Intake & Assessment Guidelines

Intake and assessment practices provide a concrete expression of The Salvation Army Operating Principles for Emergency Shelters. Intake and assessment sets the tone for a person-centred approach (Principle 1), can assess for chronic or episodic homeless (Principle 2) and demonstrates a harm reduction approach (Principle 3).

This tool is meant to support funder mandated intake and assessment forms and used to enhance service delivery in line with the Operating Principles. In the absence of funder mandated forms, samples are provided. As part of the roll out of the Operating Principles, Ministry Units are encouraged to examine their intake and assessment tools and process for consistency with The Salvation Army Operating Principles for Emergency Shelters. Intake and assessment practices support the primary goals of all Emergency Shelters which are in place to:

- provide a safe and dignified space where clients can meet their basic needs for food, shelter & hygiene
- assist clients to find stable, positive housing
- connect clients with community-based resources, service providers and / or supports

Person-Centred Approach

Every intake and assessment question is to be rooted in providing our best service to each client at a time of great need and vulnerability. Intakes and assessments to emergency shelters are to be:

- Trauma informed
- Culturally sensitive
- Strengths- based
- Respectful of client choices
- Empowering in their feedback

Trauma Informed Approach

Seek to support client choice, control and safety and minimize the possibility of re-traumatization. (See Trauma Informed Approach in Toolkit.)

- Ensure that a **client's personal information** is shared only with those whom a client chooses, and is not overheard by other clients or staff during intake and assessments.
- Any **statistical data collection and analysis is to be secondary**, completely voluntary and named as such.
- It is **inappropriate to ask someone about their trauma history** as a standard intake question. Emergency shelters do not provide trauma counseling or psychotherapy to clients. It is always a client's choice when and with whom to discuss personal trauma history and not a requirement for provision of service at an emergency shelter. Provide referrals for trauma counselling as needed, and acknowledge traumatic issues when raised by clients.
- Evaluate questions and intake processes to ensure **clients have the right to refuse to share detailed personal information without negative consequences** such as the refusal of food, shelter or services). It can be more difficult to serve people when we don't know their full story, however, respect for a client's choice and control is paramount. We can provide emergency shelter without knowing personal details.
  - i.e. Disclosure of criminal history/addiction issues/detailed personal story/mental health/trauma/abuse/ history are not required.
  - i.e. Clients can refuse to answer parts of an intake or assessment and still be provided emergency shelter.
  - i.e. Identify any negative consequences or reduction in service as a result of non-disclosure and seek to reduce these. Be sure to explicitly name consequences and the rationale behind them to clients.
- **Physical examination** of client's body for tattoos, injection track marks or bed bugs **is inappropriate and is not empowering for clients**. Identify alternate ways to track drug, alcohol and communicable diseases in the shelter.

Culturally Sensitive

Recognize cultural diversity in people who use your shelter and be sensitive, responsive and flexible to different cultures, backgrounds, perspectives, religious and language needs.

- Questions relating to **race, ethnicity, Aboriginal heritage or religion** are ones which a **client is not obligated to answer**. If we are asking this question, be sure to let the client know what purpose this serves and what benefit it is to him/her. Work to seek out additional resources to meet specific, client-identified cultural needs. (i.e. if a client identifies as Aboriginal, what additional culturally specific resources or supports do we have available?)

Strengths-Based

- Include sections in your intake/assessment processes that **identify with clients their skills, abilities and resources** which can **positively support** them in achieving their goals.

Respect Client Choices

Be transparent and customer service-oriented in your approach. Support a client's access to shelter, providing resources, and help them navigate a system of available services to meet their goals.

- Evaluate questions for clarity and rationale so that prior to answering a question a client can see the purpose of the question and any **direct benefit for him/herself.** Tailor the question to the services we have to offer.

  (i.e. if we don't offer any supports for managing diabetes, we don't need to ask about this.)
- Intake and assessment forms are often mandated by your funder. **Be sure you understand questions on the form that are mandatory, and why,** so that you can explain this to clients and benefits for them.
- If resources or information will be supplied by a case worker at a later time, consider asking personal questions at that time. That is, you ask about need for income assistance or obtaining ID, then **take immediate steps to supply community resources** at the time when the client identifies the need.

Empowering Feedback

- Invite **clients to provide feedback** on the intake and assessment process via surveys, exit interviews/questionnaires, focus groups, resident meetings.
- Demonstrate **integrity and accountability by seeking to address client feedback** on intake and assessments and highlighting changes made to clients and staff.

Help for People Experiencing Chronic or Episodic Homelessness (Principle 2)

People with high needs fall through the cracks – and we catch them. Assessing for high needs is done during the intake and assessment process in order to focus case/goal planning resources toward people experiencing chronic or episodic homelessness and people with high needs, supporting them to find stable, positive housing.

- Use the intake/assessment tools that are mandated by your funder. If they don't capture the elements below, explore how they might be adapted to **assess for chronic and episodic homelessness and high needs**. (If your funder doesn't have a mandated intake/assessment tool, connect with the Allison McDonald, Housing & Homelessness Consultant for help adapting one for your site.)
- Explore **housing history** for history of homelessness. The definitions of chronic and episodic homelessness can vary by region of the country. Follow the definitions used in your region. Be sure to share with clients that the reason we ask for housing history and about past and present experiences is to direct them to the **best supports to help them access housing in the future.**
    - Identify **other factors** that affect access to and maintenance of housing such as poor physical health, poor mental health, addiction issues, current correctional/legal involvement, income and other things that might affect access to housing for the clients we serve in your community.
- Develop a system to flag and **prioritize case management/goal planning and follow up** for those with the higher number of risk factors using information from intake and assessment tools. This will be based on each shelter's structure and

staff to client ratio. If you need help developing this practice, please contact Allison McDonald, the Housing & Homelessness Consultant in the Social Services Department for assistance.

Harm Reduction (Principle 3)

At a fundamental level, emergency shelters exist to provide "harm reduction," in that they reduce the harms associated with sleeping outside, staying with strangers, or remaining in an unsafe home.

Salvation Army shelters use behavior based criteria when restricting access to emergency shelter.[1] Behaviour-based criteria allow a client to gain admission to and maintain their bed at an emergency shelter if they are under the influence of drugs or alcohol, as long as they are not behaving in a way that would pose a risk to themselves or others. Past or present criminal, drug, or mental health history are not to be reasons for restriction from emergency shelters. (See Salvation Army Harm Reduction Guidelines for more information.)

- Ensure that intake criteria is responsive and flexible to specific circumstances, including extreme weather, client specific needs (e.g. age, disability), and time of day (e.g. late night or very early morning).
- Document all inquiries for access to shelter beds and if a client is not admitted, clearly document the reasoning for turning client away from the shelter and actions taken to find alternate accommodation.

[1] Behaviour based criteria is to be used in all Salvation Army shelters. A few exceptions do exist however, when a funding contract indicates further criteria for restriction of access to shelter is appropriate in a particular community.