very poor and this has a profound negative impact on my daily life. | My physical health is poor and this has a negative impact on my daily life. | My physical health is okay and only sometimes negatively impacts my daily life. | My physical health is quite good and only occasionally negatively impacts my daily life. | My physical health is very good and rarely if ever negatively impacts my daily life. | |
| **SCORE** | |  |  |  |  |  | |
| **Mental health, wellbeing & self-care** | | My mental health is very poor and this has a profound negative impact on my daily life. | My mental health is quite poor and this has a negative impact on my daily life. | My mental health is okay and only sometimes negatively impacts my daily life. | My mental health is quite good and only occasionally negatively impacts my daily life. | My mental health is very good and rarely if ever negatively impacts my daily life. | |
| **SCORE** | |  |  |  |  |  | |
| **Personal & family safety** | | I do not feel that my family and I are safe. This has a significant impact on my life. | I do not feel that my family and I are completely safe. My personal and family safety is at risk, and this has a negative impact on my life. | I feel progress towards improving my personal & family safety, but do not always feel that my family and I are safe. | I feel my family and I are safer in the short term | I feel that my family and I are safer and we have ongoing personal and family safety. | |
| **SCORE** | |  |  |  |  |  | |
| **Age-appropriate development** | | Compared to other people the same age, I struggle to master the skills or knowledge they seem to know, and I’m not learning more. | Compared to other people the same age, I can master some skills or knowledge. I plan to learn more soon. | Compared to other people the same age, I know many of the same skills and knowledge. This is improving and I am starting to learn more to improve my independence and well-being. | Compared to other people the same age, I have mastered most of the skills and knowledge others know, and am learning more to support my independence and well-being. | Compared to other people the same age, my skills and knowledge are well developed and help me to be independent and have good well-being. | |
| **Age-appropriate development (for parents of children)** | | Compared to other children the same age, my child struggles to master skills or knowledge other children know. | Compared to other children the same age, my child can master some skills or knowledge. They are showing signs of learning more. | Compared to other children the same age, my child knows many of the same skills and knowledge. My child has learnt some things and their independence and well-being is improving. | Compared to other children the same age, my child has mastered most of the skills and knowledge others know, and is improving their independence and well-being. | Compared to other children the same age, my child’s skills and knowledge is well developed and helps them to be independent and have good well-being. | |
| **SCORE** | |  |  |  |  |  | |
| **Community participation & networks** | | I feel very isolated. I have very little contact with friends, family or people in the community. I have no support. | I feel fairly isolated. I have little contact with friends, family, or people in the community. I have little support. | I feel somewhat connected. I have some contact with friends, family, or people in the community. I have some support. | I feel fairly connected. I have a reasonable amount of contact with friends, family, or people in the community. I have pretty good support. | I feel very connected. I have a lot of contact with friends or family, or people in the community. I have great support. | |
| **SCORE** | |  |  |  |  |  | |
| **Family Functioning** | | I don’t get along with my family and have a lot of conflict. This has a profound negative impact on my daily life. | I have some difficulty getting along with my family. This has a negative impact on my daily life. | Sometimes I don’t get along with or communicate well with my family, but this is improving. | I get along with and communicate well with my family. I have difficulties only occasionally. | I get along and communicate very well with my family, and this has positive impacts on my daily life. | |
|  | |  |  |  |  |  | |
| **Financial Resilience** | | I have a lot of difficulty finding money for emergencies and can’t seem to get ahead. | I have some difficulty finding money for emergencies. | I have money for some situations, but occasionally have difficulty making ends meet. | I have money for most situations and spend less than I earn. | I have enough money for any situation and can set aside money for future needs. | |
| **SCORE** | |  |  |  |  |  | |
| **Material well-being** | | I have no access to the basic material resources I need like food, clothes, transport or keeping warm. | I have access to some of the basic material resources I need, but sometimes I need to decide which resources to go without. | I think I am ‘getting along’ and generally I have access to most of the basic material resources I need. | I think I am ‘reasonably comfortable’ and have access to the material resources I need. I don’t go without resources such as food, clothes, transport or keeping warm. | I think I am ‘very comfortable’ and that I have access to all the material resources I need. | |
| **SCORE** | |  |  |  |  |  | |
| **Employment** | | I have no work and this has a profound negative impact on my daily life. | I have some short-term work but I’d like to work more. | I sometimes have work and my ability to find work is improving. This sometimes has a negative impact on my daily life. | I am in work that is suitable in most ways and rarely has a negative impact on my daily life. | I am in work that is very suitable in all ways and this has a positive impact on my daily life. | |
| **SCORE** | |  |  |  |  |  | |
| **Education & training** | | I have a lot of difficulty finding or remaining in education or training & this has a profound negative impact on my daily life. | I have some difficulty finding and remaining in education or training, and this has a negative impact on my daily life. | I occasionally have difficulty finding and remaining in education and this sometimes has a negative impact on my daily life. | I am in education or training that is suitable in most ways, and rarely has a negative impact on my daily life. | I am in education or training that is very suitable in all ways and this has a positive impact on my daily life. | |
| **SCORE** | |  |  |  |  |  | |
| **Housing** | | I have no housing today, or am living in housing that is overcrowded or has structural problems. | I am living in housing that is unsuitable or short term. | I am living in housing that is adequate. This occasionally has a negative impact on my daily life. | I am living in housing that is suitable and rarely has a negative impact on my daily life. | I am living in housing that is very suitable in all ways and never has a negative impact on my daily life. | |
| **SCORE** | |  |  |  |  |  | |

Client Goal SCORE

**Please tick the box under the statement that best describes your situation**

**Table 2. Client Goal Score**

| SCORE  Goal domain | 1 Very Poor | 2  Poor | 3  Moderate | 4  Good | 5  Very Good |
| --- | --- | --- | --- | --- | --- |
| **Knowledge** | I know nothing about the issues I sought help with or how to improve my current circumstances. | I know a little about the areas relevant to meeting my needs and improving my current circumstances. | I have reasonable knowledge in the areas relevant to meeting my needs and improving my current circumstances. | I have good knowledge in the areas relevant to meeting my needs and improving my current circumstances. | I have very good knowledge in the areas relevant to meeting my needs and improving my current circumstances. |
| **SCORE** |  |  |  |  |  |
| **Skills** | I have very poor skills in the areas relevant to meeting my needs and improving my current circumstances. | I have poor skills in the areas relevant to meeting my needs and improving my current circumstances. | I have reasonable skills in the areas relevant to meeting my needs and improving my current circumstances. | I have good skills in the areas relevant to meeting my needs and improving my current circumstances. | I have very good skills in the areas relevant to meeting my needs and improving my current circumstances. |
| **SCORE** |  |  |  |  |  |
| **Behaviours** | My behaviour has a profound negative impact on my ability to improve my circumstances. | My behaviour has a negative impact on my ability to improve my circumstances. | Sometimes my behaviour has a negative impact on my ability to improve my circumstances. | My behaviour generally has a positive impact on my ability to improve my circumstances. | My behaviour has a positive impact on my ability to improve my circumstances. |
| **SCORE** |  |  |  |  |  |
| **Empowerment, choice & control to make own decisions.** | I have no confidence to make decisions that improve my circumstances. This lack of confidence has profound negative impacts. | I have limited confidence and limited power to make decision that improve my circumstances. This lack of confidence and choice has negative impacts. | I have some confidence and some control in making decisions that improve my circumstances. At times a lack of confidence and choice has a negative impact. | Most of the time I have high confidence and feel better empowered to make decisions that improve my circumstances. A lack of confidence rarely has negative impacts. | I have very good confidence and feel empowered to make decisions that improve my circumstances. |
| **SCORE** |  |  |  |  |  |
| **Engagement with relevant support services** | I have a lot of difficulty engaging and working with services to help me improve my circumstances. | I have some of difficulty engaging and working with services to help me improve my circumstances. | I occasionally have difficulty engaging and working with services to help me improve my circumstances. | I seldom have difficulty engaging and working with services to help me improve my circumstances. | It is easy to work with services to help me improve my circumstances. I rarely have difficulties. |
| **SCORE** |  |  |  |  |  |
| **Impact of immediate crisis** | Right now, I am facing a crisis that I struggle to cope with and this has a negative impact on my life. | The immediate crisis I am facing is difficult and has a negative impact on my life. I am interested in improving this. | The immediate crisis I am facing is sometimes difficult but I am working with a service to improve this. | The crisis I am facing is lessening and the service I am working with has helped me improve this. | I am no longer facing an immediate crisis and the service helped me manage this. |
| **SCORE** |  |  |  |  |  |

Client Satisfaction SCORE

**After receiving a service, please tick the box under the statement that best describes your circumstance.**

**Table 3. Client Satisfaction SCORE**

| **SCORE**  **Satisfaction domain** | **1**  **Disagree** | **2**  **Tend to Disagree** | **3**  **Neither Agree nor Disagree** | **4**  **Tend to Agree** | **5**  **Agree** |
| --- | --- | --- | --- | --- | --- |
| The service listened to me and understood my issues. | The service does not listen or understand my issues at all. | The service listens a little bit or understands some of my issues. | The service sometimes listens or understands my issues. | The service listens to me and understands my issues a lot of the time. | The service always listens to me and understands my issues. |
| **SCORE** |  |  |  |  |  |
| I am satisfied with the services I have received. | I am not satisfied. | I am a little satisfied. | The service was ok. | I am mostly satisfied. | I am very satisfied. |
| **SCORE** |  |  |  |  |  |
| I am better able to deal with issues that I sought help with. | My ability to deal with the issues I sought help with is the same. | I can occasionally deal with the issues I sought help with. | Sometimes I can deal with the issues I sought help with. | Most often I am able to deal with the issues I sought help with. | I am always able to deal with the issues I sought help with. |
| **SCORE** |  |  |  |  |  |