Culturally Safe Assessment Cheat Sheet

Aboriginal and Torres Strait Islander clients · Reviewed by the BastionGPT Clinical Advisory Board · July 2026

A culturally safe assessment is any clinical assessment of an Aboriginal or Torres Strait Islander client conducted so the client experiences it as safe, and documented so the record shows how. Safety is judged by the recipient, never declared by the practitioner, so the record evidences process: consent, participation, consultation, the client's own words. The standard is law; the form is yours.

Indigenous status and identification

ask every client; self-report only

Do: ask the standard question ("Are you of Aboriginal or Torres Strait Islander origin?") and record the answer given: Aboriginal, Torres Strait Islander, both, neither, or not stated.

Pitfall: assuming from appearance or postcode, or not asking at all; the AIHW guidelines call refraining from asking "an act of discrimination".

Consent and participation

a negotiated, ongoing conversation

Do: record who the client wants involved (family and kinship, an Aboriginal Health Worker, an interpreter), consent for each, and what may be recorded.

Pitfall: writing down cultural information the client asked to keep out; note that a request was made, never the content.

Presenting concern and the client's priorities

their words first

Do: open with what the client says matters, in their words, at a yarning pace; answer the referral question second.

Pitfall: importing the referral question as the story and letting it reorder the client's priorities.

Social and emotional wellbeing

strengths recorded with the same care

Do: map body; mind and emotions; family and kinship; community; culture; Country; spirituality and ancestors, set against social and historical determinants.

Pitfall: running the domains as a checklist; the SEWB framework is a map for this client's account, not boxes to tick.

Screening and testing, with tool choice explained

culturally validated first

Do: name each tool and why it fits: aPHQ-9 (use cut-point 10), WASC-Y/A, KMMS, HANAA; note the limits of mainstream norms whenever a standard instrument is used.

Pitfall: reporting a score normed on other populations as definitive.

Cultural consultation and supports

clinical bearing only

Do: with consent, record that consultation with an Aboriginal Health Worker, liaison officer, Elder, or community member occurred and what it changed clinically.

Pitfall: third-party identifying detail beyond what the clinical point needs.

Formulation and agreed plan

the client judges safety

Do: anchor every cultural statement to this client's account, strengths included; shape the plan with the client and family, set a review date, and ask how the process felt.

Pitfall: group-level attributions ("common in this community") and a plan the client had no hand in.

Before you sign

- [ ] Status asked; self-report recorded, "not stated" if declined
- [ ] Consent and participation documented as a process
- [ ] The client's own words open the assessment
- [ ] Tool choice explained; mainstream norm limits noted
- [ ] Consultation recorded with clinical bearing only
- [ ] Formulation traces to this client's account
- [ ] Plan agreed and dated; client asked how it felt

Drafting with AI

Give it your yarning notes, dictation, or a transcript; it drafts the assessment with the client's words kept, organises the SEWB domains, and flags a missing status entry, an unexplained tool choice, or a group-level attribution before you sign.

"Draft a culturally safe assessment from these yarning notes; keep his quoted words; aPHQ-9 was 13."

Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

600 to 1,200 words 60 to 120 minutes	**Client judges safety** record the process	**No mandated form** the standard is law	**No MBS cultural field** individualise the record

Full guide and sample assessment:
bastiongpt.com/template/culturally-safe-assessment

Culturally Safe Assessment Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Client (initials, age): | Date(s) and setting: | Clinician (name, role):

Indigenous status (self-reported): | Interpreter (language, used):

Consent and participation

who the client wants involved · family and kinship consent · what may be recorded

Presenting concern and the client's priorities

the client's own words first · the referral question answered second

Social and emotional wellbeing

body · mind and emotions · family and kinship · community · culture · Country · spirituality and ancestors · strengths

Screening and testing, with tool choice explained

culturally validated first (aPHQ-9 cut-point 10, WASC, KMMS, HANAA) · limits of mainstream norms noted

Cultural consultation and supports

Aboriginal Health Worker, liaison officer, Elder or community input, with consent · clinical bearing only

Culturally informed formulation

anchored to this client's account · strengths and connections · no group-level attributions

Plan agreed with the client

actions shaped with client and family · ACCHO referral options · review date · how the process felt, asked and recorded

Clinician signature and credentials: | Date: