Australian Government

Program Specific Guidance for State Government of New South Wales programs in the Data Exchange

August 2026

Introduction

Purpose of this document

This document provides policy guidance on entering data into the Data Exchange for activities under the **Community & Family Support program (CAFS)** and **Connecting Seniors and Carers Program (CSCP),** and **Youth Frontiers program** funded by the **State Government of New South Wales** under the Department of Community Services and Office for Youth respectively.

These guidelines should be read in conjunction with:

- Data Exchange Protocols
- Your contract (Agreement for Funding of Services, Standard Terms and CAFS Schedule)
- CAFS Program Specifications
- CAFS Data Collection & Reporting Guide
- Connecting Seniors and Carers Program
- Youth Frontiers Program
- The task cards and e-Learning modules available on the Data Exchange website.

Intended Use

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

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

Initiatives also funded by DCJ under CAFS, for example Safe and Strong Families and FCS Brighter Beginnings, will have an additional guide attached to their Schedule which provides further guidance about service delivery expectations and DEX reporting requirements.

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

All resources associated with the Data Exchange are available on the Data Exchange website.

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

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

Contents

GOVERNMENT OF NEW SOUTH WALES
Department of Communities and Justice

The Department of Communities and Justice (DCJ) works with children, adults, families and communities to improve lives and help people realise their potential. DCJ aims to create safe, just, inclusive and resilient communities through its services.

The CAFS program is funded by DCJ.

Community & Family Support program

The CAFS program aims to support vulnerable children, young people, families and communities in NSW, early in life and early in need, to minimise the escalation of vulnerabilities, and reduce the likelihood of children entering the child protection system.

The CAFS program includes three program activities:

- **Community Strengthening** - The Community Strengthening program activity 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 and skills training
- **Family Connect & Support (FCS)** – The FCS program activity 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 & Safety** - The Wellbeing & Safety program activity 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 playgroup.

Community Strengthening

What does this program activity focus on?

The Community Strengthening program activity focuses on:

- building social capital and local networks (including local and central governance)
- increasing social inclusion and sense of belonging to different communities
- promoting tolerance and understanding of diversity to increase social cohesion
- providing a place for people to meet, interact and volunteer
- providing a soft-entry point with supported referrals for people who need more support
- providing programs to increase knowledge, skills, experience, confidence and wellbeing
- providing programs to increase social inclusion, participation, and individual capacity

Who is the primary client?

The primary client could include each of CAFS target populations: children, young people, families and communities within NSW who are in need. Please see the CAFS Data Collection & Reporting Guide for further guidance about who is client.

What are the key client characteristics?

Children, young people, families and communities accessing the Community Strengthening program activity may be potentially vulnerable, have known vulnerabilities or be experiencing crisis. People with known vulnerabilities or experiencing crisis can be supported to access more intensive or specialist support activities.

This population may experience challenges and/or barriers to identifying and accessing the services they need to live independent and self-determining lives.

Should unidentified clients be recorded?

Unidentified clients may be reported where it is not possible, appropriate or practical, to report identified (consenting) or deidentified (non-consenting) clients, such as large group information sessions or community groups or events. Where client data is collected, service providers should report this to help ensure high quality data and shared learning.

Please refer to DCJ's CAFS Data Collection and Reporting Guide for more information about the proportion of unidentified clients that can be reported for each service type under this program activity.

Should support persons be recorded?

People may attend activities who do not meet the definition of a client, such as carers, family members, or young children. While there is no requirement to record support people in the Data Exchange, service providers may record support people at the session level. Support people are not counted as clients.

How should Cases be set up?

Cases function as containers, linking client and session data to location and program activity information. A case captures one or more instances of service (known as sessions) received by a client or group of clients that is expected to lead to a distinct outcome.

Cases set up under this program activity will primarily be activity-based, however they may be client or family-based depending on the service type delivered or the needs of the organisation.

To protect client privacy, family names or other identifying information should not be recorded in the Case ID field. For ease of case navigation, providers should use other identifying descriptions, such as 'Monthly community event' or 'Youth Art program' (See Section 3.2 of Protocols).

The partnership approach

For the CAFS program, all organisations are required to participate in the partnership approach by submitting additional client data, which enables access to extra data reports.

The partnership approach also includes the ability to record an extended data set. See Protocols (sections 6 and 11) for more information.

It is expected you will report one Community SCORE for 50% of unidentified clients per quarter.

Collecting extended data

For this program activity, it is required that you collect the following extended data items. You may also record other details if you think it is appropriate for your program and for your clients.

Client data	Case data	Session data
• Homeless indicator • Household composition	• Attendance profile • Client needs and presenting context • Reasons for seeking assistance • Referral source	• Referrals to other services: • Referral type • Referral purpose

Recording outcomes data using SCORE

Organisations can record client outcomes through Standard Client/Community Outcomes Reporting (SCORE). See Section 7 of the Protocols.

A client SCORE assessment is recorded at least twice, for example towards the beginning of the client's service delivery and again towards the end of service delivery.

It is expected you will report one Circumstances or Goals SCORE for 50% of **identified (consenting) or deidentified (non-consenting) clients** per quarter, and one Satisfaction SCORE for 10% of **identified (consenting) or deidentified (non-consenting) clients** per quarter, according to the following table.

It is expected you will report one Community SCORE for 50% of **unidentified clients** per quarter, according to the following table.

Circumstances	Goals	Satisfaction	Community
• Age-appropriate development • Community participation and networks • Education and skills training • Employment • Family functioning • Financial Resilience • Housing	• Changed knowledge and access to information • Empowerment, choice and control to make own decisions • Engagement with relevant support services	• I am better able to deal with issues that I sought help with • I am satisfied with the services I have received • The service listened to me and understood	• Group/Community knowledge, skills, attitudes and behaviours for a group of clients or community members participating in the service • Organisational knowledge, skills and practices to better respond to the needs of targeted clients or communities • Community infrastructure

• Material wellbeing and basic necessities • Mental health, wellbeing and self-care • Personal and family safety • Physical Health		my issues	and networks to better respond to the needs of targeted clients and communities • Social cohesion to demonstrate greater community cohesion and social harmony

Community Strengthening service types

Service Type	Description	Reporting guidance
Advocacy and support	Activities include advocacy, problem-solving and being an intermediary for children, young people, families and communities to help and encourage people to find the support that is right for them. This is typically multiple interactions with a client and other stakeholders.	Where possible, service providers delivering this service type will collect and report individual client details and outcomes in DEX.
Community engagement	Organising community events or festivals or planning activities with community members that align with, or would achieve, CAFS outcomes. This may also include consultation activities with community. Community engagement activities may take place in a neighbourhood or community centre. Examples of planning activities include a community-level child protection, housing, education, health or employment plan, or a plan that addresses a number of these. Note: the service must facilitate the sessions and write the plan to count this as an activity, not just participate in consultations run by other services. Plans should include the change that the community is trying to achieve and how this will be measured, including both short and medium or long-term measurement.	• Organising community events or festivals can only be counted if the service is responsible for organising and running the event (e.g. contributing resources, time and staff to organise it, not just participating or attending). • If an event runs for three days, record one session for each day the event occurs, therefore three sessions would be recorded for this event. • Each meeting held to discuss a plan should be counted as a session. Service providers delivering this service type will primarily collect and report unidentified client details.
Education & skills training	Activities that: • build community member knowledge, skills, experience, confidence, wellbeing, social inclusion, participation or individual capability. Examples include literacy, numeracy, life skills, financial management and budgeting, whether delivered to individuals or in a group. • build the knowledge and skills of community members to better meet, interact and/or	Where possible, service providers delivering this service type will collect and report individual client details and outcomes in DEX.

Service Type	Description	Reporting guidance
	volunteer. These may include individual, group or other client-centred approaches. Online activities can be recorded where specific workshops or modules are delivered to a group of individual clients.	
Facilitate employment pathways	Activities that build the skills of community members, including young people, to facilitate pathways to employment. Examples include résumé writing workshops, employment skills development and volunteering, whether delivered to individuals or in a group.	Where possible, service providers delivering this service type will collect and report individual client details and outcomes in DEX.
Indigenous advocacy / support	Activities include advocacy, problem-solving and being an intermediary for Aboriginal children, young people, families and communities to help and encourage people to find the support that's right for them.	Where possible, service providers delivering this service type will collect and report individual client details and outcomes in DEX.
Indigenous community engagement	Organise Aboriginal community activities, events or festivals that support Aboriginal communities, or community events promoting Aboriginal issues. This could include social, cultural, recreational, youth, art or language activities, workshops, or linking up members of a community around a shared issue, memorial days, reconciliation activities and erecting plaques or monuments.	• This can only be counted if the service is responsible for organising and running the event (e.g. contributing resources, time and staff to organise it, not just participating or attending). • If an event runs for three days, record one session for each day the event occurs. • Service providers delivering this service type will primarily collect and report unidentified group client details.
Indigenous healing activities	Activities that facilitate healing for Aboriginal communities, families or individuals through a spiritual process that includes therapeutic change and cultural renewal. Healing is a holistic process that can include mental, physical and spiritual needs, thus the activities under this service type are varied. Examples include: • reclaiming history: oral history projects that document the experience and history of the Stolen Generations and commemoration and memorial activities that mark their losses. • cultural interventions: activities that engage people in a process of recovering and reconnecting to culture, language, history, spirituality, traditions and ceremonies to reinforce self-esteem and a positive cultural identity.	Where possible, service providers delivering this service type will collect and report individual client details and outcomes in DEX.

Service Type	Description	Reporting guidance
	• therapeutic healing: includes a combination of traditional and Western therapies to help individuals and communities recover from trauma.	
Information / advice / referral	Provision of standard advice, guidance or information for individuals or families in relation to a specific topic. This may be delivered by phone calls, drop-ins, online, emails and so on. This is typically a single interaction with a client. Referrals include to another service provider or within the organisation. The referral must be effective and timely, facilitate client engagement, build and maintain referral pathways and partnerships, and help individuals and families to easily access services and determine the way their support is provided. Material aid/brokerage may be offered to clients in this service type to support a soft entry into the service system.	Where possible, service providers delivering this service type will collect and report individual client details and outcomes in DEX.
Social participation	Initiate or facilitate community workshops and activities that are in line with CAFS outcomes. This includes: • social, cultural, recreational, youth activities, art or language activities; workshops; or linking up members of a community around a shared issue, • activities that encourage connectedness for community members, which would increase social inclusion, connection and participation. For example, community playgroups, mentoring, leadership programs, peer support, relationship, social skills, whether delivered one on one or in a group. • providing spaces for clients to have an opportunity to connect with others, such as a neighbourhood or community centre, informal locations, or online to achieve the CAFS outcomes. Examples include regular groups, such as parenting groups, community playgroups, youth groups, early childhood education, care or support, maternal and child health services, Aboriginal Elders, men's and women's groups, Aboriginal enterprises; providing access to internet and Wi-Fi; or access to equipment such as toys, books and car seats.	• Count each occasion of service as a session • Where possible, service providers delivering this service type will collect and report individual client details and outcomes in DEX

Service Type	Description	Reporting guidance
	Community playgroups are informal gatherings where babies, toddlers and pre-school aged children and their parents and carers can come to learn through play and connect with one another. Community playgroups can be run by a worker or volunteer and are generally self-managed and aimed at all families.	

Family Connect & Support

The Family Connect and Support (FCS) program activity is a whole–of-family service for children, young people and their families experiencing or at risk of experiencing vulnerability in NSW. It is for families who could benefit from support to address and prevent the escalation of current issues.

Who is the primary client?

The primary client could include each of CAFS target population: children, young people, families and communities within NSW who are in need. Please see the CAFS Data Collection & Reporting Guide for further guidance about who is client.

What are the key client characteristics?

The FCS program activity can be accessed by all families, young people and children who may be experiencing issues that require support, before these issues become worse. FCS does not have exclusionary criteria; however, service providers are encouraged to have conversations with both the referrer and the family to determine overall suitability for FCS. In most cases, FCS is for families:

- with a child under 18 years of age, living in the long-term or permanent care of the family or household, and
- who are not currently and actively case managed by another service provider[1]..

Should unidentified clients be recorded?

The Family Connect and Support program activity provides face-to-face and online support where clients are known to the service. Therefore, no unidentified clients should be recorded for this program.

The exception is for FCS providers delivering the Community Engagement service type under FCS Brighter Beginnings, which will only report unidentified clients.

Should support persons be recorded?

People may attend activities who do not meet the definition of a client, such as carers, family members, or young children. While there is no requirement to record support people in the Data Exchange, service providers may record support people at the session level. Support people are not counted as clients.

How should Cases be set up?

Cases function as containers, linking client and session data to location and program activity information. A Case captures one or more instances of service (known as Sessions) received by a client or group of clients that is expected to lead to a measurable outcome.

Cases set up under this program activity will be client-based, rather than activity-based, such as an individual or family. The only exception to this is the Community Engagement service type under FCS Brighter Beginnings where Cases should be activity-based.

To protect client privacy, family names or other identifying information should never be recorded in the Case ID field. To easily navigate cases, providers should use other identifying descriptions, such as ‘FamilyA24’ or ‘Family Group 26 (See Section 3.2 of Protocols).

[1] Based on the information known to the FCS service provider at the time of referral. FCS service providers are encouraged to talk to families about any services they are already working with. FCS service providers should not request an open plan check from DCJ. In some circumstances, it may be appropriate to work with families case managed by another service provider to support their current unmet needs. If unsure, service providers are encouraged to talk to their contract managers

The partnership approach

For the CAFS program, all organisations are required to participate in the partnership approach by submitting additional client data, which enables access to extra data reports. See Protocols (sections 6 and 11) for more information.

Collecting extended data

For this program activity, it is required that you collect and report the following extended data items using a client-centred approach and where it is possible, appropriate and practical:

Client data	Case data	Session data
• Homeless indicator • Household composition	• Attendance profile • Client needs and presenting context • Reasons for seeking assistance • Referral source	Referrals to other services • Referral type • Referral purpose

Recording outcomes data using SCORE

Organisations can record client outcomes through Standard Client/Community Outcomes Reporting (SCORE). See Section 7 of the Protocols.

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Circumstances	Goals	Satisfaction
• Age-appropriate development • Community participation and networks • Education and skills training • Employment • Family functioning • Financial Resilience • Housing • Material wellbeing and basic necessities • Mental health, wellbeing and self-care • Personal and family safety • Physical health	• Changed knowledge and access to information • Empowerment, choice and control to make own decisions • Engagement with relevant support services	• I am better able to deal with issues that I sought help with • I am satisfied with the services I have received • The service listened to me and understood my issues

Family Connect & Support service types:

Service Type	Description	Reporting guidance
Community engagement	**This service type will only be used by FCS service providers when delivering the FCS Brighter Beginnings initiative and will be not used in general FCS.** Community engagement in FCS BB involves hosting information sessions for potential clients and staff in early childhood education settings, strengthen referral pathways and enhance outcomes for families.	Service providers delivering this service type will only report unidentified clients.
Active holding	Where an outbound referral service is at capacity or not yet accessible, FCS service providers will actively maintain contact and provide support to the client family while they are waiting for services to become available. Active holding involves the FCS service provider monitoring the family circumstances and providing short-term case support to address immediate needs, including practical support and home visits, and follow-up with service providers while suitable services are being arranged. The CAF includes further guidance on active holding practice.	Service providers delivering this service type will collect and report individual client details and outcomes in DEX.
Family capacity building	Family support activities provided to build family capacity and address comprehensive needs – for example, implementing case plans and case coordination activities such as: intake and assessment (initial and comprehensive); advocacy; material aid/brokerage; support (legal, language, etc.); skills development (life skills, budgeting, etc.); safety planning in the context of family violence (where relevant). In FCS, it may also include bringing together family members (including extended family and kin) and/or other members of a family's informal support network to discuss issues, needs and strengths, and jointly developing a family-centred and led plan that supports the family to achieve their goals. This could be undertaken in different settings, including home visits, a community venue, online or at the service provider. It may include case conferencing meetings with the family's service providers to facilitate coordination of service provision. When working with Aboriginal families, case coordination and case management practices should align to the Aboriginal Case Management Policy, in particular the principles of Aboriginal family-led assessment, and Aboriginal family-led decision making. Assessment in a case coordination setting involves assessing the strengths and needs of the child, young person and family, including any risks. The Common Assessment Framework and Common Assessment Tool provide guidance on completing initial and comprehensive assessments. Capture any information, advice or referrals conducted as part of case coordination under the	Service providers delivering this service type will collect and report individual client details and outcomes in DEX.

Service Type	Description	Reporting guidance
	family capacity building service type.	
Information / Advice / Referral	Accessible, timely and culturally appropriate service information, advice and referrals. Frontline staff provide immediate and comprehensive help to clients and address their needs before any significant assessment. This may be delivered by phone calls, drop-ins, emails, etc and so on. This is typically a single interaction with a client. Referrals (including warm referrals) should support families by connecting them with the service system or arranging services and conducting follow-up with the family or service provider. Referrals can be internal (within the organisation) or external (outside the organisation).	Service providers delivering this service type will collect and report individual client details and outcomes in DEX.

Wellbeing & Safety

What does this program activity focus on?

- Meeting the needs of people with known vulnerabilities, such as domestic and family violence, mental health needs, drug and/or alcohol needs, and social / economic disadvantage
- Increasing the wellbeing and safety of children, young people and families
- Providing intensive or specialist support
- Meeting the needs of people with high and/or complex needs

Who is the primary client?

The primary client could include each of CAFS target population: children, young people, families and communities within NSW who are in need. Please see the CAFS Data Collection & Reporting Guide for further guidance about who is client.

What are the key client characteristics?

Children, young people and families accessing the Wellbeing & Safety program activity will have known vulnerabilities or be experiencing crisis. People accessing the Wellbeing & Safety program activity may also be supported to access other CAFS activities.

This population may experience challenges and/or barriers to identifying and accessing the services they need to live independent and self-determining lives.

Should unidentified clients be recorded?

The Wellbeing and Safety program activity provides face-to-face and online support where clients are known to the service. Therefore, no unidentified clients should be recorded for this program.

Should support persons be recorded?

People may attend activities who do not meet the definition of a client, such as carers, family members, or young children. While there is no requirement to record support people in the Data Exchange, service providers may record support people at the session level. Support people are not counted as clients.

How should Cases be set up?

Cases function as containers, linking client and session data to location and program activity information. A Case captures one or more instances of service (known as Sessions) received by a client or group of clients that is expected to lead to a measurable outcome.

Cases set up under this program activity will primarily be client or family-based, however they may be activity-based depending on the service type delivered (e.g. parenting programs) or the needs of the organisation.

To protect client privacy, family names or other identifying information should never be recorded in the Case ID field. To easily navigate cases, providers should use other identifying descriptions, such as ‘FamilyA24’ or ‘Family Group 26 (See Section 3.2 of Protocols).

The partnership approach

For the CAFS program, all organisations are required to participate in the partnership approach by submitting additional client data, which enables access to extra data reports. See Protocols (sections 6 and 11) for more information.

Collecting extended data

For this program activity, it is required that you collect and report the following extended data items using a client-centred approach and where it is possible, appropriate and practical.

Client data	Case data	Session data
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Recording outcomes data using SCORE

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Circumstances	Goals	Satisfaction
• Age-appropriate development • Community participation and networks • Education and skills training • Employment • Family functioning • Financial Resilience • Housing • Material wellbeing and basic necessities • Mental health, wellbeing and self-care • Personal and family safety • Physical health	• Changed behaviours • Changed impact of immediate crisis • Changed knowledge and access to information • Changed skills • Empowerment, choice and control to make own decisions • Engagement with relevant support services	• I am better able to deal with issues that I sought help with • I am satisfied with the services I have received • The service listened to me and understood my issues

Wellbeing & Safety service types:

Service Type	Description (service providers delivering this service type will collect and report individual client details and outcomes in DEX)
Counselling	Counselling provided by a qualified practitioner such as a psychologist or psychotherapist to one or more clients or family members. Techniques, orientations and practices used should be broadly accepted, validated and based on client need.

Service Type	Description (service providers delivering this service type will collect and report individual client details and outcomes in DEX)
Education and skills training	Targeted, specialist or intensive support that builds the knowledge, skills and wellbeing of people with high and complex needs or known vulnerabilities (e.g. disengagement from school, family violence, mental health conditions, drug and/or alcohol needs, social/economic disadvantage, families and carers of children with developmental concerns). These may include individual, group or other client-centred approaches. For young people, this may involve a wide range of programs delivered in school covering topics such as healthy relationships and consent. Online activities can be recorded where specific workshops or modules are delivered to a group of individual clients.
Family capacity building	Family support activities provided to build family capacity to address comprehensive needs. For example, implementing case plans and case management activities, such as: • advocacy • intake and assessment (initial and comprehensive) • case coordination • counselling (undertaken as part of holistic case management) • material aid/brokerage • support (legal, language, etc.) • mediation • referrals and service navigation (e.g. including to community support-based networks, child developmental services, therapeutic supports, allied health, food banks, employment services) • skills development (life skills, budgeting, skills to support children's development, etc.) • services that may include a therapeutic component, or a specialist framework intended to meet a specific intensive need • safety planning in the context of family violence (where relevant). This could be undertaken in different settings, including home visits, a community venue, online or at the service provider. When working with Aboriginal families, case coordination and case management practices should align to the Aboriginal Case Management Policy, in particular the principles of Aboriginal family-led assessment, and Aboriginal family-led decision making. Assessment in a case management setting involves assessing the strengths and needs of the child, young person and family, including any risks. Refer to the CAF and CAT for further guidance on completing initial and comprehensive assessments. Capture any information, advice or referrals conducted as part of case coordination or case management under the family capacity building service type.
Indigenous parenting programs	Indigenous parenting programs are delivered by Aboriginal staff to Aboriginal parents or carers, or parents or carers of Aboriginal children. They provide support specifically targeted at understanding and strengthening parent–child relationships through education, knowledge or practical skill building for parents. Parenting programs are usually delivered in a structured format and could be undertaken in different settings, including home visits, a community venue, online or at the service

Service Type	Description (service providers delivering this service type will collect and report individual client details and outcomes in DEX)
	provider. Service providers delivering Indigenous parenting programs are not required to select an evidence-informed parenting program from the evidence-informed parenting program list. Indigenous parenting programs should be designed with community and practitioner expertise, with reference to the Aboriginal-led Early Support Programs Evidence Review.
Indigenous supported playgroups	Indigenous supported playgroups are delivered by Aboriginal staff to Aboriginal parents or carers, or parents or carers of Aboriginal children. They provide an opportunity to share experiences of parenting and learn new parenting skills while being supported by workers who coordinate the activities. Supported playgroups help to improve children's social, emotional, communication and cognitive skills and behaviours, increase school readiness, build parental capacity and satisfaction with parenting, and strengthen belonging and connection of families in their communities. They also provide children with an opportunity to socialise, play and learn in a structured and positive environment as well as participating in age-appropriate learning experiences and activities to help them become school ready. Indigenous supported playgroups are facilitated by a professional worker with: • qualifications in early childhood, or • experience in early childhood or in working with families with children. Indigenous supported playgroups are delivered using the best practice principles and the key elements of supported playgroups delivered to Aboriginal families identified in the evidence scan and align to the Early Years Learning Framework.
Information / advice / referral	Provision of standard advice, guidance or information for individuals or families in relation to a specific topic. This may be delivered by phone calls, drop-ins, emails and so on. Referrals include to another service provider or within the organisation. The referral must be effective and timely, facilitate client engagement, build and maintain referral pathways and partnerships, and help individuals and families to easily access services and determine the way their support is provided. Capture any information, advice or referrals conducted as part of case coordination or case management under the family capacity building service type.
Mentoring / peer support	This includes facilitating self-help or peer support groups for parents, carers or young people experiencing particular issues (e.g. a post-natal depression group, parenting and caring for children with development delay or low-level autism).
Parenting programs	Programs that provide support specifically targeted at understanding and strengthening parent–child relationships through education, knowledge or practical skill building for parents. This may include specific parenting programs for parents and carers of children with developmental delay or low-level autism with a focus on parenting information and strategies, and skills for supporting child development including self-regulation and self-management. Parenting programs are usually delivered in a structured format. Program selection should be driven by local need, client compatibility and cultural safety. This could be undertaken in different settings, including home visits, a community venue, online or at the service provider.

Service Type	Description (service providers delivering this service type will collect and report individual client details and outcomes in DEX)
	Service providers will select an evidence-informed program where possible. To help service providers find a suitable option, the CAFS program has a list of evidence-informed parenting programs (available on the DCJ website). Providers should review the evidence-informed list and select a program where it is suitable and relevant to their local context and client and community need. Where this is not appropriate, a 'locally applied' model can be delivered following negotiation with the DCJ contract manager. Parenting programs are generally delivered to a group of parents, as opposed to an individual parent one-on-one with a caseworker. However, some specific parenting programs may have a home visiting component and be delivered one-on one.
Specialist support	Specialist support is services that are intended to meet specific intensive need, which could have a therapeutic component. They can be delivered by a qualified worker. In some cases, this will involve engaging or employing specialist services for a fee to work with the family more intensively, where these services can't be engaged any other way, or in a timely manner. Service providers may include therapeutic supports, allied health services, drug and/or alcohol services, intellectual or physical disability services, family mediation, family violence and sexual assault support services and problem gambling services.
Supported playgroups	Supported playgroups are an opportunity for parents or caregivers to share experiences of parenting and learn new parenting skills while being supported by workers who coordinate the activities. They also provide children with an opportunity to socialise, play and learn in a structured and positive environment as well as participating in age-appropriate learning experiences and activities to help them become school ready. Supported playgroups can be tailored to meet the unique needs of children with developmental concern or delay and/or low-level autism and their parents and carers. Supported playgroups are facilitated by a professional worker with: • qualifications in early childhood, or • experience in early childhood or in working with families with children. Additional qualifications or expertise may be required when delivering a supported playgroup for parents/carers of children with developmental delay or low-level autism or in providing support to parents/carers and their children with developmental delay, to participate in a supported playgroup. This may involve engaging specialist workers in the delivery of a supported playgroup such as occupational therapist, speech pathologist, behaviour supports, etc. Service providers delivering supported playgroups should select one of the models in the Supported Playgroup Rapid Evidence Scan to deliver a supported playgroup in the CAFS program. Where this is not appropriate, a 'locally applied' model can be delivered following negotiation with the DCJ contract manager. 'Locally applied' supported playgroup models will be based on best practice principles (identified in the Supported Playgroup Rapid Evidence Scan) and aligned with the Early Years Learning framework. When selecting a supported playgroup model, consider the available evidence, local context and client and community need.

Service Type	Description (service providers delivering this service type will collect and report individual client details and outcomes in DEX)
Youth individualised support	Youth individualised support seeks to capture the unique work that youth services do to support the wellbeing and safety of young people. Activities include case management or individualised support for a young person that enables independence and autonomy and prioritises the young person's voice in decision-making. This can include: • intake and assessment (initial and comprehensive) • organising activities to promote greater interconnectedness for young people • support – navigating government systems, completing forms for access to services (e.g. Centrelink or housing), legal, language, etc. • advocacy • assistance with employment pathways – such as help with résumés • counselling • mediation • referrals • material aid/brokerage (may be offered to clients to support their overall case management) • mentoring. This could be delivered in different settings, including home visits, a community venue, online or at the service provider. * **NSW Government typically considers young people as aged 12 to 24 years**.

Connecting Seniors and Carers Program

Description

The Connecting Seniors and Carers Program is supported through the Ageing Well in NSW Seniors Strategy 2021-2031. The program is funded by DCJ.

The Connecting Seniors and Carers Program (CSCP) pilot aims to support older people and their carers to age in place, enhance their wellbeing and quality of life by providing an entry point into human services in order to gain support and remain connected to their local communities.

Under the pilot, DCJ has commissioned regional anchor organisations in 4 pilot locations including Far West and Western NSW, Illawarra and Shoalhaven, Nepean and Blue Mountains and Northern NSW. These anchor organisations include Maari Ma Health Aboriginal Corporation (Far West and Western NSW), Careways Community (Illawarra and Shoalhaven), Springwood Neighbourhood Centre Cooperative (Nepean and Blue Mountains) and Northern Rivers Community Gateway (Northern NSW). These organisations will act as the hub(s) within communities, offer linker and referral roles providing a 'visible' soft entry point for older people to receive the support they need from existing prevention and early intervention services.

It is not proposed the providers adopt a case management service as this would duplicate other services such as my Aged Care or Carers Gateway but would provide wraparound supports for older people and their unpaid carers to continue to remain connected, participate in their communities and promote their wellbeing.

Connecting Seniors and Carers Program – Service Features

The CSCP will offer wrap around service features to support older people and their unpaid carers including:

- Community Engagement and Strengthening
- Access to Essential Services
- Financial Wellbeing
- Legal Services
- Family and Relationship Support
- Safety and Protection
- Navigating through life journey
- Education skills and training
- Navigator role / Warm Referrals to appropriate services
- Intergenerational Activities

Who is the primary client?

The primary client is the person directly receiving services from this program – which could be the older person who is aged 60 years and over, or 50 years and over for Aboriginal people and their unpaid carers.

Unpaid carers can be defined as providing ongoing personal care, support and assistance to people who need it due to disability, a medical condition (including a terminal or chronic illness), a mental illness, or because they are frail and aged. Carers do not necessarily have to be old and can be young carers.

What are the key client characteristics?

CSCP also has some specific target groups of older people that will be prioritised for service delivery. These are aligned with the Ageing Well Strategy and include:

- Carers
- First Nations peoples aged 50+
- Lesbian, Gay, Bisexual, Transgender, Intersex, Queer + people
- Older people from multicultural communities
- Older people living in regional/rural/remote areas
- Older people with disability, dementia, chronic disease or mental illness
- Older people experiencing difficulty because of cost of living/financial pressures

Who might be considered 'support persons'?

For this program, support persons may include a case or support worker, friend or family member who is present but not directly receiving a service.

However, if the support person is the older person's unpaid carer and also wants to receive support, they can be recorded as a client in the Data Exchange system. The carer may be a family member, friend, neighbour, or child of the older person.

These individuals can be recorded at the session level. However, support people who are not the person's unpaid carer are not counted as clients.

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

Should unidentified clients be recorded?

This program activity primarily provides services and support to clients who are known to the service provider.

However, there may be occasions where clients remain unidentified. This can occur when it is not possible, appropriate, or practical to record identified (consenting) or de-identified (non-consenting) client information, for example, during large group information sessions, community groups, or public events. In these cases, service providers should still report available data wherever possible to support high-quality data collection and shared learning.

Unidentified clients may also include instances where individuals contact the service for a brief enquiry, such as requesting a referral or phone number, and do not provide identifying information.

Here is a general guide for reporting unidentified clients and there is no penalty if you do not implement this:

Service Type	Identified or de-identified	Un-identified (Maximum threshold)
Group type activities that include: ▪ Community engagement and strengthening ▪ Indigenous advocacy / support ▪ Indigenous community engagement	▪ Report **25%** of clients as identified or de-identified	▪ Report **75%** as un-identified

▪ Indigenous healing activities ▪ Social participation		
Group type activities that include: ▪ Advocacy and support ▪ Education, skills and training ▪ Facilitate employment pathways	▪ Report **50%** of clients as identified or de-identified	▪ Report **50%** as un-identified
More intensive support that includes: ▪ Family capacity building ▪ Counselling support ▪ Education and skills training ▪ Information / advice / referral ▪ Mentoring / peer support ▪ Specialist support	▪ Report **100%** of clients as identified or de-identified	▪ No clients should be reported as un-identified

How should cases be set up?

Cases function as containers, linking client and session data to location and program activity information. A case captures one or more instances of service (known as sessions) received by a client or group of clients that is expected to lead to a distinct outcome.

Cases set up under this program activity will primarily be activity-based, however they may be client or family-based depending on the service type delivered or the needs of the organisation.

To protect client privacy, family names or other identifying information should not be recorded in the Case ID field. For ease of case navigation, providers should use other identifying descriptions, such as 'Monthly community event'.

The Partnership Approach

For the CSCP, all organisations **are required** to participate in the Partnership Approach. Participation means organisations **must** record client outcomes, known as Standard Client/Community Outcomes Reporting (SCORE).

It is a requirement of your funding agreement that you collect and report outcomes data for a majority of your clients.

A client SCORE assessment is to be recorded at least twice, for example towards the beginning of the client's service delivery and again towards the end of service delivery. Where practical, organisations should record a SCORE assessment once per quarter to track how the client's outcomes change over time. In some circumstances, it may be appropriate for a SCORE assessment to be done within a shorter period, such as after two sessions, or even in the same session.

As a minimum data set, it is expected you will report one Circumstances or Goals SCORE for 50% of identified (consenting) or deidentified (non-consenting) clients per quarter, and one Satisfaction SCORE for 10% of identified (consenting) or deidentified (non-consenting) clients per quarter according to the table below.

It is expected you will report one Community SCORE for 50% of **unidentified clients** per quarter, according to the table below.

For the SCORE domains, organisations should record a SCORE assessment as outlined in the Data Exchange Protocols (section 8) and the DEX Translation Matrix.

Organisations should refer to How to use SCORE with clients | Data Exchange for guidance on conducting SCORE assessments with clients.

What areas of SCORE are most relevant?

For this program activity, organisations are required to collect and record SCORE assessments in the following domains as per the above guidance:

Circumstances	Goals	Satisfaction	Community
• Community participation and networks • Education and skills training • Employment • Family functioning • Housing • Mental health, wellbeing and self-care • Financial resilience • Personal and family safety • Physical health	• Changed knowledge and access to information • Empowerment, choice and control to make own decisions • Engagement with relevant support services	• I am better able to deal with the issues that I sought help with • I am satisfied with the services I received • The service listened to me and understood my issues	• Group/Community knowledge, skills, attitudes and behaviours • Organisational knowledge, skills and practices • Community infrastructure and networks • Social cohesion

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

Collecting extended data

For this program activity, it is required that you collect the following extended data items. You may also record other details if you think it is appropriate for your program and for your clients.

Client Level Data	Case Level Data	Session Level Data
▪ Employment status ▪ Homeless indicator ▪ Household composition ▪ Main source of income ▪ Ancestry ▪ Is client a carer	▪ Referral source ▪ Client exit reason ▪ Attendance profile	▪ Service setting ▪ Referral type ▪ Referral purpose

Service Types

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

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

Service Type	Example
Information / Advice / Referral	Accessible, timely and culturally appropriate service information, advice and referrals. Frontline staff provide immediate and comprehensive help to clients and their unpaid carers address their needs before any significant assessment. This may be delivered by phone calls, drop-ins, emails, etc and so on. This is typically a single interaction with a client. Referrals (including warm referrals) should support families by connecting them with the service system or arranging services and conducting follow-up with the family or service provider. Referrals can be internal (within the organisation) or external (outside the organisation). Warm referrals can be made to external government and non-government programs/services including My Aged Care, National Disability Insurance Scheme (NDIS) and Carers Gateway.
Intake / Assessment	An initial meeting, with the intention to gathering information on clients' needs or eligibility, matching clients to services.
Advocacy / Support	Advocating on a client's behalf to another entity such as a government body or other organisation. Activities include advocacy, problem-solving and being an intermediary for older people and their carers to help and encourage people to find the support that is right for them. This is typically multiple interactions with a client and other stakeholders.
Community capacity building	Activities that promote community relationships and awareness. Family support activities provided to build family capacity and address comprehensive needs – such as advocacy; material aid/brokerage; support (financial, legal, language, etc.); skills development (life skills, budgeting, etc.); safety planning in the context of Elder Abuse (where relevant).
Counselling	Counselling support for clients and their unpaid carers who are experiencing issue.
Education and skills training	Activities that: • build community member knowledge, skills, experience, confidence, wellbeing, social inclusion, participation or individual capability. Examples include literacy, numeracy, life skills, financial management and budgeting, whether delivered to individuals or in a group. • build the knowledge and skills of community members to better meet, interact and/or volunteer. These may include individual, group or other client-centred approaches. Online activities can be recorded where specific workshops or modules are delivered to a group of individual clients. Targeted, specialist or intensive support that builds the knowledge, skills and wellbeing of older people and their carers with high and complex needs or known vulnerabilities (e.g. Mental health conditions, drug and/or alcohol needs, social/economic disadvantage). These may include individual, group or other client-centred approaches.

Service Type	Example
Family capacity building	Activities that promote strong family interactions, such as group workshops/activities. Family support activities provided to build family capacity and address comprehensive needs – for example, such as advocacy; material aid/brokerage; support (financial, legal, language, etc.); skills development (life skills, budgeting, etc.); safety planning in the context of Elder Abuse (where relevant).
Mentoring / Peer Support	Individual support and mentoring, peer support, role modelling sessions with a mentor, buddy or coach. Typically conducted one-on-one.
Community Engagement	Community engagement in CSCP involves hosting information sessions for potential clients and their unpaid carers in local neighbourhood and community centres, strengthen referral pathways and enhance outcomes for older people, their carers and families. It may also include organising community events or festivals or planning activities with community members that align with, or would achieve, CSCP outcomes. This may also include consultation activities with community. Community engagement activities may take place local in a neighbourhood or community centre.
Social participation	Initiate or facilitate community workshops and activities that are in line with CSCP program specifications. May include social, cultural, recreational, art or language activities; workshops; or linking up members of a community around a shared issue. Activities that encourage connectedness for older people and their unpaid carers, which would increase social inclusion, connection and participation. For example, mentoring, leadership programs, peer support, relationship, social skills, whether delivered one on one or in a group.
Facilitate employment pathways	Activities that build the skills of older people and their carers to facilitate pathways into employment. Examples include resume writing workshops, employment skills development and volunteering, whether delivered to individuals or in a group.
Indigenous Community Engagement	Organise Aboriginal community activities, events or festivals that support Aboriginal communities, or community events promoting Aboriginal issues. This could include social, cultural, recreational, art or language activities workshops, or linking up members of a community around a shared issue, memorial days and reconciliation activities.
Indigenous Advocacy Support	Activities include advocacy, problem solving for older Aboriginal people and Elders, families and their communities to help and encourage people to find the support that is right for them.
Indigenous healing activities	Activities that facilitate healing for Aboriginal communities, families or individuals through a spiritual process that includes therapeutic change and cultural renewal. Healing is holistic process that can include mental, physical and spiritual needs, thus the activities under this service type is varied.
Service review	Reviewing the service provided with the client. Note: this service requires direct contact with the client.
Exit interview	A client's final session with the program.

Youth Frontiers

Description

The Youth Frontiers program aims to engage with young people so they avoid contact with the justice system. With a focus on early intervention, the program delivers quality mentoring to young people in contact with the youth justice and child protection systems, to increase young people's wellbeing and connection to community.

Who is the primary client?

Primary clients for this program activity are young people aged between 10 and 17 years living in New South Wales.

What are the key target group client characteristics for this program?

There are six priority cohorts for this program activity:

- Persons from a cultural and linguistically diverse background
- Persons identifying as Aboriginal or Torres Strait Islander
- Persons identifying as having a condition, impairment or disability
- Persons residing in a low SEIFA area
- Persons residing in a rural or remote area
- Persons aged between 10-17 years

Who might be considered 'support persons'?

Mentors will be recorded as 'support persons' when they are involved in any sessions with a mentee. Instructions on how to record them in the web-based portal can be found on the Data Exchange website

Recording of a mentor

In order for mentors to be recorded as 'support persons' and to record 'Education and Training' provided to mentors, they will need to be set up as a client in the Data Exchange. Instructions on how to create clients can be found on the Data Exchange website.

Should unidentified 'group' clients be recorded?

The Youth Frontiers program provides face-to-face support where clients are known to the service, therefore it is expected that **no clients** would be recorded as unidentified clients.

Please refer to the Data Exchange Protocols for further guidance on appropriate use of unidentified clients.

How should cases be set up?

Cases should be set up for each client to capture one-on-one, group and team mentoring activities. For group mentoring, where there is two or more mentees, a case should be set up per group.

To protect client privacy, family names should never be recorded in the Case ID field. To easily navigate cases, organisations should use other identifying descriptions, such as Client ID numbers. e.g.: 1286.

The partnership approach

All Youth Frontiers organisations are required to participate in the partnership approach. As part of the partnership approach, organisations record client outcomes known as Standard Client/Community Outcomes Reporting (SCORE) reporting. The partnership approach also includes the ability to record an extended demographics dataset, including additional referrals data.

It is expected that, where practical, you collect outcomes data for **95-100 per cent of all recorded participants**.

However, it is noted that you should do so within reason and in alignment with ethical requirements.

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

What areas of SCORE are most relevant?

Organisations are expected to record SCORE assessments in the following domains.

Circumstances	Goals	Satisfaction
▪ Age-appropriate development ▪ Community participation and networks ▪ Employment ▪ Education and skills training ▪ Mental health, wellbeing and self-care	▪ Changed knowledge and access to information ▪ Changed skills ▪ Changed behaviours ▪ Empowerment, choice and control to make own decisions ▪ Engagement with relevant support services	▪ I am better able to deal with issues that I sought help with ▪ I am satisfied with the services I have received ▪ The service listened to me and understood my issues

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

Collecting extended data

For this program activity, it is expected that you collect the following extended data items:

Client Level Data	Case Level Data	Session Level Data
▪ Homelessness indicator	▪ Referral in (source and reason for seeking assistance)	▪ Service setting ▪ Referral type ▪ Referral purpose ▪ Exit reason

Service setting is required for **every** session to identify how/where the sessions were delivered. Please refer to the Data Exchange Protocols for a definition of each service setting type.

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

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

The seven service types below are to be used when recording sessions for **mentees**.

Service Type	Example
Service review	To be used when a referred young person is deemed eligible for the Youth Frontiers program.
Information / advice / referral	Providing advice/guidance or information in relation to a specific topic or when providing one-off or ad-hoc referrals to other services (e.g. referrals for family support or mental health)
Intake and assessment	To be used each time a mentee is matched with a mentor.
Mentoring / Peer support	Support individual mentees through one-on-one discussion and activities. **Delivery method:** can include face-to-face and/or E-mentoring. **Relationship type:** one-to-one (one mentor matched with one mentee, can include peer mentoring). **Amount of assistance provided**: record the hours/minutes of assistance provided during this session.
Group mentoring	Support individual mentees through group discussion and activities. **Delivery method:** can include face-to-face and/or E-mentoring. **Relationship type:** group (one mentor matched with up to four mentees). **Amount of assistance provided**: record the hours/minutes of assistance provided during this session.
Team mentoring	Support individual mentees through team discussions and activities. **Delivery method:** can include face-to-face and/or E-mentoring. **Relationship type:** team (two or more mentors matched with one mentee, this may include professional mentors) **Amount of assistance provided**: record the hours/minutes of assistance provided during this session.
Community engagement	Undertake community activities, for example, completing a community project, getting involved in volunteering, holding an event, that mentees have identified, including goals, interests and needs with a view to developing a sense of belonging within their communities. **Delivery Method:** face-to-face. **Amount of assistance provided**: record the hours/minutes of assistance provided during this session.
Exit interview	To be used when a mentee is completing their final session and exiting the program. This would be the point in time where one or more of the following would take place: an exit interview, a final SCORE outcomes assessment and/or final client survey.

The following service type is to be used when recording sessions for **mentors**.

Service Type	Example
Education and Skills Training	Providing Mentors with training to be part of the program. This may include: screening a mentor to ensure they meet the requirements of the program, mentor orientation, and any additional training to ensure they have the requisite skills and knowledge for the role.

Version History

Version dated August 2026

Program added:

- Connecting Seniors and Carers Program (CSCP)

Version dated January 2026

The '**Program Specific Guidance for New South Wales programs in the Data Exchange**' was updated in line with the transition of the Targeted Earlier Intervention (TEI) Program into the Community and Family Support program (CAFS), which included transitioning the Family Connect and Support (FCS) program into a CAFS program activity; and removing the Beyond Barbed Wire program.

Version dated 1 August 2023

The 'Program Specific Guidance for State Agencies in the Data Exchange' was renamed **Program Specific Guidance for New South Wales programs in the Data Exchange**. The scope of this document changed to only capturing New South Wales funded programs.

Program activities modified:

- Youth Frontiers
    - Added 'Amount of Assistance required: hours/minutes' field to specific service types.

Version dated 18 August 2022

Program modified:

- Family Connect and Support: Added new service types, removal of Community SCORE expectation.

Version dated 04 March 2022

Format changes have taken place.
Program added:

- Youth Frontiers

Version dated 04 January 2021

Program removed/expired:

- Stayin Kinnected

Program added:

- Family Connect and Support

Version dated 25 May 2020

- Formatting changes

Version dated 20 December 2019

Program modified:

- Targeted Earlier Intervention Programs (TEI): Changes to service type descriptions and formatting.

Version dated 31 July 2019

Note - Department of Families and Communities changed names to Department of Communities and Justice on 1 July 2019.

Program added:

- Beyond Barbed Wire (BBW)

Program modified:

- Targeted Earlier Intervention Program (TEI): Added the 'Education and skills training' service type to three more sub-programs. Minor changes to descriptive wording around partnership approach reporting.

Version dated 31 January 2019

Note - All changes have an effective date of 1 January 2019

Program modified:

- Targeted Earlier Intervention Program (TEI): Added a new service type (Information / Advice / Referral) to all five sub-programs.

Version dated 03 December 2018

This is the first version of the **Program specific guidance for State Agencies in the Data Exchange.**

Following the signing of a Memorandum of Understanding with the NSW State Government in 2018, the following NSW Department of Family and Community Services funded programs are now reporting via the Data Exchange:

- Social Housing:
  - Public Housing
  - Private Rental Assistance
- Stayin Kinnected
- Targeted Earlier Intervention Program (TEI):
  - Community Strengthening stream:
    - Community Connections (service option 1)
    - Community Centres (service option 2)
    - Community Support (service option 3)
  - Wellbeing and Safety stream:
    - Targeted Support (service option 4)
    - Intensive or Specialist Support (service option 5)

Version dated December 2016 –December 2018

For information on Commonwealth government funded programs during this period, please go to the 'Program specific guidance for Commonwealth Agencies in the Data Exchange' document.

Two state government pilot programs were run during this period:

- Tasmanian Department of Health and Human Services (DHHS)
- NSW Department of Family and Community Services (FaCS).

Version dated December 2016

First publication and release of a program specific guidance document (Appendix B) for **all programs in scope for the Data Exchange.**