Complex Supports Bespoke Solutions

SUPPORT EVIDENCE REPORT · ILLUSTRATIVE EXAMPLE

Harold Pottering Meal Support Evidence Report

Most providers record support. We measure it — so everyday support becomes meaningful evidence about needs, outcomes and change over time.

Prepared for Support Coordinators and allied health professionals
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Organisation Complex Supports Bespoke Solutions
Report date 10 September 2026 · **Period** 11 June – 9 September 2026 · **Episodes** 90

Harold Pottering is a fictional character

Harold is not a real person. Every support episode, score and note in this report is fictional, created purely to demonstrate what our reporting looks like.

No real person's information appears anywhere in this document.

Read Harold's story

Harold's Story: When Everyday Support Becomes Meaningful Evidence

csbs.com.au/harolds-story-when-everyday-support-becomes-meaningful-evidence

Why this report exists

Most providers can prove that support occurred. Far fewer can show how much support was required, how often, how the person engaged with it, whether the level of assistance is changing, and what all of that means for the supports currently funded.

Narrative progress notes carry context beautifully. What they rarely produce is measurable evidence — the kind that can be compared across weeks, tested for change, and placed in front of a planner or a clinician.

Complex Supports Bespoke Solutions built an internal, evidence-informed support measurement approach to close that gap. It converts everyday support interactions into structured information that can be analysed over time to identify support requirements, participant engagement, outcomes and change. This report is what that approach produces.

What the information in this report can help demonstrate

- Support requirements over time, at whole-activity level
- Change in the assistance needed to complete an ordinary daily activity
- Participation and engagement patterns across repeated episodes
- Outcomes of support provision, including where function is being maintained
- Emerging risks and support pressures, evidenced rather than asserted
- Information that may assist planning, reviews and professional decision-making

Why meal support

Meal support was chosen because it is ordinary. It happens several times a day, it is easy to overlook, and it is exactly where change tends to show up first. Ninety meal support episodes across three months sit behind this report — 4,248 recorded minutes of support in Harold's home.

Each episode is recorded as a whole activity rather than a list of fragments, which is what makes the comparison across three months meaningful.

What this report is for

This report is intended to support a plan reassessment evidence pack and to assist consideration of whether Harold's existing funded supports remain sufficient.

It is not a clinical assessment and does not seek to explain why the observed change has occurred. It is an observational record of what support was required and what happened.

90 episodes | 11 June – 9 September 2026 | 4,248 support minutes | Home setting

Reading the evidence

Read the movement, not the moment

One long episode says very little. A run of longer episodes, needing more sustained assistance and showing less active participation, says a great deal. Every chart in this report is arranged so patterns come forward and single points recede.

The measures used here

Information in this report is derived from Complex Supports Bespoke Solutions' internal support measurement system, which converts routine support observations into structured data. In plain terms, each episode records:

- **Support input** — what the worker actually did, from observing through to completing the activity for the person
- **Support demand** — how often assistance was needed across the episode
- **Engagement** — how consistently Harold responded, how actively he participated, and how much the support had to be adapted
- **Duration and outcome** — how long the episode took and what happened by the end of it

These are deliberately separated. Recording input, demand, engagement and outcome as distinct observations is what allows change in one to be seen against stability in another.

What this report does not do

It does not diagnose, and it does not explain cause. An increase in recorded support demand is an observation, not a clinical finding.

It does not treat completion as independence, and it does not treat a higher level of assistance as a failure of support.

It does not characterise Harold. Every measure describes the support around him — what it took, how it landed, and what changed.

A note on what "good" looks like

Improvement is not the only measure of success. Evidence that support maintained function, slowed a decline, or prevented predictable harm is equally meaningful — and for people with complex, lifelong needs, often more so.

Fictional data · proprietary approach

Harold Pottering is a fictional character and this dataset is invented for demonstration. The measurement and evidence approach behind it is internally developed and remains the intellectual property of Complex Supports Bespoke Solutions. This document shows what the approach produces, not how it is constructed.

AT A GLANCE

What the three months show

Comparing the first full month of records (June) against the most recent period (August and September), every recorded measure moved in the same direction across ninety episodes. The table below is the whole report in miniature; the pages that follow set out the detail behind each line.

Recorded measure	June	Aug–Sep	Change
Average episode duration	37.5 min	56.8 min	+19.3 min (+52%)
Support input required	3.0	4.1	+1.1 (+36%)
Support demand across episode	2.7	4.2	+1.5 (+57%)
Consistency of response	4.5	2.8	−1.6 (−37%)
Active participation	4.2	2.8	−1.4 (−33%)
Adaptation required by worker	1.6	3.6	+1.9 (+119%)
Episodes completed as planned	74%	48%	−26 points

Engagement measures are scored so that a higher figure means more consistent response and more active participation. A fall in those two lines alongside a rise in the first three is the pattern this report examines.

The finding in one sentence

Across ninety episodes, Harold required progressively more worker input, more sustained assistance and more time to complete the same everyday activity, while his recorded response and active participation fell.

Why it matters now

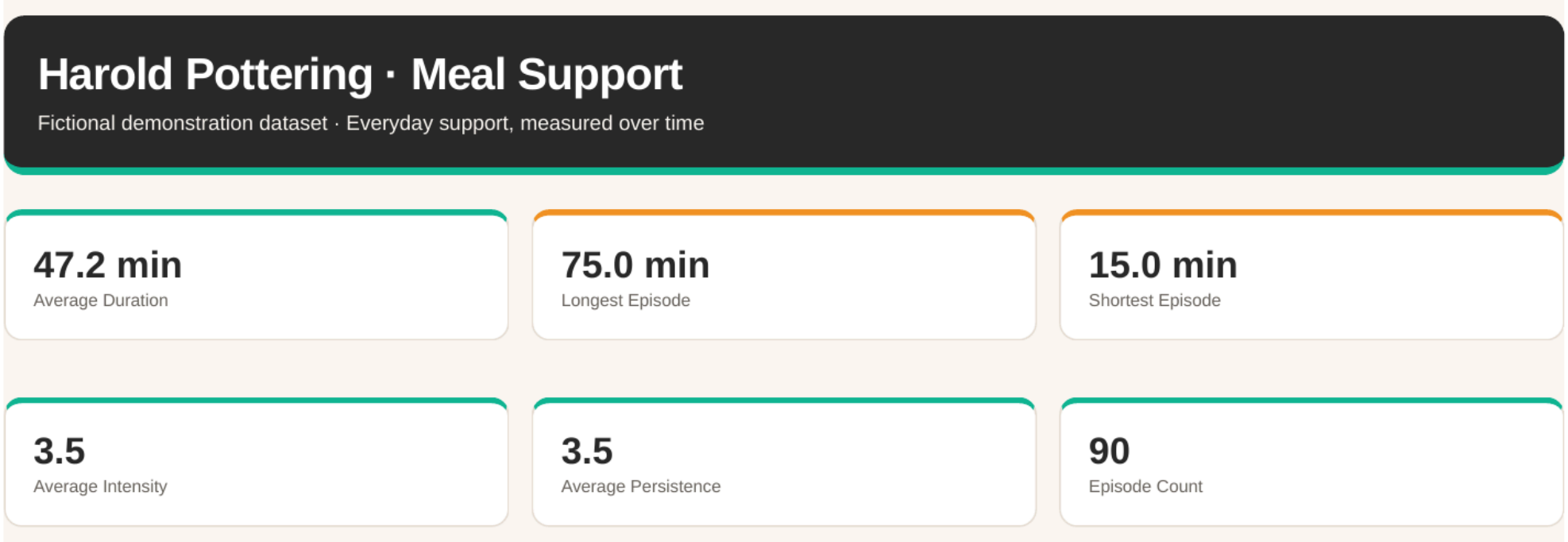
Current and emerging NDIS evidence expectations place weight on functional capacity assessed at whole-activity level, on significant and ongoing change in support requirements, and on participant-specific outcomes over time.

A three-month run of structured episode records speaks to all three in a way a narrative note cannot.

Summary measures

Ninety meal support episodes were recorded in Harold's home between 11 June and 9 September 2026. Episodes ranged from 15 to 75 minutes, averaging 47.2 minutes. Average support input and support demand both sit at 3.5 across the full period.

Those averages are the least useful numbers in this report. They flatten a three-month movement into a single figure. They are shown here only to establish the scale of the evidence base — ninety whole-activity observations of the same daily task, in the same setting, recorded consistently.



Harold’s support journey

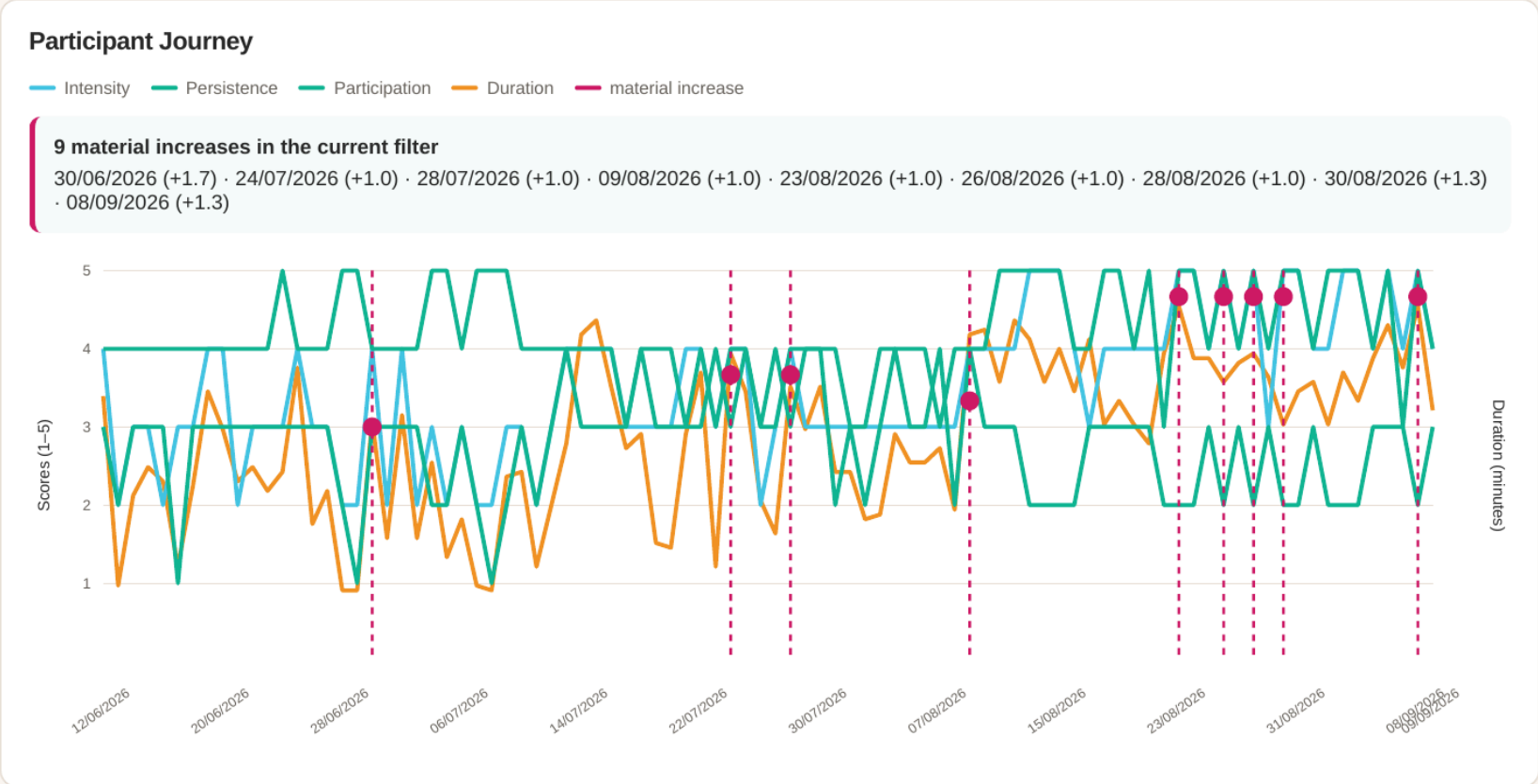
KEY EVIDENCE

This is the central chart in the report. Each episode is plotted in date order, with support input, support demand, participation and duration shown together. Marked points identify episodes where recorded support requirements rose materially against the episode before.

Reading left to right, the three support lines climb and the participation line falls. Nine points of material increase are flagged across the period, clustered noticeably from late August onwards.

What the records indicate. Support requirements did not step up once and settle. They rose progressively across the three months, and the most recent weeks contain the highest concentration of material increases in the whole dataset.

For a Support Coordinator, the value here is continuity. A single episode showing high support input proves little. Ninety episodes showing a sustained directional movement, in the same activity and the same setting, is longitudinal evidence of changing support requirements — recorded as it happened rather than reconstructed afterwards.



Monthly trends

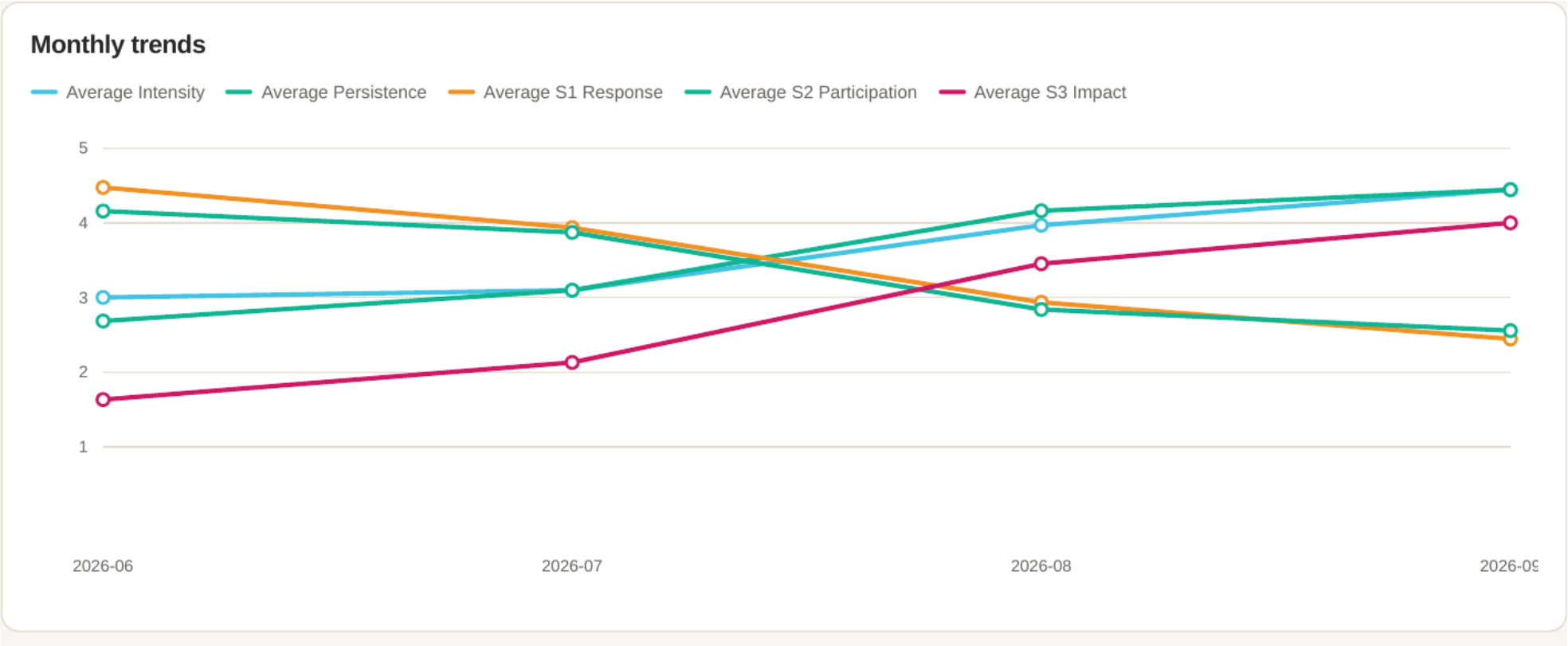
KEY EVIDENCE

The same information, aggregated by month, which removes day-to-day variation and leaves the direction of travel. Support input moves 3.0 → 3.1 → 4.0 → 4.4 across June, July, August and September. Support demand moves 2.7 → 3.1 → 4.2 → 4.4.

Both engagement measures move the opposite way over the same months: consistency of response 4.5 → 3.9 → 2.9 → 2.4, and active participation 4.2 → 3.9 → 2.8 → 2.6.

What the records indicate. The movement is monotonic. Every month is higher than the month before on support requirements, and lower on engagement. This is not a fluctuation around a stable mean.

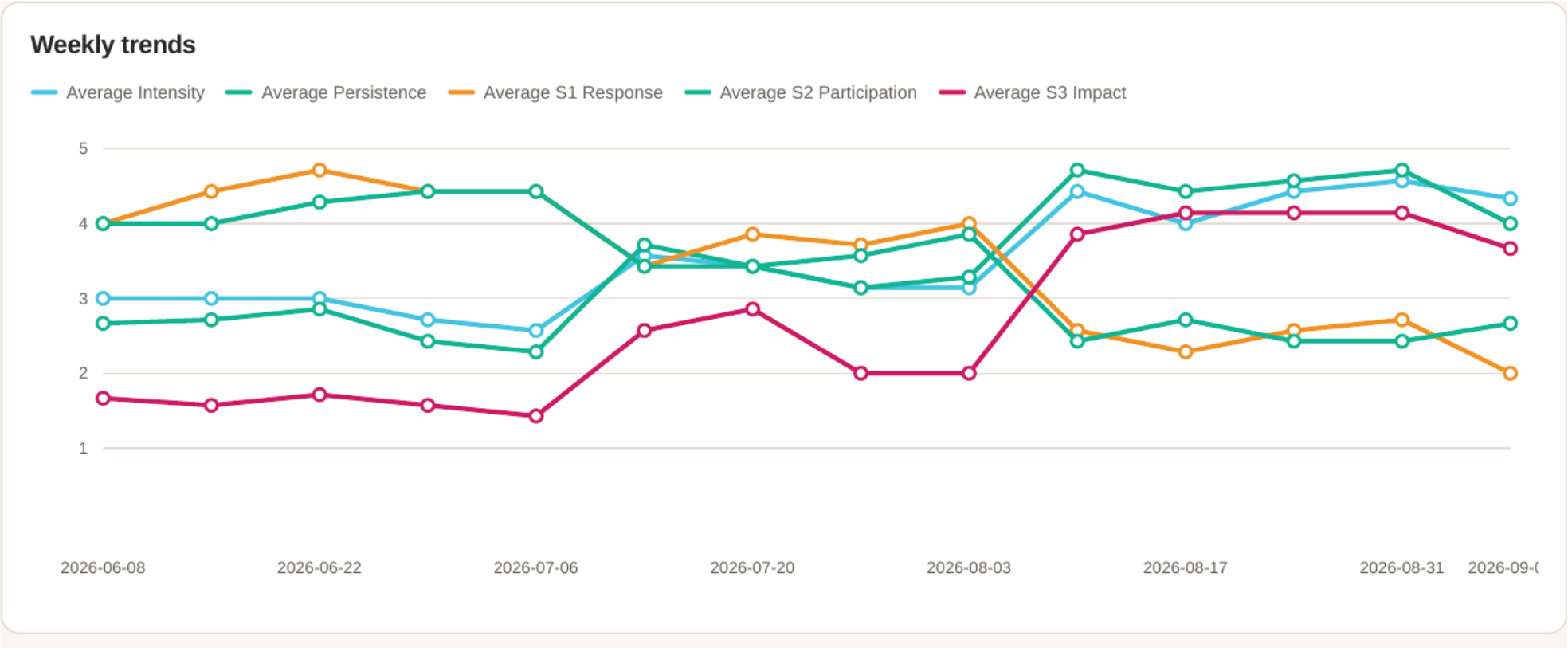
The observed pattern suggests a sustained change in the assistance required to complete meal support, rather than an isolated difficult week. Further clinical or allied health assessment would be required to determine the cause of the observed change; these records describe what was needed, not why.



Weekly trends

The weekly view tests whether the monthly movement holds at finer resolution, or whether it is an artefact of how the months happen to divide. The same directional pattern is visible week on week, with the ordinary variation you would expect from a small number of episodes in each week.

Weeks with fewer recorded episodes will naturally swing more. The value of this view is confirmation rather than new information: the trend is not created by the choice of monthly boundaries.



Time required per episode · monthly

KEY EVIDENCE

Average episode duration rises from 37.5 minutes in June to 56.8 minutes across August and September — an additional 19.3 minutes for every meal support episode, or a 52% increase in the time required to complete the same activity.

The fitted trend across the period runs at approximately +8.6 minutes per month.

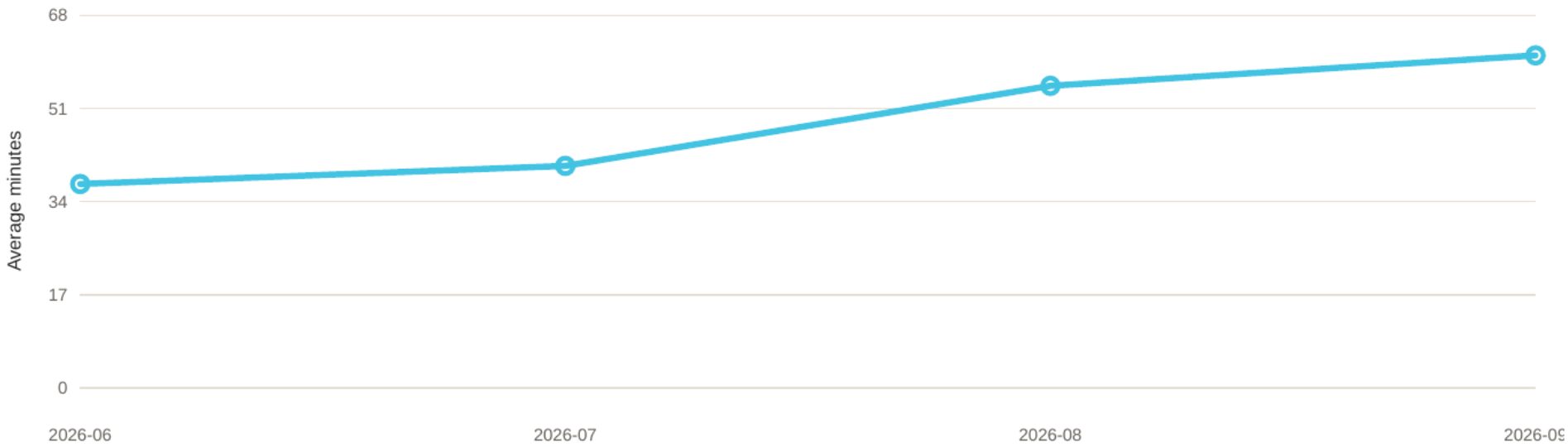
What the records indicate. Duration is the measure that translates most directly into support hours. Nineteen additional minutes per episode, across multiple meal episodes each day, is a material change in the time required to deliver the same support.

This evidence may assist the Support Coordinator and relevant professionals to assess whether the current funded supports remain sufficient for the time meal support is now taking. It does not establish an entitlement to any particular funding level, ratio or number of hours — that is a matter for the planning process.

Average Episode Duration · Monthly

Increasing

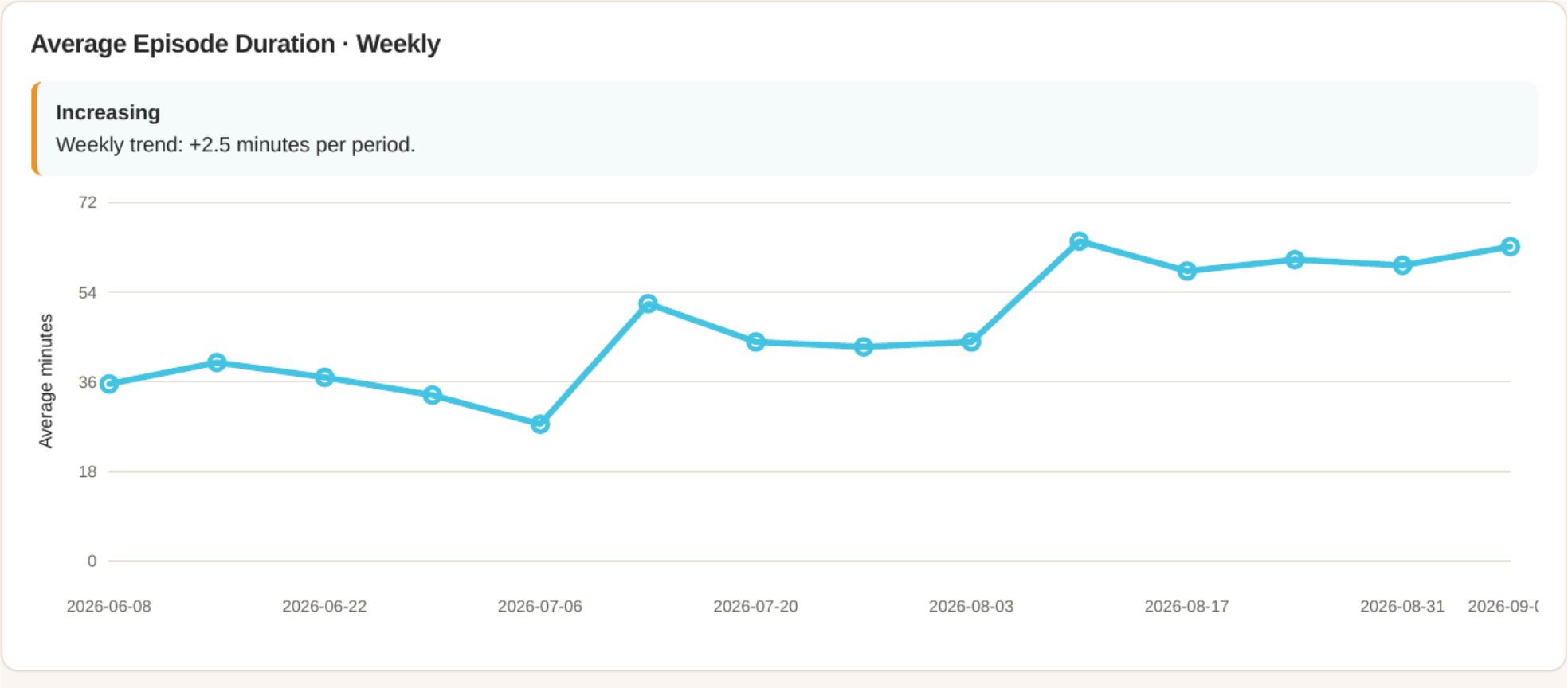
Monthly trend: +8.6 minutes per period.



Time required per episode · weekly

Duration at weekly resolution, trending at approximately +2.5 minutes per week. The increase accumulates steadily rather than arriving as a single step change.

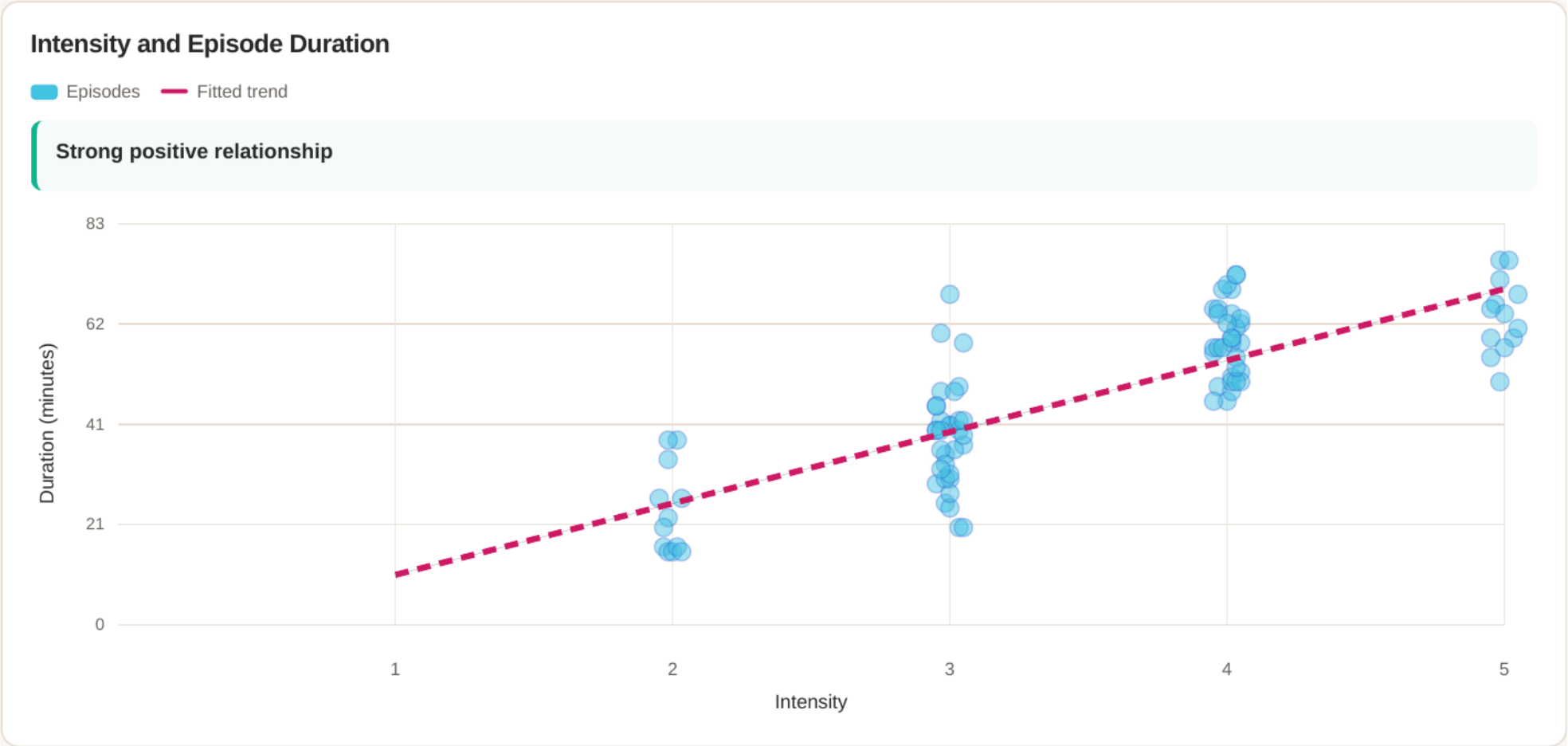
A gradual accumulation is easy to miss in day-to-day practice. Each individual episode feels only slightly longer than the last, which is precisely why measuring it matters.



Support input and episode duration

Episodes requiring more worker input also tend to take longer. The relationship is strong and positive across the ninety episodes.

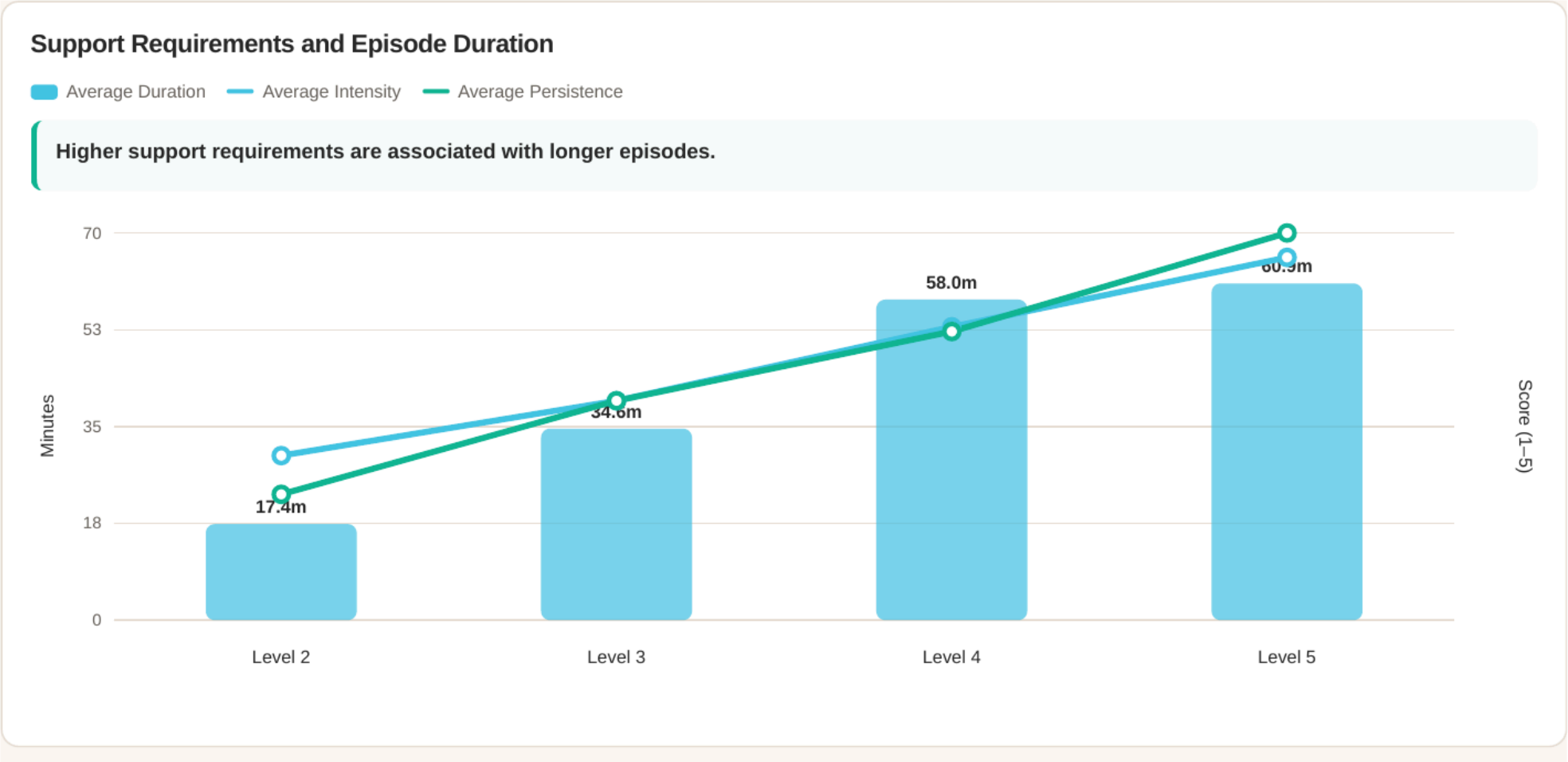
This is an association, not a cause. Both measures are responding to the same underlying support requirement rather than one driving the other. It is included because it demonstrates internal consistency: the two independently recorded measures move together, as you would expect if both are capturing something real.



Support requirement level and time taken

Grouping episodes by overall support requirement shows average duration rising consistently at each level. Higher support requirement, more time on the activity.

For planning purposes this converts a score into something concrete: it indicates roughly how much additional time each step up in support requirement has actually cost in Harold's case, based on recorded episodes rather than estimation.



Time required by meal

Breakfast is consistently the most demanding meal episode: 56.8 minutes on average across 25 episodes, against 34.2 minutes for morning tea. Breakfast also carries the highest average support input and the lowest recorded participation of any meal.

A material exception worth noting. Breakfast has moved further than any other meal. In June it averaged 46.6 minutes; across August and September it averages 62.7 minutes, with support input at the top of the recorded range in every episode.

The observed pattern suggests the first meal of the day is where support requirements are most concentrated. This may warrant specific attention in planning discussions and in any allied health review.

Average Duration by Meal Type

Breakfast requires the most worker time

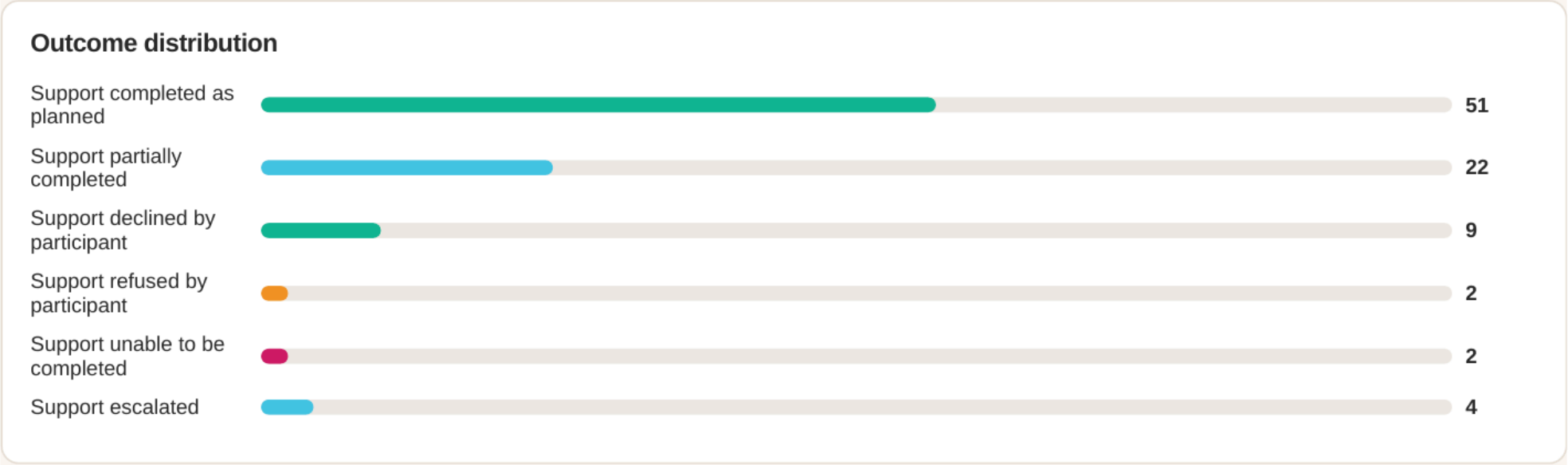
Average episode duration: 56.8 minutes across 25 episodes in the current filter.

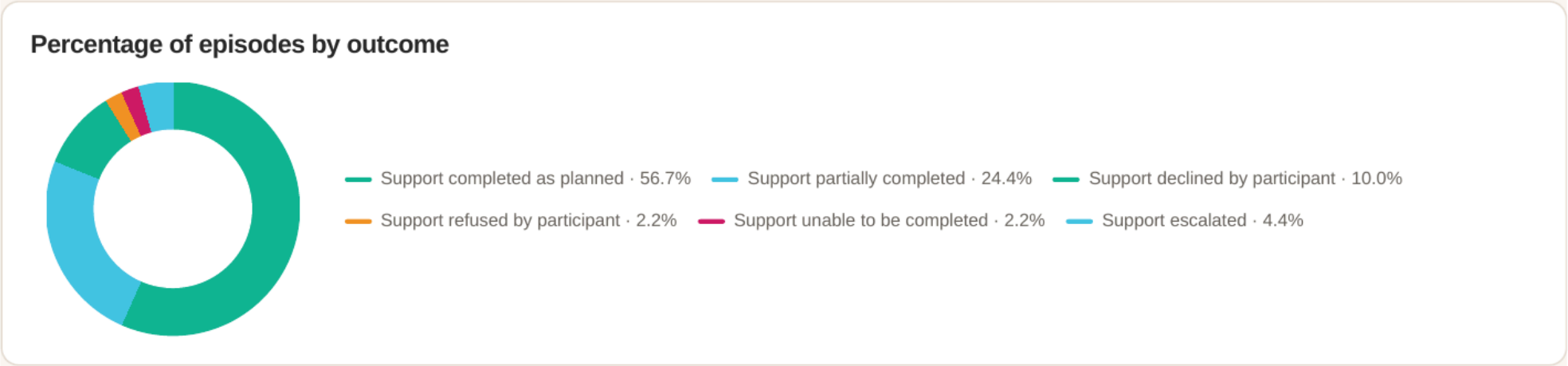
Intensity by meal

Outcome distribution

Across the full period, 51 of 90 episodes were completed as planned, 22 were partially completed, 9 were declined, 4 escalated, 2 could not be completed and 2 were refused.

Read alone, a majority of episodes completing as planned looks reassuring. The next two pages show why that figure needs to be read against how much support it took to achieve, and against when in the period those completions occurred.





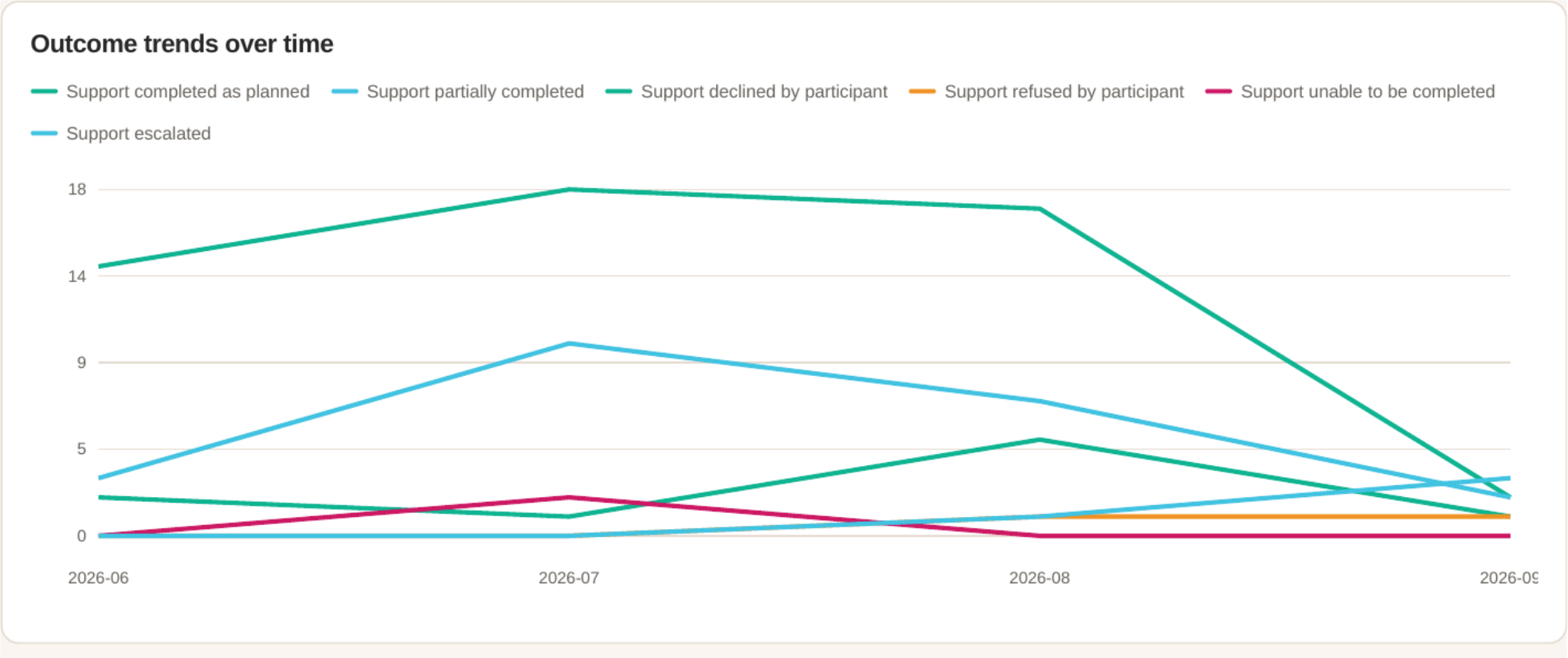
Outcomes over time

In June, 74% of episodes were completed as planned and the only other outcomes recorded were partial completion and declined support. Across August and September, completion as planned falls to 48%, and two outcome categories appear that were absent from June entirely: refused support, and escalated support.

All four escalations in the dataset fall between 25 August and 6 September.

What the records indicate. The range of outcomes has widened, and the newer categories are concentrated in the most recent weeks rather than distributed across the period.

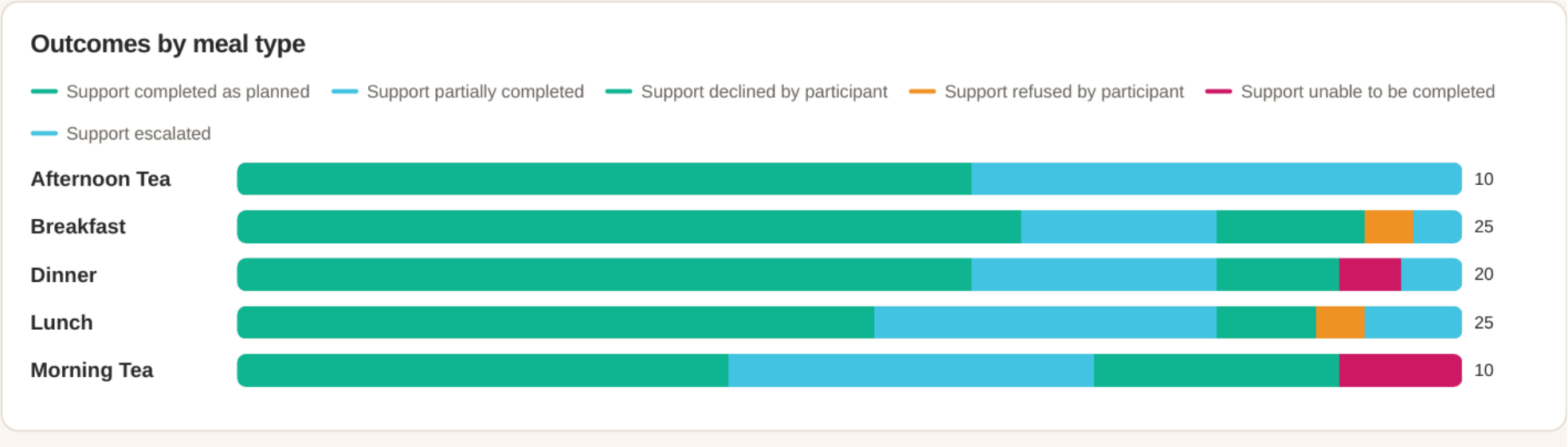
Escalations are recorded events, not interpretations. Their clustering is the kind of emerging support pressure that structured recording surfaces early — and that a set of narrative notes, read individually, would be unlikely to reveal.



Outcomes by meal

Outcome mix broken down by meal type, showing where completion, partial completion and the other recorded outcomes fall across the day.

Included for completeness. The distribution broadly follows the support requirement pattern seen earlier, with the meals carrying the highest support input also carrying the widest spread of outcomes.



Completion is not the same as independence

KEY EVIDENCE

This is the most important comparison in the report, and it is the one most easily missed. It looks only at episodes recorded as *completed as planned* — the successful ones — and asks what it took to achieve that outcome in June versus August and September.

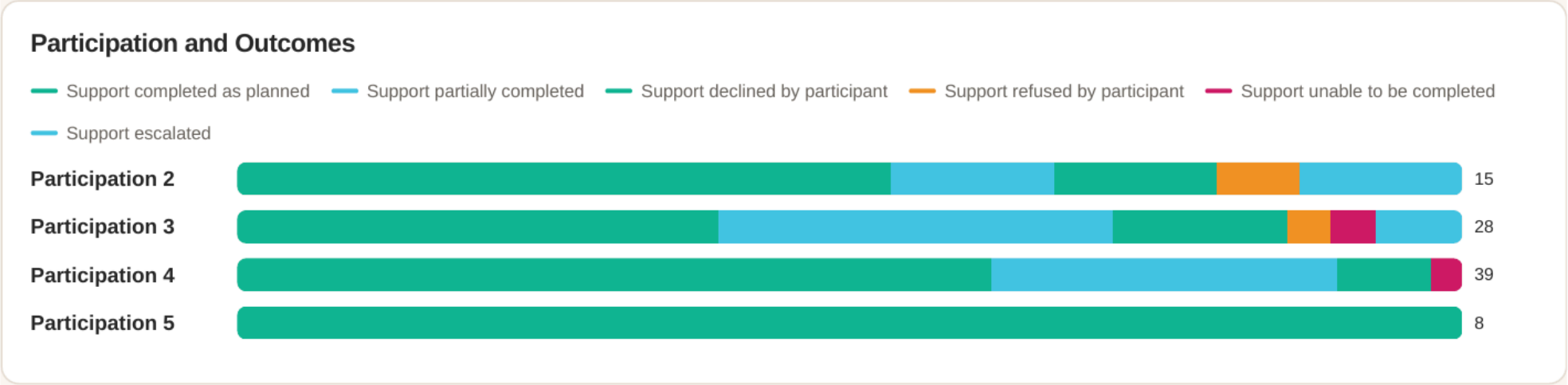
Completed-as-planned episodes	June	Aug–Sep
Episodes	14	19
Average duration	38.2 min	54.6 min
Support input required	3.1	4.0
Support demand across episode	2.8	4.1
Active participation	4.2	2.8

What the records indicate. The same outcome — a meal completed as planned — now requires substantially more worker input, more sustained assistance and 16 additional minutes, while Harold's own active participation in achieving it has fallen by a third.

A progress note recording "meal completed" on both days would read identically. The structured record shows they are not the same event at all.

This is the practical answer to a question Support Coordinators are asked constantly: if the activity is being completed, why would support requirements have changed? Because completion is being maintained by increased assistance, not by increased independence. Apparent success in the record is doing real work to conceal a change in support requirements.

The chart shows participation against outcomes across all ninety episodes.



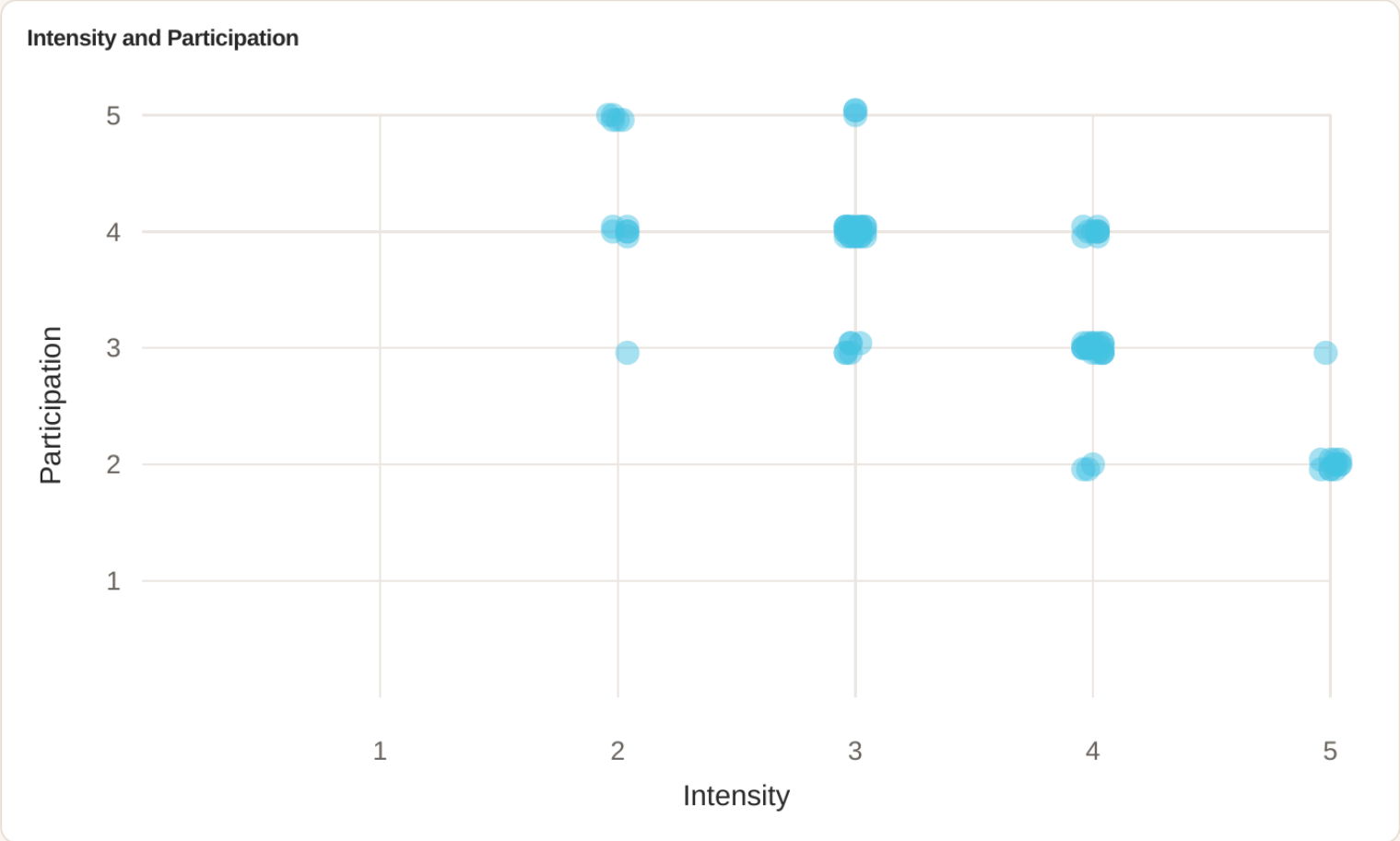
Support input and participation

KEY EVIDENCE

Support input and active participation move inversely across the period: as the assistance required rises, recorded participation falls. Consistency of response follows the same downward path, from 4.5 in June to 2.4 in September.

What the records indicate. The two measures are recorded separately, by different observations, and they move as mirror images. That consistency is what gives the pattern its weight.

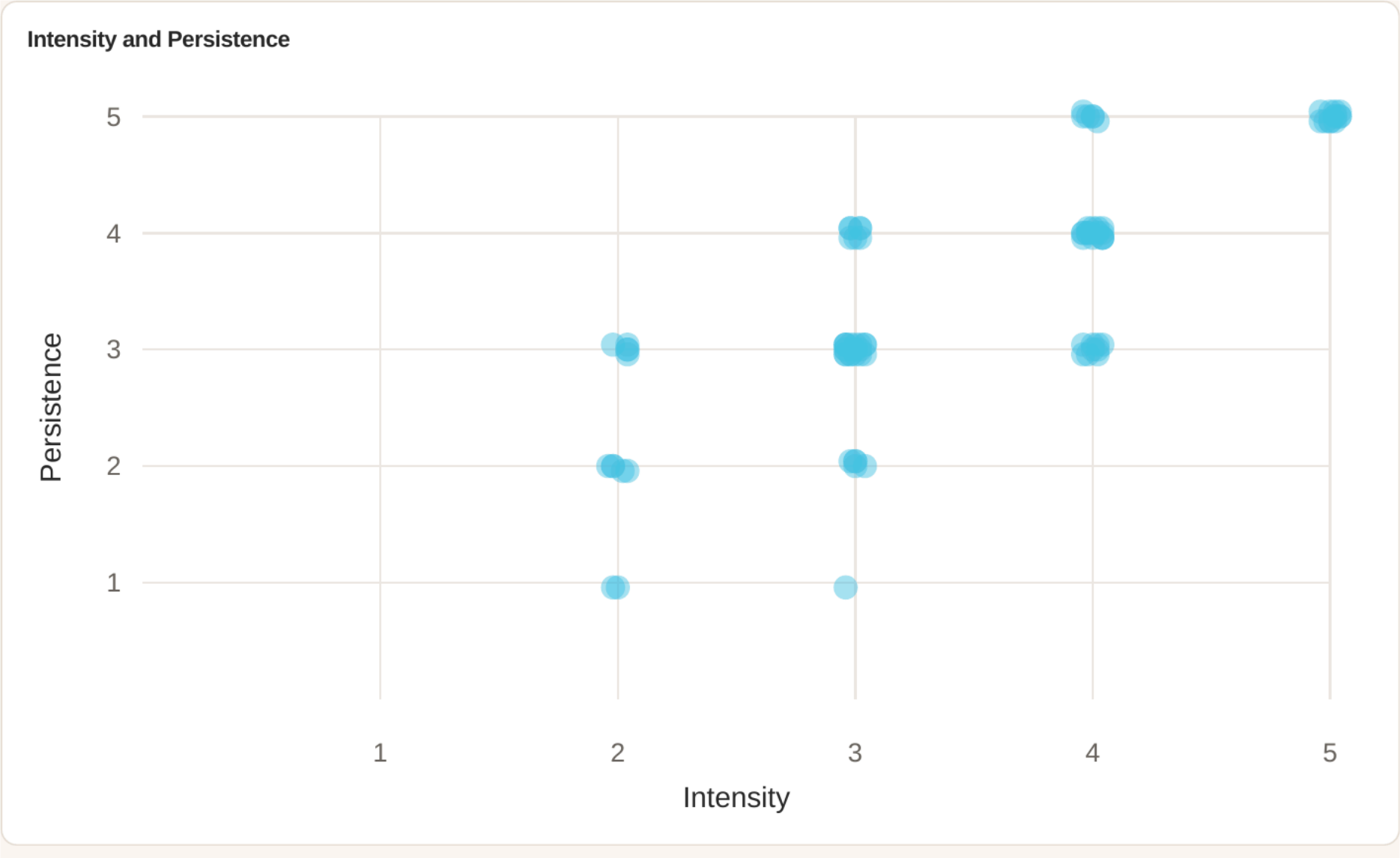
Participation is recorded as an interaction measure. It describes how actively Harold took part in the activity — not motivation, willingness or cooperation, and nothing in this report should be read as a judgement about him. Further clinical or allied health assessment would be required to determine what underlies the observed change.



Support input and support demand

The two support measures track each other closely across the period. Episodes needing a higher level of worker input also tend to need assistance more often across the episode.

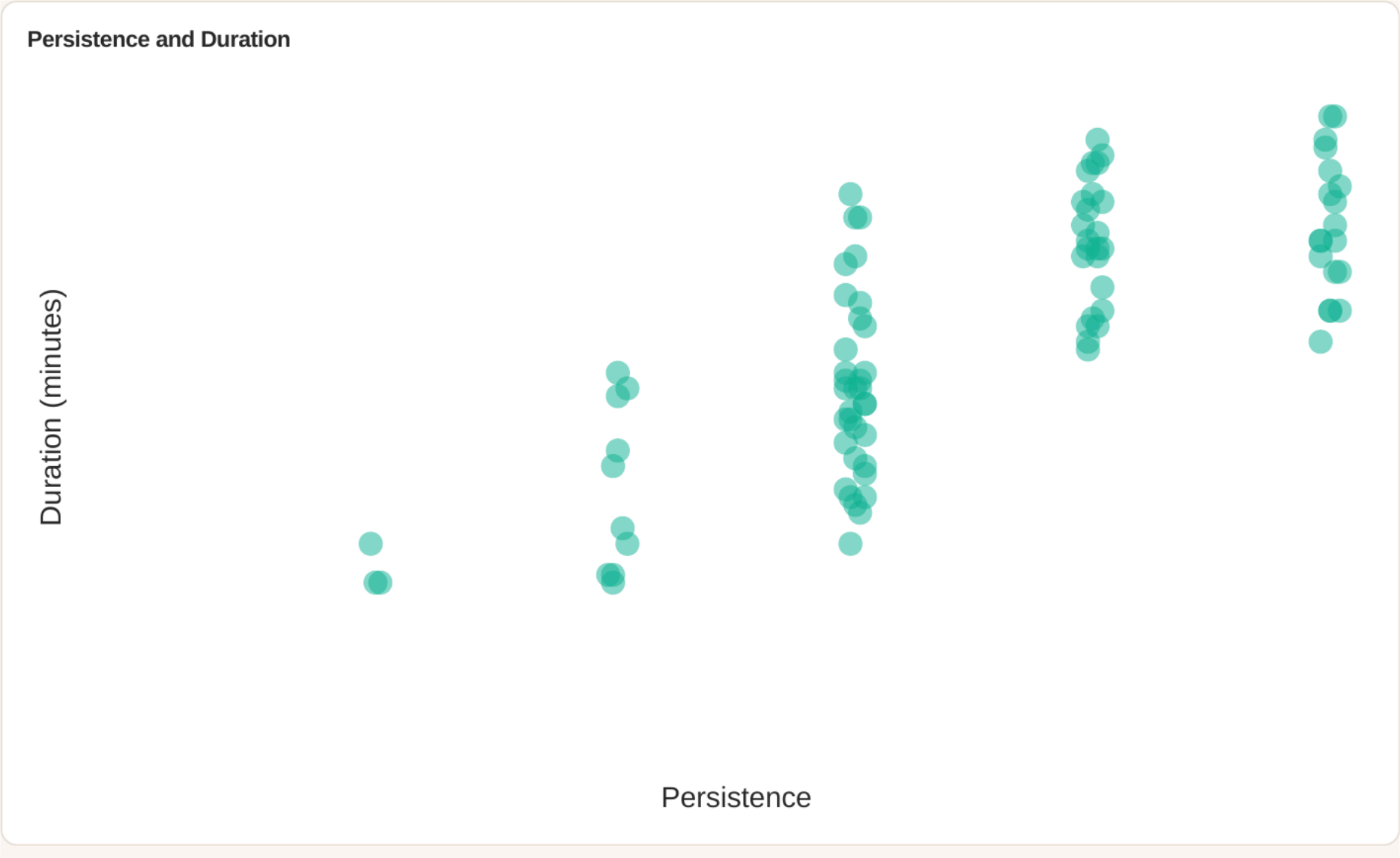
Included as a consistency check. Where two independently recorded measures move together this reliably, it supports confidence that the recording is capturing the activity accurately rather than reflecting recorder variation.



Support demand and time taken

Episodes requiring assistance more often across the activity also take longer to complete.

Straightforward, and worth stating explicitly: the additional time is not idle time. It reflects sustained assistance across the episode rather than a single delay at one point in it.



Notable patterns

A consolidated view of the relationships the dataset surfaces, drawing together the associations shown individually on the preceding pages.

These are associations observed within this dataset. They describe how the measures move in relation to one another over the period; they do not establish cause, and correlation between two recorded measures should not be read as one producing the other.

Notable patterns

Intensity and persistence move together
Strong positive relationship.

Intensity and participation move oppositely
Strong negative relationship.

Persistence and duration move together
Strong positive relationship.

Participation is linked with outcomes
Full-participation episodes completed as planned 100% of the time in the current filter.

Support signals

What this evidence supports

For the Support Coordinator

This report provides a documented, longitudinal record of what meal support has actually required over three months. It may assist in considering whether Harold's existing funded supports remain sufficient for the time and level of assistance now being recorded, and in deciding whether further assessment should be sought.

It gives a baseline. Any future comparison — better or worse — can be made against a measured starting point rather than a recollection.

For allied health and clinical professionals

The records describe observable support requirements at whole-activity level, across ninety repetitions of the same task in a consistent setting. They identify when the change began to appear, how it progressed, and which parts of the day carry the most pressure.

They do not offer a cause. Determining what underlies the observed change is a matter for clinical assessment, and this evidence is offered as a contribution to that assessment rather than a substitute for it.

What this report does not claim

It does not diagnose, and it does not establish why Harold's support requirements changed.

It does not claim that support has been ineffective. A higher level of assistance is not a failure of support — maintaining completion of a daily activity through a period of increasing support requirement is itself an outcome.

It does not establish entitlement to any particular funding amount, support ratio or number of hours, and it does not guarantee any reassessment or funding outcome.

Next in this series

Meal support is one activity. The same approach applied across morning and evening personal care will show whether this pattern is specific to meals or appears across daily living more broadly — the strongest whole-of-daily-living evidence available.

APPENDIX A

Episode detail

The complete episode-level record for the period: every one of the ninety meal support episodes, in date order, with the meal, the time taken, the recorded measures, the outcome and the support summary.

This appendix is the underlying evidence. Every figure and every chart in this report is derived from these rows, and each row can be traced back to a recorded support episode.

Episode detail

Date	Meal	Minutes	Intensity	Persistence	S1	S2	S3	Outcome	Summary
09/09/2026	Afternoon Tea	53.0	4.0	4.0	2.0	3.0	4.0	Support partially completed	Prepared small berry smoothie. Staff used structured step-by-step support and scheduled prompts. Harold participated with regular redirection; the meal was partly completed after adjustments.
08/09/2026	Breakfast	75.0	5.0	5.0	2.0	2.0	4.0	Support refused by participant	Prepared wholegrain cereal and milk. Staff delivered continuous one-to-one support with close monitoring. Harold engaged briefly and needed repeated reassurance; Harold refused the planned activity and alternatives.
07/09/2026	Morning Tea	62.0	4.0	3.0	2.0	3.0	3.0	Support declined by participant	Prepared banana with warm tea. Staff used structured step-by-step support and scheduled prompts. Harold engaged inconsistently but completed several steps; Harold declined further support after initial engagement.
06/09/2026	Lunch	71.0	5.0	5.0	3.0	3.0	4.0	Support escalated	Prepared vegetable frittata with salad. Staff provided full assistance throughout preparation and intake. Harold participated with regular redirection; support was escalated for additional review.
05/09/2026	Lunch	64.0	4.0	4.0	3.0	3.0	4.0	Support completed as planned	Prepared vegetable frittata with salad. Staff used structured step-by-step support and scheduled prompts. Harold engaged inconsistently but completed several steps; meal support was completed as planned.
04/09/2026	Breakfast	55.0	5.0	5.0	2.0	2.0	4.0	Support completed as planned	Prepared poached egg with avocado toast. Staff delivered continuous one-to-one support with close monitoring. Harold participated in only a few steps; meal support was completed as planned.
03/09/2026	Breakfast	61.0	5.0	5.0	3.0	2.0	5.0	Support escalated	Prepared scrambled eggs and toast. Staff provided full assistance throughout preparation and intake. Harold engaged briefly and needed repeated reassurance; support was escalated for additional review.
02/09/2026	Dinner	50.0	4.0	5.0	2.0	2.0	4.0	Support escalated	Prepared beef casserole with mashed potato. Staff used structured step-by-step support and scheduled prompts. Harold participated in only a few steps; support was escalated for additional review.
01/09/2026	Lunch	59.0	4.0	4.0	3.0	3.0	4.0	Support partially completed	Prepared tuna and corn sandwich. Staff provided structured support with choices and pacing breaks. Harold participated with regular redirection; the meal was partly completed after adjustments.
31/08/2026	Breakfast	57.0	5.0	5.0	3.0	2.0	4.0	Support completed as planned	Prepared scrambled eggs and toast. Staff provided full assistance throughout preparation and intake. Harold participated in only a few steps; meal support was completed as planned.
30/08/2026	Breakfast	50.0	5.0	5.0	3.0	2.0	4.0	Support completed as planned	Prepared scrambled eggs and toast. Staff delivered continuous one-to-one support with close monitoring. Harold engaged briefly and needed repeated reassurance; meal support was completed as planned.
29/08/2026	Afternoon Tea	60.0	3.0	4.0	3.0	3.0	3.0	Support completed as planned	Prepared crackers with hummus. Staff assisted with setup, portioning and pacing. Harold engaged inconsistently but completed several steps; meal support was completed as planned.

Date	Meal	Minutes	Intensity	Persistence	S1	S2	S3	Outcome	Summary
28/08/2026	Breakfast	65.0	5.0	5.0	2.0	2.0	5.0	Support partially completed	Prepared yoghurt with berries. Staff provided full assistance throughout preparation and intake. Harold participated in only a few steps; the meal was partly completed after adjustments.
27/08/2026	Lunch	63.0	4.0	4.0	2.0	3.0	4.0	Support declined by participant	Prepared pumpkin soup with bread. Staff used structured step-by-step support and scheduled prompts. Harold participated with regular redirection; Harold declined further support after initial engagement.
26/08/2026	Breakfast	59.0	5.0	5.0	3.0	2.0	4.0	Support partially completed	Prepared baked beans on toast. Staff provided full assistance throughout preparation and intake. Harold participated in only a few steps; the meal was partly completed after adjustments.
25/08/2026	Lunch	64.0	4.0	4.0	3.0	3.0	4.0	Support escalated	Prepared pasta salad with vegetables. Staff used structured step-by-step support and scheduled prompts. Harold participated with regular redirection; support was escalated for additional review.
24/08/2026	Dinner	64.0	5.0	5.0	2.0	2.0	5.0	Support completed as planned	Prepared mild chicken curry with rice. Staff delivered continuous one-to-one support with close monitoring. Harold participated in only a few steps; meal support was completed as planned.
23/08/2026	Breakfast	75.0	5.0	5.0	2.0	2.0	5.0	Support completed as planned	Prepared poached egg with avocado toast. Staff provided full assistance throughout preparation and intake. Harold participated in only a few steps; meal support was completed as planned.
22/08/2026	Morning Tea	65.0	4.0	3.0	3.0	2.0	4.0	Support completed as planned	Prepared oat biscuits and milk. Staff used structured step-by-step support and scheduled prompts. Harold engaged briefly and needed repeated reassurance; meal support was completed as planned.
21/08/2026	Lunch	46.0	4.0	5.0	2.0	3.0	4.0	Support completed as planned	Prepared pumpkin soup with bread. Staff provided structured support with choices and pacing breaks. Harold participated with regular redirection; meal support was completed as planned.
20/08/2026	Lunch	50.0	4.0	4.0	2.0	3.0	4.0	Support declined by participant	Prepared pasta salad with vegetables. Staff used structured step-by-step support and scheduled prompts. Harold engaged inconsistently but completed several steps; Harold declined further support after initial engagement.
19/08/2026	Lunch	55.0	4.0	5.0	2.0	3.0	4.0	Support completed as planned	Prepared pasta salad with vegetables. Staff provided structured support with choices and pacing breaks. Harold participated with regular redirection; meal support was completed as planned.
18/08/2026	Lunch	50.0	4.0	5.0	2.0	3.0	4.0	Support refused by participant	Prepared pumpkin soup with bread. Staff provided structured support with choices and pacing breaks. Harold participated with regular redirection; Harold refused the planned activity and alternatives.
17/08/2026	Afternoon Tea	68.0	3.0	4.0	3.0	3.0	4.0	Support partially completed	Prepared small berry smoothie. Staff provided active assistance with preparation and pacing. Harold participated with regular redirection; the meal was partly completed after adjustments.
16/08/2026	Afternoon Tea	57.0	4.0	4.0	2.0	2.0	4.0	Support completed as planned	Prepared fresh fruit and yoghurt. Staff provided structured support with choices and pacing breaks. Harold participated in only a few steps; meal support was completed as planned.

Date	Meal	Minutes	Intensity	Persistence	S1	S2	S3	Outcome	Summary
15/08/2026	Breakfast	66.0	5.0	5.0	3.0	2.0	5.0	Support declined by participant	Prepared poached egg with avocado toast. Staff provided full assistance throughout preparation and intake. Harold participated in only a few steps; Harold declined further support after initial engagement.
14/08/2026	Breakfast	59.0	5.0	5.0	3.0	2.0	5.0	Support completed as planned	Prepared wholegrain cereal and milk. Staff delivered continuous one-to-one support with close monitoring. Harold engaged briefly and needed repeated reassurance; meal support was completed as planned.
13/08/2026	Breakfast	68.0	5.0	5.0	2.0	2.0	4.0	Support declined by participant	Prepared wholegrain cereal and milk. Staff provided full assistance throughout preparation and intake. Harold engaged briefly and needed repeated reassurance; Harold declined further support after initial engagement.
12/08/2026	Lunch	72.0	4.0	5.0	2.0	3.0	4.0	Support partially completed	Prepared vegetable frittata with salad. Staff used structured step-by-step support and scheduled prompts. Harold participated with regular redirection; the meal was partly completed after adjustments.
11/08/2026	Lunch	59.0	4.0	5.0	3.0	3.0	3.0	Support partially completed	Prepared tuna and corn sandwich. Staff used structured step-by-step support and scheduled prompts. Harold participated with regular redirection; the meal was partly completed after adjustments.
10/08/2026	Dinner	70.0	4.0	4.0	3.0	3.0	2.0	Support completed as planned	Prepared beef casserole with mashed potato. Staff provided structured support with choices and pacing breaks. Harold participated with regular redirection; meal support was completed as planned.
09/08/2026	Lunch	69.0	4.0	4.0	4.0	4.0	2.0	Support completed as planned	Prepared pasta salad with vegetables. Staff used structured step-by-step support and scheduled prompts. Harold participated in most steps; meal support was completed as planned.
08/08/2026	Afternoon Tea	32.0	3.0	2.0	4.0	4.0	3.0	Support partially completed	Prepared scone with tea. Staff provided active assistance with preparation and pacing. Harold engaged well with occasional prompts; the meal was partly completed after adjustments.
07/08/2026	Dinner	45.0	3.0	4.0	4.0	3.0	2.0	Support declined by participant	Prepared mild chicken curry with rice. Staff assisted with setup, portioning and pacing. Harold engaged inconsistently but completed several steps; Harold declined further support after initial engagement.
06/08/2026	Lunch	42.0	3.0	3.0	4.0	4.0	2.0	Support completed as planned	Prepared turkey and cheese roll. Staff assisted with setup, portioning and pacing. Harold participated in most steps; meal support was completed as planned.
05/08/2026	Lunch	42.0	3.0	3.0	4.0	4.0	2.0	Support partially completed	Prepared tuna and corn sandwich. Staff provided active assistance with preparation and pacing. Harold participated in most steps; the meal was partly completed after adjustments.
04/08/2026	Lunch	48.0	3.0	4.0	4.0	4.0	2.0	Support completed as planned	Prepared turkey and cheese roll. Staff assisted with setup, portioning and pacing. Harold engaged well with occasional prompts; meal support was completed as planned.
03/08/2026	Afternoon Tea	31.0	3.0	3.0	4.0	4.0	1.0	Support completed as planned	Prepared cheese and tomato crackers. Staff provided active assistance with preparation and pacing. Harold participated in most steps; meal support was completed as planned.

Date	Meal	Minutes	Intensity	Persistence	S1	S2	S3	Outcome	Summary
02/08/2026	Morning Tea	30.0	3.0	2.0	4.0	3.0	3.0	Support completed as planned	Prepared fruit smoothie. Staff assisted with setup, portioning and pacing. Harold engaged inconsistently but completed several steps; meal support was completed as planned.
01/08/2026	Morning Tea	40.0	3.0	3.0	4.0	3.0	1.0	Support completed as planned	Prepared banana with warm tea. Staff assisted with setup, portioning and pacing. Harold participated with regular redirection; meal support was completed as planned.
31/07/2026	Morning Tea	40.0	3.0	2.0	4.0	4.0	1.0	Support unable to be completed	Prepared fruit yoghurt and tea. Staff assisted with setup, portioning and pacing. Harold participated in most steps; the episode could not be completed despite adjustments.
30/07/2026	Dinner	58.0	3.0	4.0	3.0	4.0	2.0	Support completed as planned	Prepared beef casserole with mashed potato. Staff provided active assistance with preparation and pacing. Harold participated in most steps; meal support was completed as planned.
29/07/2026	Lunch	49.0	3.0	4.0	3.0	4.0	2.0	Support partially completed	Prepared chicken and salad wrap. Staff provided active assistance with preparation and pacing. Harold participated in most steps; the meal was partly completed after adjustments.
28/07/2026	Breakfast	58.0	4.0	4.0	4.0	3.0	3.0	Support completed as planned	Prepared porridge with banana. Staff provided structured support with choices and pacing breaks. Harold participated with regular redirection; meal support was completed as planned.
27/07/2026	Lunch	27.0	3.0	3.0	4.0	4.0	2.0	Support partially completed	Prepared pumpkin soup with bread. Staff assisted with setup, portioning and pacing. Harold engaged well with occasional prompts; the meal was partly completed after adjustments.
26/07/2026	Morning Tea	34.0	2.0	3.0	4.0	3.0	3.0	Support partially completed	Prepared banana with warm tea. Staff gave verbal prompts and choice reminders. Harold participated with regular redirection; the meal was partly completed after adjustments.
25/07/2026	Lunch	57.0	4.0	4.0	4.0	4.0	2.0	Support completed as planned	Prepared vegetable frittata with salad. Staff provided structured support with choices and pacing breaks. Harold engaged well with occasional prompts; meal support was completed as planned.
24/07/2026	Breakfast	65.0	4.0	4.0	4.0	3.0	3.0	Support partially completed	Prepared yoghurt with berries. Staff used structured step-by-step support and scheduled prompts. Harold participated with regular redirection; the meal was partly completed after adjustments.
23/07/2026	Morning Tea	20.0	3.0	3.0	4.0	4.0	3.0	Support partially completed	Prepared fruit smoothie. Staff provided active assistance with preparation and pacing. Harold participated in most steps; the meal was partly completed after adjustments.
22/07/2026	Dinner	61.0	4.0	4.0	4.0	3.0	3.0	Support partially completed	Prepared shepherd's pie with peas. Staff used structured step-by-step support and scheduled prompts. Harold participated with regular redirection; the meal was partly completed after adjustments.
21/07/2026	Dinner	48.0	4.0	3.0	3.0	3.0	3.0	Support unable to be completed	Prepared shepherd's pie with peas. Staff used structured step-by-step support and scheduled prompts. Harold engaged inconsistently but completed several steps; the episode could not be completed despite adjustments.

Date	Meal	Minutes	Intensity	Persistence	S1	S2	S3	Outcome	Summary
20/07/2026	Afternoon Tea	24.0	3.0	3.0	4.0	4.0	3.0	Support partially completed	Prepared small berry smoothie. Staff assisted with setup, portioning and pacing. Harold engaged well with occasional prompts; the meal was partly completed after adjustments.
19/07/2026	Lunch	25.0	3.0	3.0	3.0	4.0	2.0	Support completed as planned	Prepared chicken and salad wrap. Staff provided active assistance with preparation and pacing. Harold participated in most steps; meal support was completed as planned.
18/07/2026	Lunch	48.0	3.0	4.0	4.0	4.0	3.0	Support partially completed	Prepared turkey and cheese roll. Staff assisted with setup, portioning and pacing. Harold participated in most steps; the meal was partly completed after adjustments.
17/07/2026	Dinner	45.0	3.0	3.0	3.0	3.0	2.0	Support partially completed	Prepared shepherd's pie with peas. Staff assisted with setup, portioning and pacing. Harold participated with regular redirection; the meal was partly completed after adjustments.
16/07/2026	Dinner	58.0	4.0	4.0	3.0	3.0	2.0	Support completed as planned	Prepared beef casserole with mashed potato. Staff provided structured support with choices and pacing breaks. Harold engaged inconsistently but completed several steps; meal support was completed as planned.
15/07/2026	Breakfast	72.0	4.0	4.0	4.0	3.0	3.0	Support completed as planned	Prepared wholegrain cereal and milk. Staff used structured step-by-step support and scheduled prompts. Harold participated with regular redirection; meal support was completed as planned.
14/07/2026	Breakfast	69.0	4.0	4.0	4.0	3.0	3.0	Support completed as planned	Prepared poached egg with avocado toast. Staff used structured step-by-step support and scheduled prompts. Harold engaged inconsistently but completed several steps; meal support was completed as planned.
13/07/2026	Dinner	46.0	4.0	4.0	3.0	4.0	3.0	Support completed as planned	Prepared shepherd's pie with peas. Staff provided structured support with choices and pacing breaks. Harold engaged well with occasional prompts; meal support was completed as planned.
12/07/2026	Lunch	33.0	3.0	3.0	4.0	4.0	2.0	Support completed as planned	Prepared chicken and salad wrap. Staff provided active assistance with preparation and pacing. Harold engaged well with occasional prompts; meal support was completed as planned.
11/07/2026	Afternoon Tea	20.0	2.0	2.0	4.0	4.0	1.0	Support completed as planned	Prepared fresh fruit and yoghurt. Staff gave verbal prompts and choice reminders. Harold engaged well with occasional prompts; meal support was completed as planned.
10/07/2026	Breakfast	40.0	3.0	3.0	5.0	4.0	2.0	Support completed as planned	Prepared wholegrain cereal and milk. Staff provided active assistance with preparation and pacing. Harold engaged well with occasional prompts; meal support was completed as planned.
09/07/2026	Afternoon Tea	39.0	3.0	2.0	4.0	5.0	1.0	Support completed as planned	Prepared cheese and tomato crackers. Staff assisted with setup, portioning and pacing. Harold participated throughout with clear responses; meal support was completed as planned.
08/07/2026	Afternoon Tea	15.0	2.0	1.0	4.0	5.0	2.0	Support completed as planned	Prepared scone with tea. Staff used gentle prompting and visual choices. Harold engaged confidently and followed the support plan; meal support was completed as planned.

Date	Meal	Minutes	Intensity	Persistence	S1	S2	S3	Outcome	Summary
07/07/2026	Lunch	16.0	2.0	2.0	5.0	5.0	1.0	Support completed as planned	Prepared chicken and salad wrap. Staff gave verbal prompts and choice reminders. Harold engaged confidently and followed the support plan; meal support was completed as planned.
06/07/2026	Dinner	30.0	3.0	3.0	5.0	4.0	1.0	Support declined by participant	Prepared grilled chicken with vegetables. Staff assisted with setup, portioning and pacing. Harold engaged well with occasional prompts; Harold declined further support after initial engagement.
05/07/2026	Lunch	22.0	2.0	2.0	5.0	5.0	1.0	Support completed as planned	Prepared turkey and cheese roll. Staff used gentle prompting and visual choices. Harold engaged confidently and followed the support plan; meal support was completed as planned.
04/07/2026	Lunch	42.0	3.0	2.0	4.0	5.0	2.0	Support completed as planned	Prepared tuna and corn sandwich. Staff provided active assistance with preparation and pacing. Harold participated throughout with clear responses; meal support was completed as planned.
03/07/2026	Dinner	26.0	2.0	3.0	4.0	4.0	3.0	Support partially completed	Prepared baked fish with rice. Staff gave verbal prompts and choice reminders. Harold engaged well with occasional prompts; the meal was partly completed after adjustments.
02/07/2026	Breakfast	52.0	4.0	3.0	5.0	4.0	1.0	Support completed as planned	Prepared poached egg with avocado toast. Staff provided structured support with choices and pacing breaks. Harold engaged well with occasional prompts; meal support was completed as planned.
01/07/2026	Dinner	26.0	2.0	3.0	4.0	4.0	1.0	Support completed as planned	Prepared mild chicken curry with rice. Staff used gentle prompting and visual choices. Harold engaged well with occasional prompts; meal support was completed as planned.
30/06/2026	Dinner	51.0	4.0	3.0	4.0	4.0	1.0	Support completed as planned	Prepared grilled chicken with vegetables. Staff used structured step-by-step support and scheduled prompts. Harold engaged well with occasional prompts; meal support was completed as planned.
29/06/2026	Morning Tea	15.0	2.0	1.0	5.0	5.0	2.0	Support completed as planned	Prepared fruit smoothie. Staff gave verbal prompts and choice reminders. Harold engaged confidently and followed the support plan; meal support was completed as planned.
28/06/2026	Lunch	15.0	2.0	2.0	5.0	5.0	1.0	Support completed as planned	Prepared tuna and corn sandwich. Staff gave verbal prompts and choice reminders. Harold engaged confidently and followed the support plan; meal support was completed as planned.
27/06/2026	Breakfast	36.0	3.0	3.0	4.0	4.0	2.0	Support completed as planned	Prepared scrambled eggs and toast. Staff provided active assistance with preparation and pacing. Harold engaged well with occasional prompts; meal support was completed as planned.
26/06/2026	Dinner	29.0	3.0	3.0	4.0	4.0	2.0	Support completed as planned	Prepared beef casserole with mashed potato. Staff provided active assistance with preparation and pacing. Harold participated in most steps; meal support was completed as planned.
25/06/2026	Breakfast	62.0	4.0	3.0	5.0	4.0	1.0	Support partially completed	Prepared porridge with banana. Staff used structured step-by-step support and scheduled prompts. Harold engaged well with occasional prompts; the meal was partly completed after adjustments.

Date	Meal	Minutes	Intensity	Persistence	S1	S2	S3	Outcome	Summary
24/06/2026	Dinner	40.0	3.0	3.0	5.0	5.0	2.0	Support completed as planned	Prepared baked fish with rice. Staff assisted with setup, portioning and pacing. Harold engaged confidently and followed the support plan; meal support was completed as planned.
23/06/2026	Dinner	36.0	3.0	3.0	5.0	4.0	2.0	Support completed as planned	Prepared shepherd's pie with peas. Staff assisted with setup, portioning and pacing. Harold participated in most steps; meal support was completed as planned.
22/06/2026	Dinner	41.0	3.0	3.0	5.0	4.0	2.0	Support completed as planned	Prepared beef casserole with mashed potato. Staff provided active assistance with preparation and pacing. Harold engaged well with occasional prompts; meal support was completed as planned.
21/06/2026	Dinner	38.0	2.0	3.0	4.0	4.0	2.0	Support completed as planned	Prepared vegetable pasta bake. Staff used gentle prompting and visual choices. Harold engaged well with occasional prompts; meal support was completed as planned.
20/06/2026	Breakfast	49.0	4.0	3.0	4.0	4.0	2.0	Support completed as planned	Prepared wholegrain cereal and milk. Staff used structured step-by-step support and scheduled prompts. Harold participated in most steps; meal support was completed as planned.
19/06/2026	Breakfast	57.0	4.0	3.0	5.0	4.0	1.0	Support completed as planned	Prepared baked beans on toast. Staff provided structured support with choices and pacing breaks. Harold engaged well with occasional prompts; meal support was completed as planned.
18/06/2026	Breakfast	37.0	3.0	3.0	4.0	4.0	1.0	Support completed as planned	Prepared baked beans on toast. Staff provided active assistance with preparation and pacing. Harold engaged well with occasional prompts; meal support was completed as planned.
17/06/2026	Morning Tea	20.0	3.0	1.0	5.0	4.0	2.0	Support declined by participant	Prepared apple slices with cheese. Staff assisted with setup, portioning and pacing. Harold participated in most steps; Harold declined further support after initial engagement.
16/06/2026	Dinner	38.0	2.0	3.0	4.0	4.0	1.0	Support partially completed	Prepared shepherd's pie with peas. Staff used gentle prompting and visual choices. Harold participated in most steps; the meal was partly completed after adjustments.
15/06/2026	Breakfast	41.0	3.0	3.0	5.0	4.0	2.0	Support declined by participant	Prepared baked beans on toast. Staff assisted with setup, portioning and pacing. Harold participated in most steps; Harold declined further support after initial engagement.
14/06/2026	Breakfast	35.0	3.0	3.0	4.0	4.0	1.0	Support completed as planned	Prepared scrambled eggs and toast. Staff provided active assistance with preparation and pacing. Harold engaged well with occasional prompts; meal support was completed as planned.
13/06/2026	Morning Tea	16.0	2.0	2.0	4.0	4.0	2.0	Support partially completed	Prepared apple slices with cheese. Staff gave verbal prompts and choice reminders. Harold engaged well with occasional prompts; the meal was partly completed after adjustments.
12/06/2026	Breakfast	56.0	4.0	3.0	4.0	4.0	2.0	Support completed as planned	Prepared yoghurt with berries. Staff used structured step-by-step support and scheduled prompts. Harold engaged well with occasional prompts; meal support was completed as planned.

APPENDIX B

Legislative and policy context

This appendix sets out the evidence environment that structured support measurement is designed to meet. It is provided as background. Nothing in this report should be read as legal advice, and this report is not framed as an unscheduled reassessment request.

Already in effect

Functional capacity has a statutory definition. Section 9B assesses a person's ability to undertake an activity without assistance, and requires the activity to be considered as a whole rather than by isolated components. Recording support at whole-activity level — a complete meal support episode rather than a list of task fragments — is a direct response to that test.

Support needs must arise directly from an eligible impairment. Section 34(1)(aa) now requires the need to arise *directly* from an impairment for which the person meets the disability or early intervention requirements. Records that capture the observable reason assistance was required, rather than simply that it was provided, allow that link to be established through the appropriate clinical and participant documentation.

Unscheduled reassessments require evidence of significant and ongoing change. Section 48A sets that threshold. Demonstrating it requires a previous baseline, what changed, when, and whether the change has continued — which is what longitudinal episode records provide.

Commencing 1 February 2027

Participant-specific outcome evidence becomes expressly relevant. The amended reasonable and necessary provisions establish an order of evidence in which outcomes from the participant's own use of a support — including whether it improved, maintained, or reduced a decline in functional capacity or participation — are expressly considered.

Maintenance and reduced decline are recognised outcomes in their own right. For people with complex, lifelong or degenerative disability, improvement is often not the appropriate measure of success, and evidence that support held a situation steady carries genuine weight.

Informal support evidence becomes more specific. The provisions require consideration of the capacity of family and carers, the sustainability of informal arrangements, and associated risk — assessed on observable facts rather than general statements.

> The direction is consistent: measured, participant-specific, longitudinal evidence. Providers who record support in a structured way will be able to meet it. Those relying on narrative notes alone will find it considerably harder.

Complex Supports Bespoke Solutions

Capture what happens. Measure what matters. Demonstrate outcomes.

Complex Supports Bespoke Solutions has developed an internal, evidence-informed support measurement approach designed to convert everyday support interactions into meaningful information about support requirements, effectiveness, participant outcomes, risk and change over time.

Better information. Better decisions. Better outcomes.

Questions about this report

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Fictional demonstration data

Illustrative example only