

Clinical Care Standard One: Intake

Engage in the art of intake

Intake is a stand-alone intervention

- Intake should provide people access to the range of options that exist across the-AOD sector, not just your service.
- Workers undertaking this responsibility require advanced engagement skills, attention to detail, a heightened focus, and extensive networks and contact lists which require continual updating.
- Intake is a stand-alone intervention, perhaps the only opportunity to provide a person with a positive experience and harm and risk reduction support.
- Intake is about ensuring that we are the right service match.
- Intake may be the only intervention that person receives for some time. When people have a negative experience of contacting services, deterred, they often wait years before trying again.

Clear and simple

- Processes need to be simple. Be mindful of not overloading with too much information.
- Ensure the person walks away with a welcome pack in an unmarked envelope, with the plan and timeframes clearly written down.
- Explain the intake process. Don't assume this has been explained before, even if they are familiar with AOD services.
- Keep your intentions clear.
 1. Engagement
 2. Risk and harm assessment and support
 3. Treatment matching
 4. A simple plan → transfer of care
- Acknowledge cultural and community context by ensuring correct pronouns and providing opportunities for the person to speak to their connections with country, culture, and community.

Balancing information and rapport

- Peer workers have specialist skills and informed professional experience which supports and strengthens engagement, especially during intake. If you don't have a peer worker on your team, consider having clients with longer experiences of the service as part of the meet and greet of new clients.
- Balance the need to collect information, with the fundamentals of building a therapeutic alliance. These two tasks feel like they should compete but the way we collect and share information will contribute to the rapport building.
- Being calm, present, genuine, and honest while demonstrating that you are deeply listening and interested will convey empathy and trustworthiness which contribute to feeling safe.

- Familiarise yourself with the intake questions. With colleagues, practice using a narrative style to invite information sharing, rather than the formal question/answer approaches. Take brief notes as you go, sharing with the client your technique so they know what is happening.

Treatment matching

- Intake is an opportunity to ensure that your service best meet their needs. While we have loyalty and pride in the programs and services being offered by our own organisation, make room for conversations that ensures the service is the right fit.
- Not a match; provide supported referral. Intake can be nurturing and hopeful experiences, where people are offered choice (even if limited), are heard and their decisions respected.

Risk assessment: having the conversation, raising the issue

- Assessing and responding to risk is a key part of intake and the way this is delivered is crucial to engagement. It may raise our own anxieties—and as responding to risk is core business in AOD sector work—it needs to be supported by clinical supervision, professional development, and collegial camaraderie and knowledge sharing.
- When we step into the discomfort, the therapeutic relationships strengthen. People value not having to navigate spaces of confusion and high distress alone. We also need to recognise that when people feel unsafe and their level of vulnerability is high, they will be neurologically programmed to protect themselves with whatever means they have, so their presentation may be shutdown, abrasive, confused or they may appear ambivalent.
- Develop and use your own techniques to ensure you stay regulated under time and workload demands. We need strategies to regulate our nervous systems so we can maintain a calm manner, gentle tone, slow movements and present as organised and intentional.

Build your harm reduction portfolio

- Harm reduction incorporates a spectrum of strategies and encourages conversations that meet people 'where they're at'.
- NUAA have practical resources and information on [safer using practices](#).
- Develop your confidence in having conversations on harm reduction techniques and reducing overdose risk around [specific drugs](#). Subscribe to AOD publications, chat to colleagues, and watch webinars to stay current. Keep up-to-date with [drug alerts](#).
- Create a folder of hard copy pamphlets and handouts on harm reduction strategies for specific substances, and ensure material is inclusive and culturally appropriate.
- Collect resources for people at higher risk, such as those recently released from prison, [Getting out](#) and [Australian Indigenous Health InfoNet](#) for First Nations communities.

Sustainable networks

- Develop relationships with intake workers from other services and create a list of contacts.
- As a team, identify services, especially new ones to your community and organise to attend a staff meeting to introduce your service or invite them for a networking morning tea.
- If you leave a position, provide a written handover of your community and referral contacts. Organise e-introductions to the new worker.