ACT Specialist Homelessness Services Sector Shared Practice Framework

ACT Common Assessment Tool (CAT) for intake, initial assessment and referral
TRAINING MANUAL

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CENTRE for SOCIAL IMPACT | Flinders University

Acknowledgement of Country

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The Centre for Social Impact at Flinders acknowledges the Ngunnawal people as Traditional Custodians of the lands now known as the Australian Capital Territory and recognise any other people or families with connection to the lands of the ACT and region. We honour their Elders and Custodians past and present.

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Report acknowledgements

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CSI Flinders Shared Practice Framework development team

Associate Professor Selina Tually, Dr Sharyn Goudie, Dr Tess Cunningam, Ms Kelly McKinley, Dr Zurina Simm.

This *Training Manual* authored by Dr Sharyn Goudie and Associate Professor Selina Tually, with input from many people within the ACT Specialist Homelessness Services Sector.

Address for correspondence

Associate Professor Selina Tually
Centre for Social Impact Flinders
College of Business, Creative Arts, Law and Social Sciences
Flinders University
Sturt Road, Bedford Park, South Australia 5042
GPO Box 2100 Adelaide SA 5001
selina.tually@flinders.edu.au

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ACT Common Assessment Tool (CAT) for intake, initial assessment and referral

Background

The Shared Practice Framework for the ACT Specialist Homelessness Sector was developed to ensure that people's support needs are assessed in a consistent and coordinated way, and that accurate and meaningful data is collected to inform decision-making and referrals. As an action research project, opportunities for piloting, reflection, and feedback were intentionally built into each stage of the development process.

The project commenced with a review of current intake and assessment practices and tools used across the ACT, alongside an examination of approaches in other jurisdictions. The CSI team engaged closely with key stakeholders, including ACT Government, Specialist Homelessness Services, relevant peak bodies, the Central Intake Service (CIS) providers, members of Joint Pathways – as a key sector governance body, and people with lived or living experience of homelessness. Insights from this review informed the development of a Shared Practice Framework Options Paper, which was distributed to stakeholders in November 2024. A central component of this paper was the introduction of a common assessment tool— ACT Common Assessment Tool for intake, initial assessment and referral, known as the CAT.

In early 2025, the CSI team undertook interviews and focus groups with stakeholders to gather feedback on the CAT and the broader Options Paper. This feedback led to a series of amendments and refinements to the tool. An improved version of the CAT was subsequently piloted by the newly commissioned FIRST Canberra service in late 2025 and early 2026, generating further enhancements informed by real-world testing and frontline practice experience.

The purpose of this guide

This guide provides practical direction on how to implement the CAT effectively in everyday service delivery. The CAT is designed to complement the existing Specialist Homelessness Information Platform (SHIP) minimum data set requirements and should therefore be used alongside current SHIP guides, policies, and procedures. As such, this guide does not replicate SHIP training materials but instead focuses on supporting the practical application of the CAT within services. The guide also does not cover the subsequent allocation and referral processes.

A note on language

The term client is used throughout this manual to refer to people seeking assistance or being supported through ACT Specialist Homelessness Services.

Understanding the purpose of the CAT

The CAT is designed to provide a framework for assessment and to ensure that important information is captured consistently. To support person-centred practice, assessors are encouraged to use narrative, conversation-based approaches and to adapt the assessment process to each client's individual circumstances. ***The CAT can be used for both phone and in person assessments.***

The CAT should be used flexibly. While the initial screening questions should be completed first, there is no prescribed order for the remaining sections. Topics can be explored in a sequence that is natural to the conversation, allowing the assessment to expand or contract depending on the client's needs, circumstances, and presenting issues.

The aim is to support meaningful engagement with the client while ensuring that relevant information is gathered and that needs, risks, goals, and expectations are clearly understood and communicated. Workers should use professional judgement to determine which questions are relevant and how best to approach them within the context of each assessment.

While the CAT will predominantly be used by the ACT Specialist Homelessness Service sector's CIS, other services are encouraged to use the CAT or part of it within their own service/program intake and assessment processes.

Before starting the assessment

Before completing the CAT it is important to do an initial intake with the client.

- The initial intake process establishes:
    - whether the client is eligible for support.
    - whether the service is appropriate for their current needs.
    - what immediate risks, housing issues or required referrals need to be addressed.
    - seeks consent to continue with the assessment process.

Undertaking an initial intake process requires asking the client about their current situation, what help they are seeking and basic demographic details that will guide potential referral decisions and pathways.

It is important that assumptions are not made about clients at any stage of the assessment process.

If it is established that the client is eligible for referral to Specialist Homelessness Services, the next step is to confirm the client details.

For over the phone assessments, use the SHIP database in order to:

1. Confirm client details
    - Search SHIP to determine whether the client already has a client record (Note – SHIP tips on how to search for a client)
    - If the client is found:
        - Open existing file.
        - Review the Minimum Data Set (MDS) fields with the client, confirming details and updating as required.
        - Check when the most recent assessment was completed (if within six months, go through previous assessment and confirm what information has changed and what remains the same). If the most recent assessment was completed more than six months ago or the client's situation has significantly changed then begin a new assessment.
    - If there is no existing client file:

    - Create a new file.
    - Work through the Minimum Data Set (MDS) with the client as a priority. Where a client is unwilling or unable to provide certain information, this should be recorded as 'not stated' rather than assumed.

2. Early engagement and presenting needs
    - While gathering the Minimum Data Set information, begin identifying:
        - The clients immediate needs.
        - Their current housing situation.
        - Key safety and wellbeing concerns.

Note on Minimum Data Sets

The Minimum Data Set (MDS) provides a consistent foundation for assessment and service delivery. It helps to accurately identify clients, avoid duplicate records, support continuity of care, and meet reporting requirements. While gathering MDS information should not interfere with responding to immediate safety or support needs, completing the MDS as early as practicable helps establish a clear understanding of who the client is and provides the basis for any subsequent assessment, referral, support planning, or housing assistance.

In exceptional circumstances involving immediate risk to safety or wellbeing, workers may need to prioritise crisis intervention before completing all MDS requirements. Where this occurs, client records and assessment information should be completed or updated as soon as practicable once immediate risks have been addressed.

Deciding when to complete a full or brief assessment

Following completion of the Minimum Data Set and initial exploration of presenting needs, workers should use their professional judgement to determine whether a full assessment or a brief assessment/triage response is most appropriate. This decision should be guided by the client's presenting circumstances, immediate safety and housing needs, capacity to participate in the assessment process, and the purpose for which information is being gathered.

A full assessment is generally appropriate where information is required to support ongoing service provision, referral, housing assistance, prioritisation, case management, or coordinated responses between services. A brief assessment or triage response may be appropriate where immediate action is required to address urgent needs, where the client is unable or unwilling to participate in a comprehensive assessment at that time, or where only a limited service response is required. A brief assessment does not preclude completion of a full assessment at a later stage once immediate needs have been addressed.

Full Assessment (CAT)

A full assessment should generally be completed where:

- the client is seeking ongoing homelessness assistance or case management.
- the client's circumstances are stable enough to participate in an assessment.
- immediate safety risks have been addressed.
- information is required to support referral prioritisation, housing matching, or coordinated service responses.
- the worker anticipates the client will require referral to one or more Specialist Homelessness Services.

Brief Assessment/triage

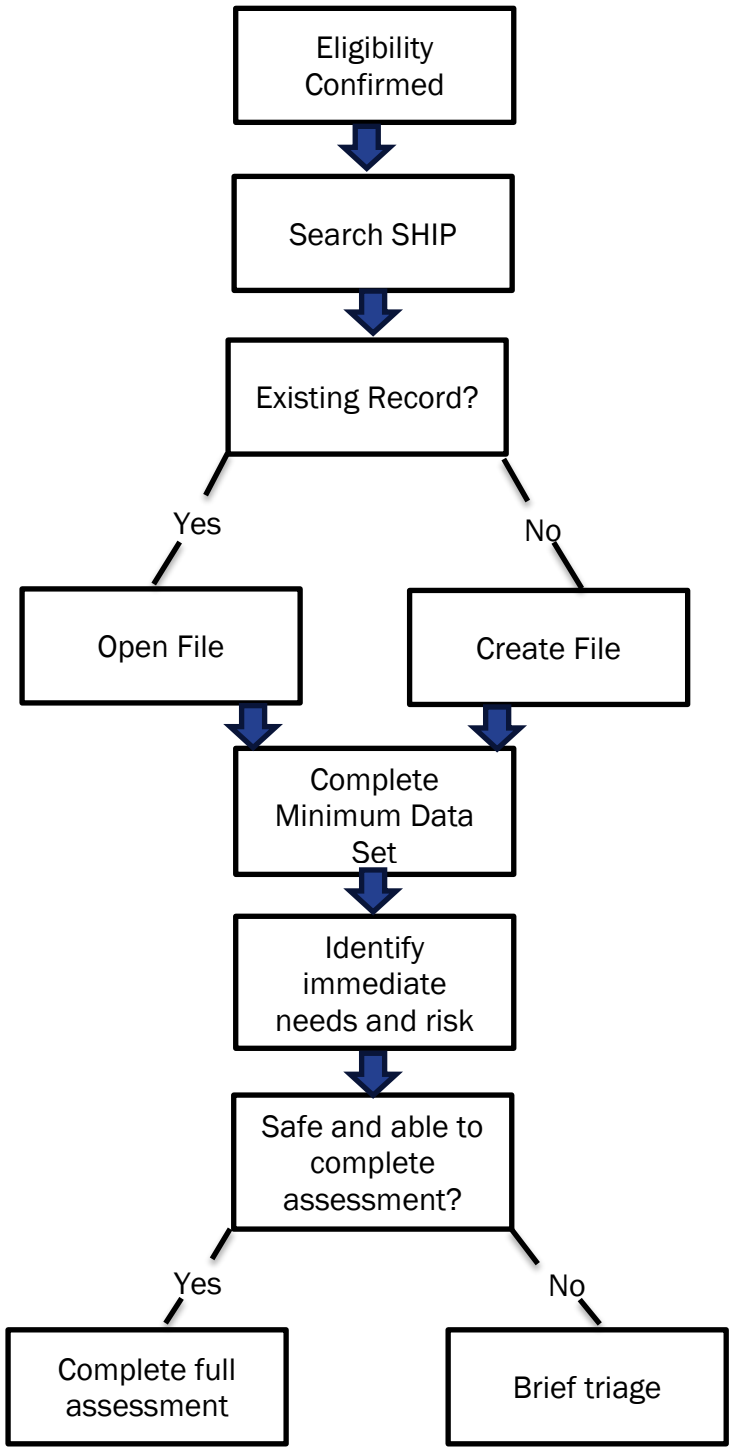
A brief assessment may be more appropriate where:

- the client requires an immediate response before a comprehensive assessment can occur.
- there are urgent safety concerns requiring immediate action.
- the client is in crisis and unable to participate in a longer assessment.
- the client only requires information, advice, material aid, or a short-term referral.
- the client's immediate housing or safety needs must be addressed before gathering further information.
- the client declines a full assessment at that time.

Wherever possible, urgent needs should be addressed first. A full CAT assessment can be completed later once the person's immediate safety, housing, health, or wellbeing concerns have stabilised. The completion of a brief triage assessment should not delay access to urgent assistance or referrals.

A flow chart determining whether to do a brief or full assessment is on the following page.

Figure 1. Determining whether to complete a full or brief assessment



Completing the assessment

The following considerations are designed to support consistent, culturally safe, and trauma-informed use of the CAT within the CIS. They should be applied flexibly, taking into account client safety, capacity, and preferences.

Checking in/setting the scene

At the start of the assessment, workers should:

- explain the purpose of the assessment, how the information will be used, and approximately how long the assessment usually takes.
- describe the types of questions that will be asked, including any sensitive topics.
- check whether the client has the time, privacy and emotional capacity to continue.
- offer options where needed (e.g. scheduling a call back, completing the assessment in stages or in a different order).

Wherever possible, reinforce that participation is voluntary and that clients can pause or stop the assessment at any time.

Reminder: it is important that assumptions are not made about clients at any stage of the assessment process.

Consent and confidentiality

Prior to commencing the assessment, workers must seek informed consent to:

- ask assessment questions.
- record and store client information in relevant data systems.

When seeking consent, consider the client's capacity to provide informed consent, including factors such as age, mental health, intellectual disability, distress, trauma, or substance use. Where capacity is limited, workers should use paced, simplified explanations and revisit consent as needed. Good practice is to revisit consent during the assessment. It may be necessary to make it clear to a client, however, that incomplete information may impact their eligibility for a service or result in a less ideal referral/service

Workers must clearly explain:

- how client information will be stored.
- who will have access to it.
- the relevance of any culturally specific information collected and how this will be managed.
- the limits of confidentiality, including mandatory reporting obligations under the Child and Young People Act 2008 in situations involving risk to children, the client or others.

Explanations about consent and confidentiality should be consistent, transparent and provided in plain language.

Aboriginal and Torres Strait Islander peoples

While efforts have been made to improve the cultural responsiveness of the assessment tool, it may not fully reflect the strengths, experiences and priorities of Aboriginal and Torres Strait Islander peoples.

When working with Aboriginal and Torres Strait Islander clients:

- ask whether the client identifies as Aboriginal and/or Torres Strait Islander and how they prefer this information to be recorded.

- ask whether they are already connected with an Aboriginal Community Controlled Organisation (ACCO) or other culturally specific service.
- where appropriate, discuss the option of collaboration or referral to an ACCO, respecting the client's right to consent, privacy, and self-determination.

Workers should avoid assumptions and prioritise culturally safe engagement over strict completion of assessment fields. Assessment fields do not need to be completed in the order they appear in.

Other cultural, religious and community considerations

Workers should recognise that a person's cultural identity, language, faith, migration experiences and community connections can significantly influence their housing preferences, service engagement, support networks, safety, and wellbeing. Cultural considerations should be explored respectfully and only to the extent that they are relevant to the person's goals and support needs. Cultural identity should not be assumed based on appearance, name, country of birth, or language.

When working with people from other cultural, religious and community backgrounds:

- ask open and respectful questions rather than making assumptions about a person's culture, beliefs, or support preferences.
- recognise that cultural identity may be an important source of strength, resilience, belonging and support.
- be mindful that some people may have experienced racism, discrimination, migration-related trauma, persecution, or negative experiences with government and service systems.
- where possible, provide genuine choice regarding interpreters, service providers, and referral pathways.
- record cultural information only when it is relevant to supporting the person's housing, safety, wellbeing, or service access.
- if cultural needs are identified, consider how these may influence referral decisions, housing location preferences, family connections, safety planning, and ongoing support needs.

Gender and sexual diversity

Workers should use respectful, inclusive language and avoid assumptions about a person's gender identity, sex characteristics or relationships.

Good practice includes:

- asking about and using the client's correct name and pronouns.
- explaining why particular questions are asked.
- being mindful that some questions may cause discomfort or concern about safety.

Clients should not be required to disclose information they do not feel safe sharing, however, it is important that questions are asked to allow opportunity to support appropriate and inclusive services and responses.

Accessibility

Workers should consider accessibility needs throughout the assessment process, including:

- access to interpreters (including Auslan).
- Easy English or low-literacy-appropriate materials.
- sensory needs (e.g. noise, lighting, pace of conversation).

- fatigue, distress, or cognitive overload.

Where accessibility needs cannot be met immediately, workers should document this and explore alternatives rather than proceeding in a way that may disadvantage or cause distress to the client.

Communication plans

Where a client has specific communication needs or preferences, these should be documented in a communication plan and used to guide all future contact. A communication plan helps ensure information is shared in a way that is accessible, respectful, safe and responsive to the person's individual needs. Consistent use of a communication plan can improve engagement, reduce misunderstandings, minimise distress, and support the person's ability to participate in decisions about their housing and support.

A communication plan may include:

- preferred methods of contact (e.g. phone call, text message, email, face-to-face, contact through a support worker or family member).
- preferred times and days for contact.
- whether messages can be left on voicemail or sent by text.
- language preferences and interpreter requirements.
- the need for a bilingual worker, communication aid, or translated materials.
- disability-related communication needs, such as the use of plain language, Easy Read formats, assistive technology, hearing supports, or additional time to process information.
- the involvement of a support person, advocate, guardian, carer, family member or trusted contact where appropriate and with consent (revisited regularly).
- trauma-related considerations, including topics, language, environments, or approaches that may cause distress or trigger trauma responses.
- cultural considerations that may influence communication preferences or engagement with services.
- safety considerations, such as safe contact methods where there are concerns about domestic, family and sexual violence, stalking, coercive control, or monitoring of communications.

Workers should not assume that a client's preferred communication method is the safest or most effective option in all circumstances. Preferences should be discussed directly with the client. Communication plans should be reviewed regularly and updated whenever new needs, risks, or preferences are identified.

Screening for Domestic, Family and Sexual Violence (DFSV)

Effective DFSV screening within a CIS requires an understanding of the intersection between homelessness, safety, and housing instability. Importantly, DFSV is not limited to intimate partner violence and may also include violence, abuse, coercion, or controlling behaviours perpetrated by other family members or household members, such as parents, children, siblings, extended family members, carers, or others residing in the home.

Screening at intake is not a full risk assessment but an initial process to identify potential experiences of DFSV and determine the need for specialist assessment. CIS workers are **not** expected to undertake comprehensive DFSV risk assessment or ongoing risk management. Undertaking a comprehensive DFSV risk assessment without appropriate training may result in risks being overlooked, victim-survivors being unintentionally placed at greater risk, or critical safety planning and referral pathways not being appropriately identified. The role of CIS workers is to screen for the presence or likelihood someone is experiencing DFSV and facilitate appropriate referrals and support. Where immediate safety concerns are identified, workers must prioritise

specialist consultation with DFSV agencies or police emergency response. For further information about ACT's DFSV response see the ACT Domestic and Family Violence Risk Assessment and Management Framework (RAMF).

Good practice includes:

- screening for DFSV only when it is safe to do so, including ensuring the client is able to speak privately and without risk of being overheard or monitored.
- recognising that DFSV may fluctuate over time and that a client may still require housing support even when they are technically 'housed'.
- not assuming that DFSV is no longer a safety issue based solely on current accommodation status.
- building trust, recognising that centralised intake models may limit opportunities for relationship-based engagement.
- recognising that whilst sexual violence can occur within domestic and family violence contexts, it also occurs in other relationships and settings. In 2024, the ABS (Recorded – Crime – Victims) reported 2 in 5 sexual assaults were within domestic or family violence situations.

Additional considerations

There are many factors when someone is experiencing DFSV which can increase the risk of it becoming lethal. Often referred to as "risk factors". If a client discloses experience of any of these it is important to validate their experience of that and seek to refer them for specialist support or in some cases immediate medical evaluation.

- presence of coercive control behaviours – which can mean:
    - telling someone who they can see, what they can wear, or where they can go.
    - watching or tracking what someone does and where they go.
    - sending abusive or threatening messages or images to someone.
    - controlling someone's money, medicine, food or exercise.
    - threatening someone using a person's culture, spirituality, religion or identity to control them.
- sexual violence or pressuring someone into sexual activity.
- recent or pending separation.
- pregnancy.
- evidence of increasing severity or frequency of violence, including if perpetrator has ever applied pressure to the client's neck or throat (disclosures of recent strangulation or strangulation resulting in loss of consciousness requires immediate medical attention).
- risks to children.

Reminder: there are mandatory reporting obligations that may need to be acted upon here.

Co-ordinating with the DFSV sector and aligned services

- where DFSV is identified or suspected at the point of intake, clients should be referred directly to DFSV services to undertake comprehensive risk assessment in line with specialist DFSV frameworks. If clients don't wish to be referred or work with a DFSV service then CIS should consult DVCS for professional guidance on safety planning and systems coordination.
- strong inter-agency coordination is required between the CIS, DFSV services, child and family services, and Corrections, particularly in relation to the use of motel or hotel

accommodation. Coordination should prioritise client safety, minimise risk and support appropriate placement decisions across services.

- client records should clearly reflect which service is currently providing support, even where referrals are managed centrally.

Trauma informed

Completing comprehensive assessments such as the CAT can make it challenging to maintain a fully trauma-informed approach. However, there are practical steps that workers can take to reduce the risk of re-traumatisation and support client safety and autonomy.

Trauma-informed practice during assessment includes:

- explaining the purpose of questions, particularly where topics may be sensitive.
- confirming consent throughout the assessment
- checking in with the client throughout the assessment about their comfort, emotional state, and readiness to continue.
- offering regular pauses and reminding clients that they can skip questions or stop at any time.
- being mindful of pacing, tone, and body language, particularly during disclosure of traumatic experiences.
- focusing on strengths and protective factors, not only risks or deficits.
- where distress is evident, prioritising client wellbeing over completion of the assessment and consider rescheduling or referral to appropriate supports.

Strengths-based

A strengths-based approach recognises that every person has capabilities, resources, knowledge, relationships and experiences that can support them to achieve their goals. While assessments often focus on needs, risks and challenges, workers should also identify and build upon the strengths that the client already possesses. This helps promote dignity, self-determination, hope and engagement in the assessment and support process.

A strengths-based approach does not minimise the person's challenges or experiences of homelessness, violence, trauma or disadvantage. Rather, it aims to understand these experiences alongside the person's existing skills, resilience, coping strategies and sources of support.

Throughout the assessment, workers should actively look for and explore strengths within each domain. This may include personal qualities, practical skills, cultural connections, faith and spirituality, family relationships, community supports, previous achievements, interests, lived experience, or successful coping strategies. Workers should ensure assessment notes capture both needs and strengths to support balanced service planning and referrals. Workers should acknowledge the value of informal supports, not just formal services.

For each assessment domain, consider:

- what is working well in this area?
- what supports have been helpful previously?
- what strengths can the client draw on?
- what has helped them cope with challenges in the past?
- who are the important people, communities or services in their support network?
- what goals, interests or aspirations are important to them?

Pregnancy, children, partners, pets

Clients may present with accompanying family members, including partners, children, pets, or during pregnancy. Workers should:

- assess how the presence of others during the assessment process may affect privacy, safety, and willingness to disclose sensitive information. This includes the presence of children and young people.
- offer alternatives where appropriate (e.g. pausing sensitive questions, arranging a follow-up conversation).
- be mindful that concerns about children, partners, or pets may significantly influence a client's decisions and sense of safety.
- ensure referrals and responses take into account the needs of all accompanying family members (including pets), not just the primary client.

Children, Youth and Families (CYF) involvement

When discussing children and CYF involvement, the way questions are framed can significantly influence trust and disclosure.

Good practice includes:

- reframing questions to reduce fear and stigma, for example:
    - "are you currently needing any support navigating involvement with Children, Youth and Families?"
- asking open, neutral questions about children, recognising that clients may have children who are not currently in their care and may not be involved with CYF. Suggested wording includes:
    - "do you have any children?"
    - "can you tell me about them?"
    - "are they currently in your care?"
    - "who do they live with?"

Be transparent and consistent in how information about children is recorded and used. This includes clearly explaining mandatory reporting obligations and processes in plain language, and, wherever possible, ensuring that protective parents are informed before information is shared with Children, Youth and Families.

Mental health

When discussing mental health, it is important to recognise that a person's experience is not static and may fluctuate over time. Workers should approach these conversations with sensitivity and flexibility, acknowledging that mental health journeys can involve periods of stability alongside times of increased need or distress.

Conversations should be client-centred and guided by the person's own perspective. This includes exploring how they understand their mental health, what strategies or supports are currently working for them, and where they feel additional support may be helpful. It is also important to understand any current engagement with mental health services, including involvement with clinicians, case managers, or treatment under arrangements such as psychiatric treatment orders, as this may impact decision-making, support needs, and coordination of care. Workers should gain understanding of whether a client is currently taking any prescription medications, if they have reliable access to those medications and if they need support to access medications.

Workers should take into account existing supports - such as family, community, cultural connections, or services already in place – as well as identifying any gaps. Consideration should also be given to the person's current mental wellbeing and their capacity to engage in the

assessment process. This includes being mindful of signs of distress, fatigue, or difficulty concentrating, and adapting the pace or approach of the assessment as needed to ensure it remains safe and respectful.

Where there are concerns about the person's mental health or immediate wellbeing, workers should prioritise safety and consider the need for timely referral to appropriate mental health or other health services. This may involve pausing or adjusting the assessment to ensure the client is supported and able to engage safely.

Physical health

Physical health can have a significant impact on a person's housing needs, wellbeing, daily functioning, and ability to engage with services. Discussions about physical health should focus on understanding the person's current health status, any support needs, and whether their health may influence housing suitability, accessibility requirements, or service responses.

Workers should explore:

- any current health conditions, illnesses, injuries, chronic diseases, disabilities, allergies, or mobility issues that affect day-to-day life.
- how the client feels their physical health is currently impacting their wellbeing, independence, housing, or ability to complete everyday activities.
- any existing formal or informal supports, including healthcare providers, carers, family supports, or specialist services.
- whether the client is currently taking any prescription medications and if they have reliable access to those medications.
- whether support is needed to access prescriptions, attend appointments, manage medications, or connect with health services.
- any accessibility or disability-related requirements that may affect housing suitability, including mobility, sensory, cognitive, communication, or personal care needs.

Where health conditions or disabilities are identified, workers should consider whether the person's current or future housing needs to accommodate these requirements. This may include factors such as physical accessibility, proximity to health services, access to transport, space for mobility aids, or other modifications necessary to support safe and independent living.

Workers should also remain alert to any immediate health concerns that may require urgent medical attention or referral. Where significant health risks are identified, appropriate action should be taken to support the person's safety and connection with relevant health services.

Alcohol and other drugs (AOD)

Alcohol and other drug (AOD) use should be explored as part of understanding a person's broader circumstances, rather than as an issue in isolation. Workers should recognise that substance use can be linked to a range of factors including trauma, mental health challenges, homelessness, experiences of DFSV, social isolation and other life stressors. As such, AOD use may function as a coping strategy and may fluctuate over time.

The purpose of asking about AOD use is not to diagnose or treat substance use, but to understand whether and how it may impact a person's safety, wellbeing, housing stability and ability to obtain or sustain housing or supports.

When asking about AOD use, workers should:

- use a non-judgemental, trauma-informed approach that normalises the conversation and supports disclosure.
- recognise clients may be reluctant to discuss substance use due to stigma, fear of consequences or previous negative experiences with services.

- respect the client's choice, readiness and goals, recognising that people may be at different stages of change and may not wish to engage with formal treatment or support services.
- focus on the impact of use (for example, on finances, tenancy, relationships, parenting responsibilities or daily functioning) rather than the substance itself and avoid making assumptions.
- consider any child, family or caregiving responsibilities that may be affected by AOD use, while maintaining a client-centred and strengths-based approach.
- ensure conversations and responses are culturally safe and responsive, including consideration of culturally appropriate support and referral options for Aboriginal and Torres Strait Islander peoples and people from diverse backgrounds.
- remember that not all AOD use results in negative outcomes, and that non-disclosure does not necessarily indicate an absence of need for support.

When discussing (AOD) use, workers may ask clients what substances they are currently using, how much they are using, how often they are using, and when they last used. These questions are not intended to determine eligibility for services or to exclude people from receiving support. Rather, they assist workers to understand any potential health, wellbeing or safety considerations that may affect service delivery, assessment, support planning or risk management. Gathering this information helps workers identify immediate or emerging risks, respond appropriately to the client's circumstances and ensure that supports are tailored to their needs in a safe, respectful and non-judgemental manner.

Workers should check current or past engagement with AOD services, exploring the client's goals in relation to their substance use, and identifying whether they would like assistance to access support. Where appropriate, workers may also discuss safer use and harm reduction strategies, recognising that reducing harm can be an important goal regardless of whether a client wishes to reduce or stop their substance use. Harm reduction approaches should be guided by the client's circumstances, preferences and level of risk.

Workers should remain alert to any immediate health or safety risks related to AOD use. This may include signs of:

- intoxication or impaired capacity to participate safely in assessment, planning or decision-making.
- withdrawal symptoms.
- increased risk of overdose.
- unsafe living environments or behaviours that place the client or others at risk.
- other urgent physical or mental health concerns.

Where immediate risk is identified, workers must prioritise safety. This may include seeking urgent medical assistance, contacting emergency services where required, delaying assessment where appropriate, or ensuring the client is in a safe and supported environment before proceeding.

Responses should remain client-centred, culturally safe and voluntary, with an emphasis on facilitating referrals, coordinating care and supporting informed choice.

Completing assessment over stages

There are potential benefits in completing the CAT as a staged process rather than a single comprehensive session.

A staged approach may:

- support rapport-building and trust, increasing the likelihood that clients return to complete later stages.

- be a more culturally appropriate and respectful engagement approach, particularly for Aboriginal and Torres Strait Islander peoples.
- reduce fatigue and distress for clients experiencing crisis.
- allow prioritisation of immediate safety and housing needs before detailed assessment.

Workers should use professional judgement to determine when a staged approach is more appropriate, while still meeting minimum data requirements and providing timely responses for those in crisis.

Closing off the assessment and setting expectations

At the conclusion of the assessment, workers should:

- summarise key points discussed and any immediate concerns identified.
- clearly explain what will happen next, including referral pathways, expected timelines and any follow-up contact.
- ask the client if they have any questions or concerns and answer these to the extent possible.
- reinforce where the client can seek support while awaiting further contact.

Clear closure supports transparency, reduces anxiety, and builds trust in the intake process.

Recording and updating assessments within SHIP

Clear documentation supports accountability, continuity of care, and client safety. Once the assessment is completed make sure all information is uploaded into SHIP using the assessment portal.