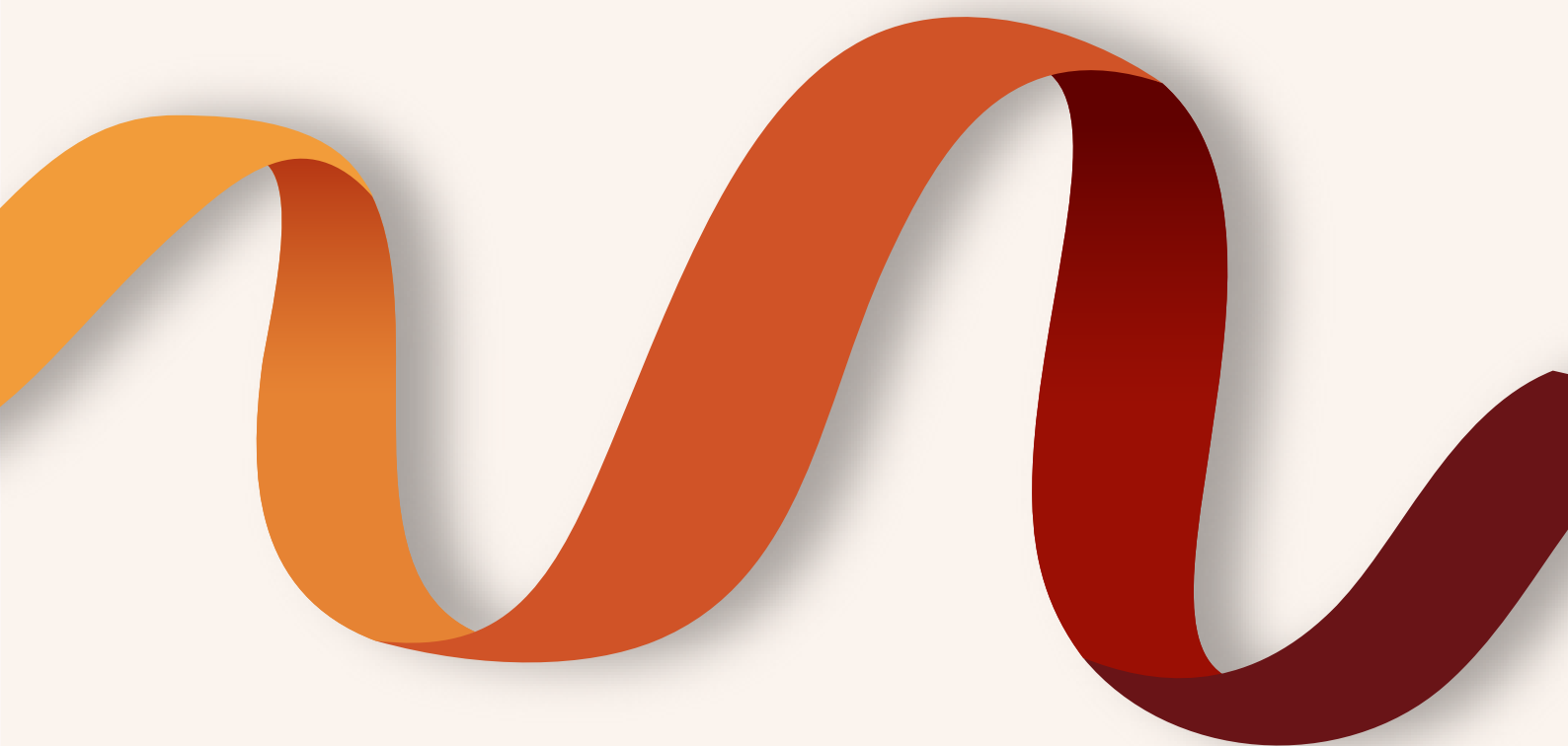


Alcohol and other Drug and Human Services Standard: *Transition Guide*

Evidence Informed | Culturally Responsive

June 2019

*A map of the relationship between the
Alcohol and other Drug and Human Services Standard (2019) and the
Standard on Culturally Secure Practice (2012)*



The WANADA office is based on Whadjuk Noongar land. WANADA acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of this country and its waters. We pay our respect to Elders past and present, and extend this to all Aboriginal and Torres Strait Islander peoples.



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Responsible Body: Western Australian Network of Alcohol and other Drug Agencies (WANADA)

Enquiries to: Western Australian Network of Alcohol and other Drug Agencies (WANADA)
PO Box 8048
Perth WA 6849
Telephone: 08 6557 9400
Website: www.wanada.org.au
Email: culturalstandard@wanada.org.au

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Background & Introduction

Background

The Alcohol and other Drug and Human Services Standard (2019) is a revision of the Standard on Culturally Secure Practice (2012), completed in consultation with the Western Australian alcohol and other drug sector, accreditation and certification bodies, funding bodies, researchers, and other interested parties.

The revision was conducted in an environment of increased awareness of the importance of clinical/practice governance. Consultation identified a need to strengthen approaches to:

- consumer and community engagement;
- building community confidence in services;
- cultural responsiveness;
- safe, quality and evidence informed service delivery;
- supporting worker wellbeing; and
- organisational leadership and culture.

The Alcohol and other Drug and Human Services Standard is a more concise, robust and contemporary edition, which aims to further the foundational intent of the Standard - to support continuous quality improvement with evidence informed and culturally responsive approaches.

Introduction

The Transition Guide provides a map of the relationship between the Alcohol and other Drug and Human Services Standard (2019) and the Standard on Culturally Secure Practice (2012). Its purpose is to support certified organisations transitioning between the two standards.

The Alcohol and other Drug and Human Services Standard retains all of the elements of the Standard on Culturally Secure Practice. You will find improved cohesion and flow, broadened applicability, and reduced duplication. The number of Performance Expectations has reduced from seven to six, and the number of criteria from 177 to 102.

The Standard is now structured as follows:

- 1st level – Performance Expectation (6)
- 2nd level – Performance Objective (24)
- 3rd level – Criterion (102)

Where relevant, criteria within the Alcohol and other Drug and Human Services Standard are mapped against similar or related criteria from the Standard on Culturally Secure Practice. The Transition Guide also indicates criteria that are new to the Alcohol and other Drug and Human Services Standard.

- New:** indicates there is no equivalent criterion in the Standard on Culturally Secure Practice
- Relates to:** indicates where an Alcohol and other Drug and Human Services Standard criterion incorporates or relates to existing criteria from the Standard on Culturally Secure Practice

PERFORMANCE EXPECTATION 1

Understanding and Responding to Community Needs and Expectations

Ensuring the organisation/service clearly defines, engages with, and learns from its target population group(s) to inform its response to community needs and expectations.

| PERFORMANCE OBJECTIVE 1.1 Understanding Community Needs and Expectations To actively build respectful relationships with the community to understand their needs and expectations | Related criteria in the Standard on Culturally Secure Practice |
|---|---|
| a) The organisation/service demonstrates its acknowledgement of the primacy of First Nations peoples | New |
| b) The organisation/service can describe its catchment population, including any specific issues or characteristics, and how they were determined | Relates to: 1.1 a. |
| c) Organisation/service leaders demonstrate and support respectful engagement and involvement with relevant population groups within the catchment area, considering different engagement protocols | Relates to: 1.1f; 6.7 b, c, h and i. |
| d) The organisation/service can describe how it has determined its target population group(s) | Relates to: 1.1 a. |
| e) The organisation/service can demonstrate how it has determined the needs and expectations of the target population group(s) through engagement | Relates to: 1.1 b; 6.7 b, c and h. |

| PERFORMANCE OBJECTIVE 1.2 Responding to Community Needs and Expectations To respond appropriately to the needs and expectations of the community, and to build community awareness of available services | Related criteria in the Standard on Culturally Secure Practice |
|---|---|
| a) The organisation/service can demonstrate its commitment to principles of engagement in service planning, design, delivery, and continuous improvement | Relates to: 1.1 b, c and f; 6.7 b, c and h. |
| b) The organisation/service can demonstrate how it has determined its service focus, and how the service has been developed and structured, in response to identified target population group(s) needs and expectations | Relates to: 1.1 c, e, g and h; 4.5 f; 6.7 b, c and h. |
| c) The organisation/service can demonstrate how it informs the catchment population about the services it provides | Relates to: 4.1 d. |

PERFORMANCE EXPECTATION 2

Rights and Responsibilities and Inclusive Practice

Ensuring the organisation/service remains relevant and responsive to consumer needs through: clear communication of rights and responsibilities; strategies to maximise access and inclusion; and involvement of consumers and the community in planning, development, evaluation, and quality improvement.

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| <p>PERFORMANCE OBJECTIVE 2.1 Rights and Responsibilities To ensure that consumer rights and responsibilities are explained in a way that is understood</p> | <p>Related criteria in the Standard on Culturally Secure Practice</p> |
| <p>a) The organisation/service has a statement of rights and responsibilities in accessible language(s) and formats</p> | <p>Relates to: 2.1 a and e.</p> |
| <p>b) It can be demonstrated that consumers are informed, and understand the intent, of their rights and responsibilities</p> | <p>Relates to: 2.1 b - d.</p> |
| <p>c) The organisation/service has a feedback and complaints process which is accessible and clearly communicated to its catchment population</p> | <p>Relates to: 2.1 a – e.</p> |
| <p>PERFORMANCE OBJECTIVE 2.2 Active Inclusion and Non-Discriminatory Practice To structure the service to maximise access and inclusion, with an emphasis on the creation of a safe and welcoming service environment</p> | <p>Related criteria in the Standard on Culturally Secure Practice</p> |
| <p>a) Organisation/service leaders actively promote and foster a welcoming and inclusive environment</p> | <p>Relates to: 3.4 d.</p> |
| <p>b) The organisation/service can demonstrate action taken to reduce stigma, discrimination, and other access barriers</p> | <p>Relates to: 3.3 a - f; 3.4 a - h; 4.1 b, c and e.</p> |
| <p>c) The organisation/service can demonstrate how it supports workers to reflect on their attitudes and behaviours toward others</p> | <p>Relates to: 2.2 b; 3.3 f; 3.4 b and c.</p> |
| <p>d) Consumers, including family members and significant others, report feeling welcomed, respected, listened to, and heard</p> | <p>Relates to: 3.3 d.</p> |

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| <p>PERFORMANCE OBJECTIVE 2.3 Involving People Who Use the Service To encourage and enable consumers to be involved in planning, development, and quality improvement, to ensure that services provided are relevant and responsive to needs</p> | <p>Related criteria in the Standard on Culturally Secure Practice</p> |
| <p>a) The organisation/service can demonstrate that it supports and facilitates the contribution of people with experiential knowledge in service planning, development, and quality improvement</p> | <p>Relates to: 3.1 a - g; 3.2 a - c; 4.7 d; 6.7 b, c and h.</p> |
| <p>b) Consumers can describe how they, or a consumer representative(s), are involved in service planning, development, and/or quality improvement</p> | <p>Relates to: 3.1 d; 4.7 d; 6.7 b, c and h.</p> |
| <p>c) The organisation/service can demonstrate that the contribution of consumers informs change and improvement</p> | <p>Relates to: 3.1 f.</p> |

PERFORMANCE EXPECTATION 3

Evidence Informed Practice

Ensuring the service is based on evidence informed practice, and actively implements strategies to achieve best outcomes for all consumers.

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| <p>PERFORMANCE OBJECTIVE 3.1 Service Model To provide an evidence informed service</p> | <p>Related criteria in the Standard on Culturally Secure Practice</p> |
| <p>a) The service has a clear evidence informed service model</p> | <p>Relates to: 4.5 a; 6.1 c.</p> |
| <p>b) There is consistency between the service model and workers' description of their practice</p> | <p>Relates to: 4.5 c.</p> |
| <p>c) There is consistency between the service model and workers' credentials and expertise</p> | <p>Relates to: 4.5 c – e; 5.1 a and d; 5.2 e.</p> |
| <p>PERFORMANCE OBJECTIVE 3.2 Service Entry To provide clear and transparent entry criteria which consider equity and need</p> | <p>Related criteria in the Standard on Culturally Secure Practice</p> |
| <p>a) The service has entry and/or exclusion criteria that are available to, and understood by, the catchment population, including key referral sources for the target population group(s)</p> | <p>Relates to: 4.1 a and d.</p> |
| <p>b) The service can demonstrate that equity and individual need are considered in any access prioritisation and planning</p> | <p>Relates to: 3.5 e - h; 4.1 b, c, and e.</p> |
| <p>c) The service entry criteria include consideration of people with co-occurring concerns</p> | <p>Relates to: 4.1 c.</p> |
| <p>d) Where applicable, the service has strategies and processes to minimise wait times</p> | <p>Relates to: 3.5 c and h.</p> |
| <p>PERFORMANCE OBJECTIVE 3.3 Screening, Assessment, and Service Matching To conduct screening, assessment, and service matching, that identifies and meets consumer need</p> | <p>Related criteria in the Standard on Culturally Secure Practice</p> |
| <p>a) The service can demonstrate that screening and assessment is undertaken for service matching, and where appropriate, referral to alternative service options</p> | <p>Relates to: 3.5 h; 4.2 b, f and h; 4.3 b.</p> |

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| b) The service uses standardised screening and assessment tools that are culturally informed and include validated measures as appropriate | Relates to: 4.2 e. |
| c) The service can demonstrate that screening and assessment supports the identification of any diversity and culturally specific service needs | Relates to: 4.2 c and d. |
| d) The service can demonstrate that screening and assessment supports the identification of multiple support needs and risks to inform service delivery, including case management and shared care, through care, and/or referral | Relates to: 3.5 e, f, g, h; 4.2 c, d and h. |
| e) Consumers confirm that screening and assessment was useful in terms of identifying their service needs and informing them of their service options | Relates to: 4.2 g. |

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| <p>PERFORMANCE OBJECTIVE 3.4 Treatment and Care</p> <p>To develop and implement individualised treatment and/or care plans based on identified need and consumer preference</p> | Related criteria in the Standard on Culturally Secure Practice |
| a) A documented treatment/care plan is developed and regularly reviewed with the consumer in a way that enables them to understand and contribute | Relates to: 4.4 b and e. |
| b) Consumers can describe how they were involved in the development of their treatment/care plan | Relates to: 4.4 d. |
| c) The service can demonstrate that treatment/care planning is informed by the needs identified through screening, assessment, and service matching | Relates to: 4.4 c and g. |
| d) The service can demonstrate that if any clinical/practice risk is identified through screening and assessment, appropriate risk management measures are included in the treatment/care plan | Relates to: 4.4 c, g and i. |
| e) With the consent of the consumer, people who are significant to them, including dependent children, may be engaged, or considered, as a part of their treatment/care planning | Relates to: 4.4 c and d. |
| f) The service can demonstrate that routine processes are used for any handover of care to maximise safety and quality | Relates to: 6.4 c and d. |
| g) Treatment/care plans include a service exit plan developed with the consumer, and provided to them on exit/discharge from the service | Relates to: 4.4 h and i. |

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| <p>PERFORMANCE OBJECTIVE 3.5 Case Management and Shared Care, Through Care, and Referral</p> <p>To establish clear pathways and reduce duplication within and across sectors for improved outcomes</p> | <p>Related criteria in the Standard on Culturally Secure Practice</p> |
| <p>a) The service can demonstrate that it actively seeks and establishes collaborative working relationships with other services to enable case management and shared care, through care, and referral, which support the multiple and diverse needs of consumers</p> | <p>Relates to: 3.4 g; 3.5 d and h; 4.3 b; 6.8 b - f.</p> |
| <p>b) The service can demonstrate that coordinated planning occurs when there are multiple services involved with a consumer</p> | <p>Relates to: 3.4 g; 6.8 c - f.</p> |
| <p>c) The service can demonstrate that, with consent, relevant personal information is transferred between service providers so that the consumer does not need to repeat their story</p> | <p>Relates to: 3.4 g and 6.8 f.</p> |
| <p>d) Workers can identify other services they work with, and describe associated processes, for case management and shared care, through care, and referral</p> | <p>Relates to: 3.5 d; 4.3 d.</p> |
| <p>e) The service has processes in place to communicate the outcome of formal referrals, both to and from, the service</p> | <p>Relates to: 4.3 e and f.</p> |
| <p>PERFORMANCE OBJECTIVE 3.6 Harm Reduction</p> <p>To provide accessible harm reduction and health information that supports consumers in self-management of their physical and mental health and wellbeing</p> | <p>Related criteria in the Standard on Culturally Secure Practice</p> |
| <p>a) The service provides harm reduction and health information in appropriate and accessible formats, including information on prevention, testing, and treatment options for blood borne viruses and sexually transmitted infections</p> | <p>Relates to: 4.6 a and b.</p> |
| <p>b) Consumers report being provided with easily understandable information that increases their knowledge of harm reduction strategies to support their approach to their health and wellbeing</p> | <p>Relates to: 4.6 a and b.</p> |

PERFORMANCE EXPECTATION 4

Human Resource Management

Ensuring adequate staffing, development, and support, maximising worker wellbeing and service quality.

| PERFORMANCE OBJECTIVE 4.1 Workforce To maintain a workforce that is appropriately sized and skilled to deliver a quality service | Related criteria in the Standard on Culturally Secure Practice |
|---|---|
| a) The organisation/service conducts regular needs analyses to inform recruitment and professional development requirements | Relates to: 5.1 a and d; 5.2 e. |
| b) The organisation/service has clearly communicated human resource policies and procedures that support a safe and inclusive working culture | Relates to: 6.5 a. |
| c) The organisation/service has a transparent and accountable recruitment and selection process that demonstrates commitment to equal opportunity, and building and maintaining a culturally diverse workforce | Relates to: 5.3 d; 6.2 d. |
| d) The organisation/service can demonstrate strategies to attract, recruit, retain, and provide career pathways for First Nations workers, and workers from culturally and linguistically diverse backgrounds | Relates to: 6.2 d. |
| e) The organisation/service can demonstrate that where sub-contractors and other external parties are engaged to deliver services, their competence is assessed prior to engagement, and their performance is regularly monitored and evaluated to ensure the quality and appropriateness of services delivered | New |
| f) Workers have position descriptions and are supported to clearly understand their role and responsibilities, including the extent of their authority | Relates to: 6.2 a – c; 6.3 a. |
| g) The organisation/service maintains confidential, up-to-date records relating to individual workers, and has a process to ensure workers maintain appropriate credentials and professional registration | Relates to: 5.1 b and c. |
| h) The organisation/service has a process to identify the maximum number of people to whom it can provide services within the resources available, managing individual worker case-loads to ensure effective service provision | Relates to: 3.5 b; 3.5 i. |

| PERFORMANCE OBJECTIVE 4.2 Worker and Team Development To support and maximise worker and team competency and development | Related criteria in the Standard on Culturally Secure Practice |
|--|---|
| a) The organisation/service provides all new workers with induction and orientation specific to their role | Relates to: 4.5 b; 5.2 a. |
| b) The organisation/service has a documented code of conduct that is consistent with appropriate professional codes of ethical practice | Relates to: 2.2 b; 5.2 a. |
| c) The organisation/service supports the competency development of its leaders | Relates to: 5.2 c and d; 6.5 c; 7.3 e. |
| d) The organisation/service can demonstrate that line management and clinical/practice supervision are regularly provided | Relates to: 4.5 e; 6.5 c. |
| e) Workers receive regular informal feedback on their performance, and participate in formal performance review and professional development planning | Relates to: 6.5 c; 7.3 e and f. |
| f) The organisation/service can demonstrate that all workers are provided with professional development opportunities to build on existing knowledge, skills, and cultural understanding, relevant to their role and the people with whom they are working | Relates to: 3.3 b and f; 3.4 c; 4.5 d; 5.2 c, d and f. |
| g) Workers are supported and encouraged to participate in sector and community events of significance | Relates to: 5.2 c, d and f. |

| PERFORMANCE OBJECTIVE 4.3 Worker Health, Safety, and Wellbeing To ensure worker health, safety, and wellbeing are maximised | Related criteria in the Standard on Culturally Secure Practice |
|---|---|
| a) The organisation/service has strategies in place to regularly assess and maximise worker health, safety, and wellbeing | Relates to: 5.3 a and b. |
| b) Workers can describe their responsibilities in relation to maximising the health, safety, and wellbeing of themselves and others while at work | Relates to: 5.3 b and 6.4 b and c. |
| c) Workers report feeling respected, valued, and culturally safe in the workplace | New |
| d) The organisation/service has a clear process to manage workplace grievances which is communicated to, and understood by, workers | Relates to: 6.5 a and b. |

PERFORMANCE EXPECTATION 5

Service Management

Ensuring management practices maximise organisational efficiency, effectiveness, accountability, and compliance.

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| <p>PERFORMANCE OBJECTIVE 5.1 Compliance To comply with applicable internal and external requirements</p> | <p>Related criteria in the Standard on Culturally Secure Practice</p> |
| <p>a) The organisation/service has mechanisms in place to ensure compliance with all relevant legislative and regulatory requirements</p> | <p>Relates to: 5.3 a - d; 6.1 a and b; 6.5 a.</p> |
| <p>b) The organisation/service can demonstrate compliance with contractual obligations, including those contained in service/funding agreement(s)</p> | <p>Relates to: 6.1 d; 6.3 c.</p> |
| <p>c) The service can demonstrate compliance with internal policies and procedures</p> | <p>Relates to: 2.2 d; 6.3 d; 6.5 d; 7.3 b.</p> |
| <p>PERFORMANCE OBJECTIVE 5.2 Financial and Facilities Management To responsibly and effectively manage finances and facilities</p> | <p>Related criteria in the Standard on Culturally Secure Practice</p> |
| <p>a) The organisation/service's finances are audited by an independent auditor in compliance with appropriate auditing standards, and any recommendations are appropriately addressed</p> | <p>Relates to: 6.3 c and f.</p> |
| <p>b) The organisation/service has processes in place to maintain facilities and equipment to ensure they are fit for purpose</p> | <p>Relates to: 6.3 b.</p> |
| <p>c) The organisation/service has processes for the selection and review of goods and service providers</p> | <p>Relates to: 6.3 e.</p> |
| <p>d) The organisation/service has processes that support the costing and pricing of services</p> | <p>New</p> |

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| <p>PERFORMANCE OBJECTIVE 5.3 Risk and Incident Management</p> <p>To maximise the safety, quality, and sustainability of the service through the identification, assessment, and management, of risk</p> | <p>Related criteria in the Standard on Culturally Secure Practice</p> |
| <p>a) The organisation/service can demonstrate how risk is assessed, monitored, and managed</p> | <p>Relates to: 6.1b; 6.4 a – d; 7.3 d.</p> |
| <p>b) The organisation/service can demonstrate that incidents, near misses, and hazards, are routinely reported, managed, and reviewed as part of a structured process</p> | <p>Relates to: 6.4 a - d.</p> |
| <p>c) Workers can describe the processes related to identifying, reporting, and managing, risk and incidents</p> | <p>Relates to: 6.4 c.</p> |
| <p>PERFORMANCE OBJECTIVE 5.4 Policies, Procedures, and Documents</p> <p>To document and maintain information as necessary for service operations</p> | <p>Related criteria in the Standard on Culturally Secure Practice</p> |
| <p>a) The organisation/service has version controlled and regularly reviewed policies, procedures, and documents to support the provision of safe and culturally responsive, quality services</p> | <p>Relates to: 2.1 a; 2.2 a; 3.1 e; 3.3 a; 3.4 a; 3.5 a; 4.1 a; 4.2 a and e; 4.3 a; 4.4 a; 4.5 a; 4.6 a; 5.2 b; 5.3 a and c; 6.1 c; 6.2 a and c; 6.3 e; 6.4 a, b, d, and e; 6.5 a; 6.6 a; 6.7 a and f; 6.8 a and d; 7.1 a, b and g.</p> |
| <p>b) The organisation/service can demonstrate that workers are involved in the development and review of policies, procedures, and documents</p> | <p>Relates to: 6.4 e.</p> |
| <p>c) Workers are aware of, and have access to, organisation/service policies, procedures, and documents to guide their work practice</p> | <p>Relates to: 6.5 b.</p> |

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| <p>PERFORMANCE OBJECTIVE 5.5 Internal Communication and Records To record and communicate information as necessary for service operations</p> | <p>Related criteria in the Standard on Culturally Secure Practice</p> |
| <p>a) The organisation/service has a documented structure which clearly articulates lines of authority and responsibility</p> | <p>Relates to: 6.2 a.</p> |
| <p>b) The organisation/service has a clear system and protocols for internal communications</p> | <p>Relates to: 1.1 d; 3.2 f.</p> |
| <p>c) The organisation/service creates and retains records necessary for measuring, monitoring, planning, and continuous quality improvement</p> | <p>Relates to: 4.7 b and c; 5.1 b; 6.3 b.</p> |
| <p>PERFORMANCE OBJECTIVE 5.6 Information and Data Management To ensure information and data management processes guide collection, maintenance, storage, and use</p> | <p>Related criteria in the Standard on Culturally Secure Practice</p> |
| <p>a) The organisation/service has a process to obtain consent for the collection and sharing of consumers' personal information</p> | <p>Relates to: 2.2 c; 6.6 a.</p> |
| <p>b) The organisation/service maintains accurate and up-to-date consumer records</p> | <p>Relates to: 4.3 c; 4.4 b, e, f, and h; 6.6 a and b.</p> |
| <p>c) The organisation/service can demonstrate that records are securely kept</p> | <p>Relates to: 2.2 c; 6.6 a.</p> |
| <p>d) Workers can demonstrate an understanding of their obligations to ensure privacy and confidentiality</p> | <p>Relates to: 2.2 b; 6.6 a and e.</p> |
| <p>PERFORMANCE OBJECTIVE 5.7 Planning, Monitoring, Measurement, and Evaluation To monitor, measure, evaluate, and systematically plan, service development</p> | <p>Related criteria in the Standard on Culturally Secure Practice</p> |
| <p>a) The organisation/service collects data that enables planning, monitoring, measurement, and evaluation</p> | <p>Relates to: 1.1a and f; 3.2 a, b; 4.1 e; 4.7 b - d; 6.6 b - d.</p> |

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| b) The organisation/service can demonstrate that planning, monitoring, measurement, and evaluation, occur systematically | Relates to: 2.2e; 3.1 g; 3.2 a, b, d and e; 3.4 e; 4.1 e; 4.2 i; 4.3 f; 4.5 e and g; 4.7 a - f; 6.1 a; 6.6 f and g; 6.7 a-h; 6.8 e; 7.2 a - d; 7.3 a, c, d; 7.4 a and b. |
| c) Workers can describe how they provide input into planning, and participate in actions to achieve organisation/service objectives | Relates to: 6.7 e. |

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| <p>PERFORMANCE OBJECTIVE 5.8 Continuous Quality Improvement</p> <p>To embed quality improvement processes to support the achievement of organisation/service objectives</p> | <p>Related criteria in the Standard on Culturally Secure Practice</p> |
| a) The organisation/service has embedded quality improvement processes, regularly reviewing the results of planning, monitoring, measurement, and evaluation activities, to identify opportunities for improvement | Relates to: 2.2e; 3.1 g; 3.2 b - e; 4.1 e; 4.2 i; 4.3 e and f; 4.4 e; 4.5 g; 4.7 f; 5.1 d; 5.2 c - f; 6.2 c; 6.4 e; 6.6 f and g; 6.8 e; 7.4 b. |
| b) Management lead by example, communicating and promoting the importance of continuous quality improvement and the achievement of organisation/service objectives | Relates to: 6.7 d. |
| c) Workers demonstrate an awareness of, and engagement with, continuous quality improvement, and understand their role in the achievement of organisation/service objectives | New |

PERFORMANCE EXPECTATION 6

Organisational Governance

Ensuring governance practices support the organisation in accomplishing its purpose.

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| <p>PERFORMANCE OBJECTIVE 6.1 Governing Body Composition, Roles, and Responsibilities</p> <p>To ensure the governing body can guide the organisation in accomplishing its purpose</p> | <p>Related criteria in the Standard on Culturally Secure Practice</p> |
| <p>a) The organisation has clear processes in place for appointing governing body members, including conducting appropriate legislated eligibility checks</p> | <p>Relates to: 7.1 a.</p> |
| <p>b) The governing body comprises a representative mix of stakeholders who possess and maintain the skills, knowledge, and experience, to govern and guide the organisation in accomplishing its purpose</p> | <p>Relates to: 7.1 d and f.</p> |
| <p>c) The governing body has documented roles and responsibilities, and a code of conduct, which are understood and applied</p> | <p>Relates to: 7.1 a and b</p> |
| <p>d) The organisation can demonstrate that governing body members are provided with an induction</p> | <p>Relates to: 7.1 c and f.</p> |
| <p>e) The governing body has a process for succession planning which ensures the continuity of organisational knowledge and enhancement</p> | <p>Relates to: 7.1 e</p> |
| <p>f) The governing body's performance is regularly assessed and reviewed</p> | <p>Relates to: 7.3 f</p> |
| <p>PERFORMANCE OBJECTIVE 6.2 Accountability and Oversight</p> <p>To maximise organisational effectiveness through governing body leadership</p> | <p>Related criteria in the Standard on Culturally Secure Practice</p> |
| <p>a) The organisation can demonstrate that it complies with its documented rules</p> | <p>Relates to: 7.3 b.</p> |
| <p>b) The governing body can demonstrate how it oversees the development and application of the organisation's vision, purpose, and strategies</p> | <p>Relates to: 7.2 d; 7.3 c; 7.4 a and b.</p> |

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| c) The governing body demonstrates leadership commitment through allocation of resources to support the documented priorities of the organisation | Relates to: 7.2 a and d. |
| d) The governing body receives regular reports on, and can demonstrate oversight of, organisational performance and compliance | Relates to: 7.2 a - d; 7.3 a, c and d; 7.4 a and b. |
| e) The governing body provides leadership to develop and maintain a culture of continuous quality improvement | New |
| f) The governing body has processes for considering and responding to identified opportunities | New |
| g) The governing body communicates with, and is accountable to, the organisation's members and other key stakeholders | Relates to: 3.2 f; 4.7 g; 6.7 i. |



Alcohol and other Drug and Human Services Standard

Evidence Informed | Culturally Responsive

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