



CREST Check-In

Carer Resilience and Strain Tool

A structured wellbeing check-in for parents and carers of autistic children

Open Circle · Behaviour Support Practice Resource

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What this resource is

A structured check-in that helps a parent or carer reflect on how the caring role has affected their time, energy, health, relationships and access to support over the past month. It is designed to support a respectful conversation with a practitioner and to identify strengths and supports already working in the carer's favour.

What this resource is not

CREST is not a diagnostic instrument and is not an assessment of the child, the family or parenting capacity. It must not be used in isolation to make funding decisions, judge parenting, or for any punitive purpose. The score is a starting point for discussion, not a conclusion.

Important validation status

CREST was developed from a structured review of the autism carer burden literature, but it has not yet undergone independent psychometric validation. Its reliability, factor structure and score bands remain untested. Use it as a screening and conversation tool.

FOR PARENTS AND CARERS

CREST Check-In

Caring can bring meaningful and rewarding experiences as well as real demands. This check-in is a structured way to talk about how the caring role is affecting you. There are no right or wrong answers.

Think about the past month. For each statement, write one score from 0 to 4 in the Score box. You can complete this privately or ask your practitioner to read the statements with you.

Carer name: _____	Date: _____	Relationship to child: _____
Practitioner: _____	Child age: _____	

Rating scale

0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Nearly always

A. Role and time strain

	Statement	Score
1.	You did not have enough time for yourself because of your caring responsibilities?	
2.	You felt pulled between caring for your child and meeting other work or family responsibilities?	
3.	Day-to-day caring tasks such as routines, appointments or therapies took up nearly all of your time?	

B. Emotional load

	Statement	Score
4.	You felt emotionally drained or "running on empty" by the end of the day?	
5.	You felt overwhelmed by your child's support needs or behaviours of concern?	
6.	You felt worried or uncertain about what the future holds for your child?	
7.	You felt that things were out of your control since taking on your caring role?	
8.	You felt irritable, tense or on edge when managing difficult situations?	
9.	You felt that you should be doing more for your child, or could be doing a better job as their carer?	

FOR PARENTS AND CARERS

Continue the check-in

Use the same rating scale

0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Nearly always

C. Physical, social and everyday impact

	Statement	Score
10.	You felt that your physical health had suffered because of caring, for example through fatigue or sleep problems?	
11.	You felt that your social life or relationships with family and friends had suffered?	
12.	You were unable to make time for your own health needs, such as exercise, medical appointments or rest?	
13.	You felt that your life looked very different from that of your peers because of your caring role?	

D. Financial and resource strain

	Statement	Score
14.	You felt that the costs of therapies, supports or services placed financial strain on your household?	
15.	You were unable to access the services or supports your child needs, for example because of waitlists, availability or distance?	
16.	You felt that you were managing without enough practical help from family, friends or services?	

Your total strain score

TOTAL	Add items 1-16
0-64	Score: _____

A response of 3 or 4 on any single item is worth discussing, whatever the total score.

Next step

Turn to page 4 to review the indicative score guide, identify strengths and supports, and agree on any follow-up.

UNDERSTANDING THE RESULT

Use the score to start a conversation

The total is reviewed together with individual item responses, the strengths checklist and the carer's own account. The score does not diagnose a mental health condition or measure parenting capacity.

Score	Indicative guide	Suggested discussion
0-16	Low strain	Maintain and reinforce existing supports and strengths.
17-32	Mild to moderate	Monitor; strengthen informal support and self-care routines.
33-48	Moderate to high	Discuss referral options such as GP, psychologist, carer support services or respite.
49-64	High	Active follow-up; prioritise carer-focused support and referral.

Important

These bands are indicative only. They have not been empirically validated against clinical criteria. Item responses, strengths, circumstances and the carer's own account matter more than the total alone.

Strengths and supports

Tick any that apply. These are discussed, not scored.

	Strength / support
☐	Reliable informal support is available, such as family, friends or community.
☐	You can identify rewarding or meaningful aspects of the caring role.
☐	You rate your own general health as good or better.
☐	You are engaged with formal supports, such as respite, a peer group, your own GP or a psychologist.

Discussion notes / agreed follow-up

If more support is needed

- At mild to moderate strain, consider strengthening practical help, informal support, respite options and routines that protect the carer's own health.
- At moderate to high strain, the source guide recommends actively discussing the carer's own GP and other carer-focused supports.
- Carer Gateway (1800 422 737) provides free carer counselling, peer support and respite, including emergency respite.
- If acute distress, thoughts of self-harm or immediate safety concerns are disclosed, use your organisation's escalation procedures before continuing. Lifeline is available 24/7 on 13 11 14.

FOR THE ADMINISTERING PROFESSIONAL

Administration and interpretation guide

Intended use and users

CREST is a screening and structured-conversation tool for identifying strain and support needs in adult parents and carers of autistic children. It may be used by allied health professionals, behaviour support practitioners, nurses, GPs, psychologists, support coordinators and early childhood practitioners working with families.

Keep the purpose clear

CREST measures the carer's experience of the caring role. It is not an assessment of the child, the family or parenting capacity and must never be represented as one.

Completion mode

Self-completion is preferred because private completion may support more candid responses on sensitive items. Offer practitioner administration where literacy, language, distress or carer preference indicates, using an interpreter where needed. Use the same completion mode at each re-administration because changing mode can shift scores independently of real change.

Scoring and interpretation

Sum items 1-16 for a total from 0 to 64 and note every item scored 3 or 4 as an individual flag. Interpret the total together with item flags, the strengths checklist and the carer's own account. Fewer endorsed strengths alongside an elevated score may indicate greater priority for support.

CREST is not a diagnostic instrument. An elevated score is not evidence of a mental disorder, and a low score is not evidence of its absence.

Acting on results

Match the response to the profile on page 4. Re-administer at review points, typically every 3-6 months, or sooner after significant change. Where acute distress or safety concerns are disclosed, respond under your organisation's clinical governance and escalation procedures before continuing.

The conversation is the point

Always follow completion with a joint discussion. Use the result to understand what the carer is experiencing, what is already helping and what practical support or referral would make the greatest difference.

APPROPRIATE USE AND EVIDENCE

Privacy, access and development

Privacy, consent and appropriate use

Completed forms contain personal information about the carer. Collect responses with informed consent for the purpose of supporting carer wellbeing. Store and handle them in line with the Privacy Act 1988 (Cth), the NDIS Code of Conduct and your organisation's privacy obligations, separately from and never as part of an assessment of the child.

Carer strain findings may inform discussion about the sustainability of informal supports, including NDIS planning conversations, but CREST scores must not be used as evidence of parenting capacity, in isolation to justify funding decisions, or for any punitive purpose.

Accessible and culturally safe administration

Item wording may be paraphrased where needed provided the meaning is retained. Use interpreters for carers with languages other than English and offer culturally safe administration, including cultural supports for Aboriginal and Torres Strait Islander families where the carer wishes. The carer may decline or pause the check-in at any time without consequence for the child's services.

How CREST was developed

CREST was developed from a structured review of the autism carer burden literature. It adopts the 0-4 response format and severity-banding architecture used by the Zarit Burden Interview and its validated short forms, while all CREST item wording is original and derived from burden domains and protective factors identified specifically in research with carers of autistic children and adults.

Validation status

CREST has not yet undergone independent psychometric validation. Its reliability, factor structure and band thresholds are untested. In clinical documentation it should be described as a screening and conversation tool, not as a validated diagnostic or outcome measure.

CREST component	Evidence basis described in the source guide
Response format and bands	Modelled on the Zarit Burden Interview and validated short forms; widely used in caregiver research.
Items 1-3	Time-dependence and role strain - commonly endorsed burden areas among carers of autistic children.
Items 4-9	Emotional load including overwhelm, worry, loss of control and guilt.
Items 10-13	Physical health, social and everyday impacts.
Items 14-16	Financial strain, access barriers and insufficient practical help.
Strengths checklist	Informal support, perceived rewards, carer health and engagement with formal supports as protective factors.

REFERENCES AND TERMS

References

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About Open Circle Behaviour Support

Open Circle Behaviour Support provides person-centred Positive Behaviour Support across the Greater Bendigo Region, Victoria.

Open Circle Behaviour Support is an NDIS-registered provider under the Behaviour Support registration group.

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