

**INTERPRETIVE GUIDE TO THE  
STANDARD ON CULTURALLY SECURE PRACTICE  
(ALCOHOL AND OTHER DRUG SECTOR)**

**1<sup>st</sup> Edition, August 2012**

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The Standard on Culturally Secure Practice (Alcohol and other Drug Sector)  
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WANADA staff acknowledge Aboriginal and Torres Strait Islander people as the Traditional Custodians of this country and its waters. WANADA staff wish to pay their respect to Elders past and present and extend this to all Aboriginal people reading this message.

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## Introduction

Welcome to the first edition of the Interpretive Guide to the Standard on Culturally Secure Practice (Alcohol and other Drug Sector).

This interpretive guide has been developed by the Standard on Culturally Secure Practice (Alcohol and other Drug Sector) Reference Group to provide examples of the way in which the criteria contained in the Standard on Culturally Secure Practice (Alcohol and other Drug Sector) might be interpreted. It is not intended to be a definitive guide, but rather to provide a generalised overview of how the standard might be met. Agencies may implement alternative processes to those included in this guide in order to meet the requirements of the standard.

To achieve certification against the Standard, agencies will need to meet 80% of criteria labelled as 'essential' under each Performance Expectation, which represent the minimum level of activity required to demonstrate cultural security in agency practice. The essential criteria relate to policies and procedures that would be in place, how an agency identifies the cultural and service delivery needs of its target community and what agency management, staff and consumers would know.

For agencies who may have participated in other quality programs a set of further criteria, called 'good practice criteria', have been developed. These criteria are intended to reflect what are sometimes referred to as 'systems elements' and are mostly related to monitoring and evaluation of agency practices. Your agency may choose to seek good practice certification against some or all of the Performance Expectations. Your agency will be awarded 'good practice' certification if, in addition to meeting 80% of the essential criteria for each Performance Expectation, 80% of the good practice criteria under each nominated Performance Expectation are met.

## **CULTURAL SECURITY**

Cultural security is about ensuring that the delivery of health services is such that no one person is afforded a less favourable outcome simply because she or he holds a different cultural outlook<sup>1</sup>.

For the purposes of this standard, cultural security applies to Aboriginal and Torres Strait Islander peoples and can also be applied to people from culturally and linguistically diverse (CALD) backgrounds or any specific population, with consideration given to age, gender, disability or sexual orientation.

## **ACRONYMS**

AMS	Aboriginal Medical Service
AOD	Alcohol and Other Drug
AVIL	Australian Injecting and Illicit Drug Users League
DDCAT	Dual Diagnosis Capability in Addiction Treatment Index
NCETA	National Centre for Education and Training on Addiction
NDARC	National Drug and Alcohol Research Centre
NRCCPH	National Resource Centre for Consumer Participation in Health
OATSIH	Office for Aboriginal and Torres Strait Islander Health
RAP	Reconciliation Action Plan

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<sup>1</sup> National Rural Faculty - Royal Australian College of General Practitioners 2004  
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## PERFORMANCE EXPECTATION 1: DEFINING AND UNDERSTANDING THE TARGET COMMUNITY

*The agency understands the cultural needs of its community.*

Performance Expectation 1.1: Understanding Community Needs	
The agency understands the needs of its target community and has strategies in place to meet identified community needs.	
Essential Criteria	
a	The agency has profiled its community and defined the target community.
b	The agency can demonstrate how it has determined the needs of the target community.
c	The agency can demonstrate that its services are developed and structured to respond to identified target community needs.
d	The agency has an internal process for communicating identified community needs.
e	The agency can demonstrate how it supports access to services based on the described needs of the community.
Good Practice Criteria	
f	The agency has established a representative community reference group, which is appropriately informed to give advice on the cultural security needs of the community.
g	The agency has processes for formulating effective responses to identified community needs.
h	Staff can describe how services are delivered to meet the culturally diverse needs of the target community.

### **About this Standard**

In order to effectively deliver services to the community, the needs of the community must be understood. Typically, this involves undertaking a community needs analysis, which includes consultation with the community and other key stakeholders (eg other local agencies) to better understand the service and cultural security needs of the community. This information would then be used to inform the aspects of service delivery and agency management outlined in Performance Expectations 2 - 7.

If your agency has implemented a registered Reconciliation Action Plan (RAP) this could act as external verification, demonstrating your agency's commitment to, and strategies for, ensuring cultural security for Aboriginal and Torres Strait Islander peoples.

### **Guidance/examples:**

Criterion	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
A The agency has	Your agency's target community	The reviewer will talk with

Criterion	Guidance	How this might be substantiated
<p>profiled its community and defined the target community.</p>	<p>could be defined by characteristics: such as people who live in a particular geographical area, are within a defined age range, from a particular cultural group with specific cultural needs, etc.</p> <p>Your agency would also be able to identify key spokespersons within the community, the range of services that are offered to the community to meet different specific needs, etc.</p>	<p>managers and staff about their community.</p>
<p>b The agency can demonstrate how it has determined the needs of the target community.</p>	<p>This may involve a formal needs analysis, which would include consultations with the target community to gather information about the ways the target community defines itself and the things they place value on. The consultation process would also gather information on the types of services the community considers to be important (eg, culturally specific services, family support, etc).</p>	<p>The reviewer might ask to see notes from the consultation meetings or promotional material advertising the consultation meetings and might talk to some members of the community about the consultation process.</p> <p>The reviewer might also ask to see things like funding submissions, service agreements, agency brochures and planning documents.</p>
<p>c The agency can demonstrate that its services are developed and structured to respond to identified target community needs.</p>	<p>Is there a clear link between the target community needs analysis and the development of new services or the alteration of existing services?</p>	<p>The reviewer might ask to see minutes of, or ask for comments on, meetings where service development and community needs were discussed, or funding submissions or plans to develop new services or alterations to existing services which are based on the identified needs of the target community. This information might be embedded in agency strategic and operational plans.</p>
<p>d The agency has an internal process for communicating identified target community needs.</p>	<p>How does the agency inform staff on the results of the community needs analysis?</p>	<p>The reviewer might talk with staff about how they have been made aware of the needs analysis and how they have observed the agency response.</p>
<p>e The agency can demonstrate how it supports access to services based on the described needs of the target community.</p>	<p>This might include having promotional material in a suitable language for the target community, or strategies to support access, offering home visits for screening and/or assessment rather than asking the consumer to attend the agency.</p>	<p>The reviewer might ask to see the material developed in response to community needs (eg promotional material) or discuss ways that access is promoted.</p> <p>They might also ask to see the minutes of, or ask for comments</p>



Criterion	Guidance	How this might be substantiated
	Internally, this might also include discussions at meetings about how the target community could be supported to access services.	on, meetings where strategies to support access were discussed.  Your agency might also have a Reconciliation Action Plan, which has been endorsed by Reconciliation Australia.
To achieve good practice certification, you'll also need to meet the good practice criteria		
f The agency has established a representative community reference group, which is appropriately informed to give advice on the cultural security needs of the community.	This group would likely include community representatives such as appropriate community elders and leaders who know the target community well and can provide advice to the agency on cultural security in service delivery.	The reviewer might talk with reference group members about how their advice has informed the way in which services are provided.  The reviewer might also look at the terms of reference for the group.
g The agency has processes for formulating effective responses to identified community needs.	This is about what your agency does with the information it discovers through the needs analysis. Examples of ways your agency might better meet the needs of the target community would be formulated as an opportunity for improvement strategy or plan and could include, for example: <ul style="list-style-type: none"> <li>• producing promotional material in a more accessible language;</li> <li>• altering the way you deliver a service (like offering outreach services or family support groups); or</li> <li>• developing a plan for a new service to address identified needs.</li> </ul>	The reviewer might talk with management and staff about how the target community needs analysis is turned into action. If your agency developed a written plan to progress the findings of the analysis, the reviewer might ask to see the plan and talk with staff implementing it.
h Staff can describe how services are delivered to meet the culturally diverse needs of the target community.	Staff would be aware of the outcomes of the community consultation and how this has informed the way they do their job.	The reviewer will talk with staff about the way they deliver services and how they provide culturally secure services.

### **Support Tools and Resources for this Standard**

Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice<sup>2</sup>

NRCCPH Fact Sheet No 2: Methods and Models of Consumer Participation<sup>3</sup>

For kids' sake: A workforce development resource for family sensitive policy and practice in the alcohol and other drugs sector<sup>4</sup>

Trauma-Informed Treatment Guide for Working with Women with Alcohol and other Drug Issues, Marsh, A., Towers, T., & O'Toole, S. (2011).

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<sup>2</sup> <http://www.apo.org.au/research/working-together-aboriginal-and-torres-strait-islander-mental-health-and-wellbeing-principi>

<sup>3</sup> [http://www.healthissuescentre.org.au/documents/detail.html?filename\\_num=231154](http://www.healthissuescentre.org.au/documents/detail.html?filename_num=231154)

<sup>4</sup> [http://nceta.flinders.edu.au/workforce/publications\\_and\\_resources/nceta-workforce-development-resources/](http://nceta.flinders.edu.au/workforce/publications_and_resources/nceta-workforce-development-resources/)

## Every Persons AOD Service

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- Every Persons offers culturally secure residential services and non-residential counselling services. To ensure the organisation remains aware of the needs of the community, senior staff attend meetings with other local community health service providers to talk about what's happening in the community and what they might be able to do about it.
- Once a year, the organisation invites members of the community to come to lunch and talk about what they like about the services that Every Persons AOD Service offers and what the organisation could do better. A staff member comes along to take notes so the community's views can be considered at the next planning day.
- The organisation gathers information about their community from the Australian Bureau of Statistics and government agencies, as well as keeping track of the profile of their consumers by collecting information about their age, gender and cultural background during intake.
- Consumers are invited to participate in a yearly planning forum to provide feedback on services and make suggestions for changes and inclusions in future services. Where appropriate consumer planning forums are tailored to particular target groups based on age, gender and culture. A staff member takes notes so that the information can be used at future planning events.
- Every Persons residential service has established a residents' committee, which has established terms of reference and can make recommendations to management about the way in which the service is run. Before joining the committee, residents are provided with a short induction from one of the senior residents. The induction outlines the purpose of the committee and how it operates.
- Recommendations from consumer and community forums and the residents' committee are presented to the organisation's senior management group meetings for consideration in future planning and service development. Outcomes and actions resulting from these consultations are then presented to the board of management and incorporated at a program/service area level and/or as part of the strategic planning process. The strategic plan is made available via the organisation's website and consumers are kept informed about future developments via newsletters which are mailed and are also available on waiting room notice boards.
- All the information collected is pulled together and presented to the annual planning day, where ideas for improving existing services or ideas for new services are discussed. Everyone works together to think about whether there is a need for new services (like residential services for women with young children) or if existing services could be improved. They also talk about whether there are other local services they could work with to provide better services to the community.
- By the end of the planning day, everyone has agreed on the focus of the coming year and has an idea of how they can help to implement the plan. The plan is written up and discussed at a staff meeting to make sure everyone knows what they need to do.
- The CEO takes the suggestions from the planning day and works with the Board to decide if new services should be developed and how these could be funded.
- Every Persons AOD Service has also established a Community Reference Group, made up of community leaders and elders. The Reference Group provides advice on strategies to ensure cultural security in service planning and delivery.

## PERFORMANCE EXPECTATION 2: RIGHTS AND RESPONSIBILITIES

*The agency recognises consumers as 'health consumers' with related rights and responsibilities.*

Performance Expectation 2.1: Statement of Rights and Responsibilities	
The agency has a formulated statement of consumer rights and responsibilities, which is provided to consumers and discussed with them so they understand what they can expect of the agency as early as possible in their intake. The service ensures all staff are aware of and support the rights and responsibilities of consumers.	
Essential Criteria	
a	The agency has a formulated statement of consumer rights and responsibilities in appropriate formats.
b	The agency can demonstrate that consumers are informed of their rights and responsibilities.
c	Staff can describe how each consumer is informed of their rights and responsibilities.
Good Practice Criteria	
d	Consumers can describe their rights and responsibilities.
e	The agency can demonstrate that the way in which information is provided to consumers is culturally secure.

### **About this Standard**

Consumer rights cover the areas of access, safety, respect, communication, participation, privacy and comment, as outlined in the Australian Charter of Healthcare Rights (2009) published by the Australian Commission on Quality and Safety in Healthcare. Consumer responsibilities may include open communication with the agency to facilitate appropriate treatment planning, treating staff with dignity and respect, keeping appointments and abiding by required agency rules, depending on the type of AOD service. It is important that consumers and staff are supported to understand consumer rights and responsibilities as fully as possible and your agency would consider cultural security when deciding the best way to provide information to the target community.

### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a	The agency has a formulated statement of consumer rights and responsibilities in appropriate formats.	Consumer rights and responsibilities need to be clearly stated and easy to understand. Consideration would be given to the best way to provide the information to consumers (eg verbally, written, pictograms, a
		The reviewer might ask to see your statement of rights and responsibilities and talk to management about the formats used (eg posters, videos, brochures, etc).

<b>Criteria</b>	<b>Guidance</b>	<b>How this might be substantiated</b>
	combination of all, etc).	
b The agency can demonstrate that consumers are informed of their rights and responsibilities.	<p>There is evidence that shows consumers have been informed of their rights and responsibilities.</p> <p>It might be that the staff member makes a note in the consumer's file each time it is discussed, or they might complete a checklist at intake.</p> <p>The agency might monitor that this is happening by conducting regular consumer record audits.</p>	The reviewer might ask to see the last consumer record audit, or observe posters and brochures in entry and reception areas.
c Staff can describe how each consumer is informed of their rights and responsibilities.	Staff would be able to describe the methods they use to help consumers understand their rights and responsibilities.	The reviewer might talk with some staff about this.
To achieve good practice certification, you'll also need to meet the good practice criteria		
d Consumers can describe their rights and responsibilities.	This doesn't mean that consumers have to know their rights and responsibilities word for word from your statement, but rather that they know what to expect and are confident the agency will work with them to address their needs.	The reviewer might talk with some consumers about this.
e The agency can demonstrate that the way in which information is provided to consumers is culturally secure.	What makes the method appropriate? It might be that the community reference group mentioned in Performance Expectation 1 has provided advice to the agency, or contributed to the development of the resource.	<p>The reviewer might talk with reference group members or management about this and ask to see notes from discussions relating to cultural security provisions.</p> <p>The reviewer might also talk to consumers about whether they think the information was provided in a culturally secure way.</p>

### **Support Tools and Resources for this Standard**

Trauma-Informed Treatment Guide for Working with Women with Alcohol and other Drug Issues, Marsh, A., Towers, T., & O'Toole, S. (2011).

Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice<sup>5</sup>

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 3.26)

Indigenous Specific Alcohol and Other Drug Interventions: Continuities, Changes and areas of greatest need<sup>6</sup>

AVIL 2010, Treatment Service Users Project: Phase Two final report<sup>7</sup>

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<sup>5</sup> <http://www.apo.org.au/research/working-together-aboriginal-and-torres-strait-islander-mental-health-and-wellbeing-principles>

<sup>6</sup> [http://www.ancd.org.au/images/PDF/Researchpapers/rp20\\_indigenous.pdf?phpMyAdmin=rGQ2XkOOsKjMp24r2sFwuVc5ibb](http://www.ancd.org.au/images/PDF/Researchpapers/rp20_indigenous.pdf?phpMyAdmin=rGQ2XkOOsKjMp24r2sFwuVc5ibb)

<sup>7</sup> [http://www.health.gov.au/internet/main/publishing.nsf/Content/DAD26BB00D451822CA25784D0072017F/\\$File/tsuti.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/DAD26BB00D451822CA25784D0072017F/$File/tsuti.pdf)

### **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- Every Persons has developed a statement of consumer rights and responsibilities, based on the Australian Charter of Healthcare Rights and the identified cultural needs of their target community.
- The best way to provide information on rights and responsibilities was discussed at a staff meeting, where it was agreed that staff would discuss rights and responsibilities with each consumer at intake and at each planned review. It was also agreed that posters would be developed and translated into the main language spoken in the community and put up in the reception area.
- Staff discuss the statement with new consumers during intake and make a note of it in the consumer's record. Rights and responsibilities are discussed each time a consumer's treatment/case plan are reviewed and noted on a checklist of activities staff complete at each planned review.
- Collated responses from the previous six months of consumer satisfaction surveys indicates that consumers are satisfied that the manner in which information was shared with them was culturally secure.

## Performance Expectation 2.2: Consumer Rights and Responsibilities Policies and Procedures

The agency has written and systematically reviewed policies, procedures and structures in place that guide consumer rights and responsibilities.

### Essential Criteria

- a The agency has relevant current policies and procedures related to health consumer rights and responsibilities.
- b Staff can describe how they apply the agency's consumer rights and responsibilities policies and procedures in practice.
- c The agency implements strategies to protect the confidentiality of consumer information.

### Good Practice Criteria

- d The agency can demonstrate that it implements consumer rights and responsibilities policies and procedures in practice.
- e The agency can demonstrate how it monitors the effectiveness of the way in which it provides information to consumers.

### ***About this Standard***

To action consumer rights and responsibilities, your agency needs to develop policies and procedures to cover the Australian Charter of Healthcare Rights published by the Australian Commission on Quality and Safety in Healthcare.

### ***Guidance/examples:***

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The agency has relevant current policies and procedures related to health consumer rights and responsibilities.	<p>This might include policies and procedures on privacy and confidentiality, complaints and feedback, advocacy, and for dealing with things like consumer access to records and file storage and transportation.</p> <p>Your agency needs to consider incorporating cultural security considerations into policies and procedures relating to consumer rights and responsibilities.</p> <p>Current policies are ones that are approved either by management or the Board of Management/ Management</p>	The reviewer might ask to see copies of the policies and procedures.



Criteria	Guidance	How this might be substantiated
	Committee, reviewed according to a set timeframe (or earlier if required) and communicated to staff and consumers.	
b Staff can describe how they apply the agency's consumer rights and responsibilities policies and procedures in practice.	Staff need to be aware of the policies and procedures and how they relate to their practice.	The reviewer might talk with staff to see if their understanding of agency processes is consistent with the policies and procedures.
c The agency implements strategies to protect the confidentiality of consumer information.	Files might be stored in lockable cabinets and records on computers might be password protected. There may also be other things your agency does to protect consumer information.	The reviewer might talk with management and staff about this and might also observe the strategies in action.
To achieve good practice certification, you'll also need to meet the good practice criteria		
d The agency can demonstrate that it implements consumer rights and responsibilities policies and procedures in practice.	Your agency might monitor this by reviewing consumer files to look for evidence the policies and procedures have been implemented, such as signed consent forms for the release of information, notations about consumer advocates, significant others or feedback provided. Some information might be in places other than the consumer file, like a feedback register.	The reviewer might look at the latest record audit and might also look at the feedback register.
e The agency can demonstrate how it monitors the effectiveness of the way in which it provides information to consumers.	This means checking back with consumers to make sure they understand their rights and responsibilities and using their feedback to improve the way your agency provides information to consumers. It might involve seeking advice on cultural security from the community reference group mentioned in Performance Expectation 1.	The reviewer might look at community reference group or staff meeting minutes.  The reviewer might also look at your feedback register to see if it includes feedback from consumers about how the information was provided.

### ***Support Tools and Resources for this Standard***

National Charter of Healthcare Rights (published by the Australian Commission on Quality and Safety in Healthcare)<sup>8</sup>

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 2.14, 2.15, 3.26, 3.32)

Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice<sup>9</sup>

Indigenous Specific Alcohol and Other Drug Interventions: Continuities, Changes and areas of greatest need<sup>10</sup>

AVIL 2010, Treatment Service Users Project: Phase Two final report<sup>11</sup>

Trauma-Informed Treatment Guide for Working with Women with Alcohol and other Drug Issues, Marsh, A., Towers, T., & O'Toole, S. (2011).

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<sup>8</sup> <http://www.health.gov.au/internet/safety/publishing.nsf/content/PriorityProgram-01>

<sup>9</sup> <http://www.apo.org.au/research/working-together-aboriginal-and-torres-strait-islander-mental-health-and-wellbeing-principles>

<sup>10</sup> [http://www.ancd.org.au/images/PDF/Researchpapers/rp20\\_indigenous.pdf?phpMyAdmin=rGQ2XkOOsKjMp24r2sFwuVc5ibb](http://www.ancd.org.au/images/PDF/Researchpapers/rp20_indigenous.pdf?phpMyAdmin=rGQ2XkOOsKjMp24r2sFwuVc5ibb)

<sup>11</sup> [http://www.health.gov.au/internet/main/publishing.nsf/Content/DAD26BB00D451822CA25784D0072017F/\\$File/tsuti.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/DAD26BB00D451822CA25784D0072017F/$File/tsuti.pdf)

## **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The Board of Every Persons has approved policies on privacy and confidentiality, complaints and feedback, and advocacy.
- The CEO has worked with staff to develop procedures to implement the Board endorsed policies. Procedures developed include:
  - Maintaining Consumer Privacy and Confidentiality;
  - Complaints and Feedback;
  - Consent;
  - Working with Advocates;
  - Accessing and Transporting Consumer Files.
- Every Persons keeps track of when policies and procedures were approved and an administrative staff member has the responsibility to bring policies and procedures which are due for review to the attention CEO, who decides who should be consulted as part of the review process.
- Whenever policies or procedures are amended, an item is included on the next staff meeting agenda, so everyone knows what's different and what they need to do.
- Consumer files are stored in locked filing cabinets and electronic information is password protected. Each staff member has a unique log on, so that only those who need access to consumer files are able to.
- A senior staff member selects a random group of consumer files every six months and checks to see if staff are implementing the procedures by looking for case notes about discussions of rights and responsibilities, completed checklists, signed forms, etc. They also check the complaints and feedback register to make sure that these were managed according to the procedure. Where practice differs from the procedure, the staff member makes recommendations to the CEO about how these should be addressed (eg through staff training or by amending the procedure to match practice).

### PERFORMANCE EXPECTATION 3: CONSUMER FOCUSED PRACTICE

*The agency encourages consumer participation and considers feedback from consumers on an ongoing basis to inform planning and development of non-discriminatory practice.*

Performance Expectation 3.1: Support for Consumer Involvement at all Levels of the Organisation	
The agency encourages and enables the active involvement of consumers in decision making, service planning and development.	
Essential Criteria	
a	The agency can demonstrate ways in which it has involved consumers, including significant others, in decision making and program planning and development.
b	The agency has established practices to facilitate consumer involvement in decision making.
c	Staff can describe how consumers are involved in decision making processes.
d	Consumers can describe how they, or consumer representatives, are involved in decision making processes.
Good Practice Criteria	
e	The agency has a current policy and/or procedures on consumer participation.
f	The agency can demonstrate consumer involvement in decision making leads to service changes.
g	The agency can demonstrate that it monitors the effectiveness of consumer initiated service changes.

#### **About this Standard**

At the individual level, consumers would be involved in the planning of their care. At the collective level, consumers would be given opportunities to participate in agency decision making that will directly affect the way in which services are provided to current or future consumers.

#### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a	<p>The agency can demonstrate ways in which it has involved consumers, including significant others, in decision making and program planning and development.</p> <p>Ideally, consumers need to be involved in the planning of their care at the individual level and may also be involved in a collective sense in broader agency decision making, perhaps through the use of forums or consumer reference peer support groups, consumer representatives on agency committees.</p> <p>For residential services, this</p>	<p>The reviewer might ask to see notes or minutes of meetings for consumer reference groups or agency committees that include consumer representatives (if your agency has one).</p> <p>The reviewer might also talk with consumers about how they were involved in decision-making about their care.</p>

Criteria	Guidance	How this might be substantiated
	<p>might include a residents' committee.</p> <p>For agencies that are striving to be 'dual-diagnosis capable', consumer representatives would need to represent individuals that have alcohol and other drug as well as mental health concerns.</p> <p>Depending on the service provided, significant others include family members or friends of people impacted by alcohol and other drug issues generally, or family members and friends the consumer has indicated they wish to be involved in their care.</p>	
<p>b The agency has established practices to facilitate consumer involvement in decision making.</p>	<p>Consumer participation would be supported by the agency. For example, consumer representatives on committees would be provided with information to help them to understand their role on the committee.</p>	<p>The reviewer might ask to see induction information given to consumer representatives on committees.</p> <p>The reviewer might also talk with consumer representatives about how the agency helped them to understand their role.</p>
<p>c Staff can describe how consumers are involved in decision making processes.</p>	<p>Staff would be able to describe the way they involve consumers in decisions about their care at the individual level and about how they encourage and support consumer participation in other decision making structures like committees or reference groups.</p>	<p>The reviewer will talk with staff about this.</p>
<p>d Consumers can describe how they, or consumer representatives, are involved in decision making processes.</p>	<p>Consumers would be able to describe how they were involved in making decisions about their care. They could also be made aware of the role of any nominated consumer representatives to agency committees.</p>	<p>The reviewer will talk with consumers about this.</p>
<p>To achieve good practice certification, you'll also need to meet the good practice criteria</p>		
<p>e The agency has a current policy and/or procedures on</p>	<p>The policy would demonstrate the agency's commitment to consumer participation and</p>	<p>The reviewer will ask to see the policies and procedures.</p>

Criteria	Guidance	How this might be substantiated
consumer participation.	<p>outline the ways this might be facilitated.</p> <p>Procedures may include those necessary to provide induction to consumer representatives or outline participation principles, agreed codes of conduct, the role of peer support, etc.</p> <p>Current policies are ones that are approved either by management or the Board of Management/ Management Committee, reviewed according to a set timeframe (or earlier if required) and communicated to staff and consumers.</p> <p>For agencies striving to be 'dual-diagnosis' capable' consumer representatives would need to represent individuals that have alcohol and other drug as well as mental health concerns.</p>	
f The agency can demonstrate consumer involvement in decision making leads to service changes.	This may include large or small changes, such as a change to the way a service is run (eg change of day, change of content, staff and consumer induction processes, etc) to larger scale changes like informing the development and implementation of new services.	<p>The reviewer might ask to see notes from consumer forums or collated feedback that led to the change being made.</p> <p>The reviewer might also ask to see minutes of meetings where the decision to make the change was discussed and might talk with consumers who were involved in the process.</p>
g The agency can demonstrate that it monitors the effectiveness of consumer initiated service changes.	Your agency would ideally need to evaluate whether the change made has achieved the desired end. For example, if a service day was moved because more consumers said they could attend, did the change lead to increased attendance? Depending on the scale of the change made, the timeframe for evaluation will vary from a couple of weeks to a few months or more.	The reviewer might ask to see the collated feedback about the change, or, if your example is a recent change, then the reviewer might want to see how your agency plans to evaluate the change.

### ***Support Tools and Resources for this Standard***

Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice<sup>12</sup>

Indigenous Specific Alcohol and Other Drug Interventions: Continuities, Changes and areas of greatest need<sup>13</sup>

AVIL 2010, Treatment Service Users Project: Phase Two final report<sup>14</sup>

NRCCPH Fact Sheet No 2: Methods and Models of Consumer Participation<sup>15</sup>

Trauma-Informed Treatment Guide for Working with Women with Alcohol and other Drug Issues, Marsh, A., Towers, T., & O'Toole, S. (2011).

DDCAT (Index item VIE)

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 2.15)

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<sup>12</sup> <http://www.apo.org.au/research/working-together-aboriginal-and-torres-strait-islander-mental-health-and-wellbeing-principles>

<sup>13</sup> [http://www.ncad.org.au/images/PDF/Researchpapers/rp20\\_indigenous.pdf?phpMyAdmin=rGQ2XkOOsKjMp24r2sFwuVc5ibb](http://www.ncad.org.au/images/PDF/Researchpapers/rp20_indigenous.pdf?phpMyAdmin=rGQ2XkOOsKjMp24r2sFwuVc5ibb)

<sup>14</sup> [http://www.health.gov.au/internet/main/publishing.nsf/Content/DAD26BB00D451822CA25784D0072017F/\\$File/tsuti.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/DAD26BB00D451822CA25784D0072017F/$File/tsuti.pdf)

<sup>15</sup> [http://www.healthissuescentre.org.au/documents/detail.chtml?filename\\_num=231154](http://www.healthissuescentre.org.au/documents/detail.chtml?filename_num=231154)

## **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The Board of Every Persons has approved a policy on consumer participation.
- The CEO has worked with staff to develop procedures and guidelines to implement the Board endorsed policy. Procedures developed include:
  - Treatment/Case Planning;
  - Residents' Committee Terms of Reference;
  - Consumer Participation Principles.
- Every Persons keeps track of when policies and procedures were approved and an administrative staff member has the responsibility to bring policies and procedures which are due for review to the attention of the CEO, who decides who should be consulted as part of the review process.
- Clinicians at Every Persons AOD Service develop individual treatment/case management plans in consultation with the consumer. Consumers can have an advocate or family member support them through the process if they wish.
- Consumers are invited to participate in a yearly planning forum to provide feedback on services and make suggestions for changes and inclusions in future services. Where appropriate consumer planning forums are tailored to particular target groups based on age, gender and culture. A staff member takes notes so that the information can be used at future planning events.
- Every Persons residential service has established a residents' committee, which has established terms of reference and can make recommendations to management about the way in which the service is run. Residents are provided with a short induction from one of the senior residents before joining the committee which covers how the committee operates.
- Recommendations from consumer forums and the residents' committee are presented to the organisation's senior management group meetings for consideration in future planning and service development. Outcomes and actions resulting from these consultations are then presented to the board of management and incorporated at a program/service area level and/or as part of the strategic planning process. The strategic plan is made available via the organisation's website and consumers are kept informed about future developments via newsletters which are mailed and are also available on waiting room notice boards.



**Performance Expectation 3.2: Development, Utilisation and Review of a Consumer Needs and Satisfaction Survey Tool and Consultation Processes**

The agency performs ongoing assessment of consumer needs and satisfaction, utilising feedback to review practice with an aim to improving outcomes.

**Essential Criteria**

- a The agency regularly assesses consumer satisfaction.
- b The agency seeks feedback from consumers on the appropriateness of the method used to assess consumer satisfaction.
- c Staff can describe strategies they implement to maximise consumer feedback.

**Good Practice Criteria**

- d Data collected on consumer satisfaction is regularly collated and compared with data previously collected.
- e Collated data sets on consumer satisfaction are used to inform the agency’s planning process.
- f The agency provides staff and consumers with the results of collated consumer feedback.

**About this Standard**

It is expected that your agency would routinely seek feedback from consumers to ensure the services delivered and the manner in which services are provided is appropriate. Depending on the identified cultural or other needs of the target community, feedback might be sought through surveys or verbally (either by individuals or groups).

**Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you’ll need to meet the essential criteria		
a The agency regularly assesses consumer satisfaction.	<p>The ways in which your agency seeks feedback on consumer satisfaction may include a periodic written survey, or consumer forums, residents' groups, etc.</p> <p>If feedback is sought verbally, your agency would ideally have some process for staff to document the feedback for collation and planning purposes.</p> <p>Ongoing assessment of consumer needs would include a component which assesses consumer satisfaction with</p>	The reviewer might ask to see your written survey tool, or talk with staff about how they assess consumer satisfaction.

Criteria	Guidance	How this might be substantiated
	services provided.	
b The agency seeks feedback from consumers on the appropriateness of the method used to assess consumer satisfaction.	Your agency could demonstrate how it has considered the cultural security of the methods used to assess consumer satisfaction, for example, the language used in written surveys, considering the literacy levels or appropriate language of the target community, etc.	The reviewer might ask to see the collated feedback from consumers on the appropriateness of the survey method, or notes from consumer forums where this was discussed.  The reviewer might also talk with consumers about the way feedback is sought.
c Staff can describe strategies they implement to maximise consumer feedback.	Staff would be aware of the cultural needs of consumers and how they can use that information to tailor the way they seek feedback from consumers.	The reviewer will talk with staff about this.
To achieve good practice certification, you'll also need to meet the good practice criteria		
d Data collected on consumer satisfaction is regularly collated and compared with data previously collected.	If your agency uses a written survey, the individual responses would be collated to assist in identifying patterns in feedback provided.  If feedback is sought verbally, your agency would ideally have some process for staff to document the feedback for collation and planning purposes.  Over time, current satisfaction levels could be compared to previous satisfaction levels to assist in making decisions about improving service delivery.	The reviewer might ask to see the collated data and might also talk with management about how they use it.
e Collated data sets on consumer satisfaction are used to inform the agency's planning process.	Your agency would use the information gathered on consumer satisfaction during strategic and operational planning.	The reviewer might ask to see your agency's strategic plan and/or operational plan and talk with management about how the information on consumer satisfaction informed their development.
f The agency provides staff and consumers with the results of collated consumer feedback.	Feedback may be provided through agency newsletters or may be provided through the consumer reference group (if your agency has one).	The reviewer might ask to see notes or the minutes of the consumer reference group meeting where the feedback was provided, or might talk with staff and consumers about this.

### **Support Tools and Resources for this Standard**

Australian Government Department of Health and Ageing, Consumer and Carer Involvement in Comorbidity Treatment Planning: Information Kit (2007)

NRCCPH Fact Sheet No 2: Methods and Models of Consumer Participation<sup>16</sup>

#### **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- Consumers are invited to participate in a yearly planning forum to provide feedback on services and make suggestions for changes and inclusions in future services. Where appropriate, consumer planning forums are tailored to particular target groups based on age, gender and culture. A staff member takes notes so that the information can be used at future planning events. Participants are encouraged to complete a short evaluation form on the forum before they leave, which includes a question about how well the forum worked from the consumers point of view.
- Every Persons residential service has established a residents' committee, which has established terms of reference and can make recommendations to management about the way in which the service is run. Before joining the committee, residents are provided with a short induction from one of the senior residents. The induction outlines the purpose of the committee and how it operates.
- Recommendations from consumer forums and the residents' committee are presented to the organisation's senior management group meetings for consideration in future planning and service development. Outcomes and actions resulting from these consultations are then presented to the board of management and incorporated at a program/service area level and/or as part of the strategic planning process. The strategic plan is made available via the organisation's website and consumers are kept informed about future developments via newsletters which are mailed and are also available on waiting room notice boards.
- All feedback gathered from consumers is collated on a six-monthly basis and a report prepared for planning events. The report compares the most recent six-month period with data sets from previous periods.

<sup>16</sup> [http://www.healthissuescentre.org.au/documents/detail.chtml?filename\\_num=231154](http://www.healthissuescentre.org.au/documents/detail.chtml?filename_num=231154)

### Performance Expectation 3.3: Interaction Qualities

The agency has written and systematically reviewed policies and procedures to inform respectful, sensitive and non-judgemental work practices.

#### Essential Criteria

- a The agency considers cultural security as part of the development of policies and procedures which guide service delivery.
- b The agency ensures all staff have access to guidance on culturally secure service provision.
- c Staff can describe how they ensure services are delivered in a respectful and culturally secure manner.
- d Feedback confirms consumers are treated with dignity and respect.

#### Good Practice Criteria

- e The agency can demonstrate that services are delivered in a respectful and culturally secure manner.
- f The agency ensures all staff have received training in cultural competence, relevant to their target community.

### **About this Standard**

Your agency would use the information learned through the community needs analysis conducted as part of meeting the requirements for Performance Expectation 1 and through individual consumer assessments to ensure that the manner in which services are delivered is respectful and culturally secure.

### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The agency considers cultural security as part of the development of policies and procedures which guide service delivery.	Your agency would consider whether the policies and procedures which guide service delivery are appropriate for the target community. For example, if your agency has a community reference group, they might be asked to provide advice on whether proposed changes to agency procedures are likely to create unintended cultural barriers for the target community.  This might also be covered in your agency's Reconciliation Action Plan.	The reviewer might talk with management and relevant staff about this.  If your agency has a community reference group, the reviewer might ask to see the notes or minutes of meetings where agency policies and procedures were discussed.

Criteria	Guidance	How this might be substantiated
<p>b The agency ensures all staff have access to guidance on culturally secure service provision.</p>	<p>Your agency might employ some local community members who can provide guidance to other staff. Staff might also have access to members of the community reference group (if your agency has one) for advice on cultural security.</p> <p>Your agency might also provide cultural awareness training to staff.</p>	<p>The reviewer might talk with management about how they achieve this.</p> <p>The reviewer might also talk with staff about how easily they can access guidance when they need it.</p>
<p>c Staff can describe how they ensure services are delivered in a respectful and culturally secure manner.</p>	<p>Staff would be able to identify strategies they use to ensure respectful and culturally secure service provision. For example, conducting counselling in an outdoor setting or facilitating the involvement of significant others in consumers' care.</p>	<p>The reviewer will talk with staff about this.</p>
<p>d Feedback confirms consumers are treated with dignity and respect.</p>	<p>Your agency might include questions about dignity and respect when gathering regular consumer feedback (written or verbal).</p>	<p>The reviewer will talk with some consumers about this.</p> <p>The reviewer might also ask to see the results of consumer feedback, if questions about dignity and respect are routinely included.</p>
<p>To achieve good practice certification, you'll also need to meet the good practice criteria</p>		
<p>e The agency can demonstrate that services are delivered in a respectful and culturally secure manner.</p>	<p>Your agency would need to be able to show the reviewer how identified community cultural needs are applied in practice. This might include things like how your agency matches consumers to staff or where services are delivered (outreach, agency based, etc).</p> <p>Your agency might also demonstrate this through a consumer record audit to ensure the cultural needs of consumers are assessed and those needs are reflected in their treatment plan.</p>	<p>The reviewer might ask to see notes or minutes of community reference group meetings where respectful and culturally secure service provision were discussed, and talk with management about how this is reflected in service delivery practices.</p> <p>The reviewer might ask to see the results of the last consumer record audit.</p>
<p>f The agency ensures all staff have received training in cultural competence, relevant to their target community.</p>	<p>This might be formal training offered by a registered training organisation, or your agency might invite community elders or appropriate representatives to speak with staff about cultural</p>	<p>The reviewer might ask to see training records that show staff have attended training in cultural competence.</p>

Criteria	Guidance	How this might be substantiated
	competence.	

### **Support Tools and Resources for this Standard**

Trauma-Informed Treatment Guide for Working with Women with Alcohol and other Drug Issues, Marsh, A., Towers, T., & O'Toole, S. (2011).

Cultural Awareness Training Register (Reconciliation Australia website: [www.reconciliation.org.au](http://www.reconciliation.org.au))

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 3.26)

Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice<sup>17</sup>

Indigenous Specific Alcohol and Other Drug Interventions: Continuities, Changes and areas of greatest need<sup>18</sup>

AVIL 2010, Treatment Service Users Project: Phase Two final report<sup>19</sup>

NRCCPH Fact Sheet No 2: Methods and Models of Consumer Participation<sup>20</sup>

### **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- Every Persons AOD Service has developed a Reconciliation Action Plan (RAP) in consultation with Aboriginal staff, the senior management group, CEO, Board of Management, Aboriginal stakeholders and the community reference group.
- The RAP is implemented at all levels of the organisation and when organisational policy and procedures are reviewed, part of the process considers whether any policy or procedural requirements are contrary to the RAP objectives.
- All staff participate in Cultural Security training biannually, delivered by an elder from the local Aboriginal community.
- Cultural security is a component of all new staff induction.
- The assessment process includes the identification and consideration of the cultural needs of consumers.
- A senior staff member selects a random group of consumer files every six months and checks to see if staff are implementing assessment procedures by looking to see if the cultural needs of consumers have been identified and considered as part of treatment/case management planning. Where practice differs from the procedure, the staff member makes recommendations to the CEO about how these should be addressed (eg through staff training or by amending the procedure to match practice).

<sup>19</sup> [http://www.health.gov.au/internet/main/publishing.nsf/Content/DAD26BB00D451822CA25784D0072017F/\\$File/tsuti.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/DAD26BB00D451822CA25784D0072017F/$File/tsuti.pdf)

<sup>20</sup> [http://www.healthissuescentre.org.au/documents/detail.shtml?filename\\_num=231154](http://www.healthissuescentre.org.au/documents/detail.shtml?filename_num=231154)

### Performance Expectation 3.4: Non-Discriminatory Practice and Equitable Access

The agency is structured to maximise access, with particular emphasis on reviewing ready and appropriate access to services by Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, parents with under school-age children, young people, families and significant others, people with disabilities, people with co-occurring conditions, and people of different genders and sexual orientation and their carers. Within this, the agency:

- Actively supports staff development to improve knowledge and understanding of service provision issues for a diversity of population groups; and
- Has links, or works collaboratively, with other agencies that have relevant expertise in the provision of services for diverse population groups.

#### Essential Criteria

- a The agency has a current policy on non-discriminatory practice.
- b Staff can describe their responsibilities in implementing the policy on non-discriminatory practice.
- c Staff can describe how they are supported to improve their knowledge and understanding of a diverse range of population groups.
- d The agency ensures waiting and treatment areas are welcoming to and appropriate for the target population.
- e The agency can demonstrate how it monitors equity of access.

#### Good Practice Criteria

- f The agency can demonstrate how it meets the needs of consumers with complex needs, including co-occurring alcohol and other drug and mental health conditions.
- g The agency can demonstrate that it works collaboratively with other agencies to meet the needs of consumers from diverse population groups.
- h The agency can demonstrate strategies applied to improve equity of access issues.

### **About this Standard**

Your agency would understand the basic make up of the target community in terms of age, gender, distinct cultural groups, etc. An effort would be made to consider whether the current consumer population roughly matches the target community generally (within the bounds of the services you are funded to provide). If there is a particular group (like persons under 18, women, particular cultural groups) that aren't represented, or are under-represented within your consumer population, consideration would be given to how the agency might better engage that part of the target community.

### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The agency has a	The policy would demonstrate	The reviewer will ask to see your

Criteria	Guidance	How this might be substantiated
<p>current policy on non-discriminatory practice.</p>	<p>your agency's commitment to ensuring any person from a minority or marginalised group has equal access to the service without fear of discrimination, and would be provided with adequate support to ensure they can benefit equally from the service.</p> <p>Current policies are ones that are approved either by management or the Board of Management/ Management Committee, reviewed according to a set timeframe (or earlier if required) and communicated to staff and consumers.</p>	<p>agency's policy.</p>
<p>b Staff can describe their responsibilities in implementing the policy on non-discriminatory practice.</p>	<p>Staff would have sufficient understanding about the cultural needs of your target community to be able to describe how they achieve this.</p>	<p>The reviewer will talk with staff about this.</p>
<p>c Staff can describe how they are supported to improve their knowledge and understanding of a diverse range of population groups.</p>	<p>Staff would be able to describe what your agency does to help them improve their understanding and cultural competence with regard to the target community.</p> <p>This might include linkages with community elders, providing briefings during staff meetings on particular population groups, conference attendance, or providing a library staff can access.</p>	<p>The reviewer will talk with staff about this.</p>
<p>d The agency ensures waiting and treatment areas are welcoming to and appropriate for the target population.</p>	<p>Your agency might achieve this by providing a separate waiting room for women, or by displaying appropriate art or symbols in waiting areas.</p> <p>Your agency waiting room would display relevant literature and consumer education materials. For services that are striving to be 'dual-diagnosis capable' this</p>	<p>The reviewer might ask to see waiting and treatment areas.</p> <p>The reviewer might also talk with management about what steps were taken to ensure the areas are appropriate for the target population.</p> <p>The reviewer might also talk with consumers about what they think of the waiting and treatment areas.</p>



Criteria	Guidance	How this might be substantiated
	<p>literature would include alcohol and other drug and health information.</p> <p>For treatment areas, consideration would be given to whether there is enough space to accommodate significant others if required, if counselling in an outdoor setting would be less confronting, etc.</p> <p>If your agency has a community reference group, they might be asked to provide advice on this.</p>	
<p>e The agency can demonstrate how it monitors equity of access.</p>	<p>Your agency would periodically compare the current consumer base with what it knows about the target community and develop and implement strategies to encourage under-represented groups to access services.</p>	<p>The reviewer might ask to see the most recent comparison, or minutes of meetings where this was discussed and any documentation you have that relates to access to services, like reports or demographic comparisons.</p>
<p>To achieve good practice certification, you'll also need to meet the good practice criteria</p>		
<p>f The agency can demonstrate how it meets the needs of consumers with complex needs, including co-occurring alcohol and other drug and mental health conditions.</p>	<p>Your agency might screen for mental health conditions prior to assessment and link up with local mental health services to support shared care of consumers with mental health or other complex conditions.</p> <p>For agencies striving to be 'dual-diagnosis capable' your agency routinely expects consumers to have co-occurring alcohol and other drug and mental health concerns, and routinely screens and assesses for these dual issues. Documentation can consequently demonstrate the acceptance of consumers with mild and relatively stable mental health conditions, while supporting others in accessing other appropriate services, either through referral, in parallel or as shared care with</p>	<p>The reviewer might ask to see treatment plans for consumers with a co-occurring mental health condition (either with consumer consent or with identifying features removed) and might also talk with management and staff about how this is managed.</p>

Criteria	Guidance	How this might be substantiated
	<p>appropriate mental health services.</p> <p>To demonstrate 'dual-diagnosis capability' your agency would need to have onsite staff members with mental health qualifications arising from formal study. Otherwise your agency may engage a sessionally contracted mental health professional who can address the identified mental health needs of consumers.</p> <p>Your agency might monitor this through the use of a regular consumer record audit, where a member of staff checks consumer files to see if the screening and assessment process identified a co-occurring mental health condition and if this was reflected in the consumer's treatment plan.</p>	
<p>g The agency can demonstrate that it works collaboratively with other agencies to meet the needs of consumers from diverse population groups.</p>	<p>For example, your agency might work with the local Aboriginal Medical Service (AMS) to ensure Aboriginal consumers with a co-existing chronic health condition are supported to receive care for that condition while in your program.</p> <p>For services wishing to demonstrate that they are 'dual-diagnosis capable' formalised and documented coordination and collaboration with a mental health service is required.</p> <p>Your agency might monitor the effectiveness of this by conducting consumer record audits at planned intervals (eg six monthly or yearly) to ensure that identified consumer needs are reflected in their treatment plan,</p>	<p>The reviewer might ask to see the results of your agency's latest consumer record audit, or ask to see a sample of de-identified consumer treatment plans that include collaboration with other agencies.</p>

Criteria	Guidance	How this might be substantiated
	<p>including collaborations with other agencies where necessary.</p> <p>For 'dual-diagnosis capable' agencies, treatment plans would incorporate consideration of both alcohol and other drug and mental health concerns.</p>	
<p>h The agency can demonstrate strategies applied to improve equity of access issues.</p>	<p>Strategies for improving access might include things like promoting the contact details for the agency to the target group or producing agency brochures in the group's primary language.</p> <p>Strategies for improving equity of access might be included in operational planning documents.</p>	<p>The reviewer might ask to see resources developed to help improve access for certain groups.</p> <p>The reviewer might also ask to see operational planning documents.</p>

### **Support Tools and Resources for this Standard**

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 2.15, 3.26)

Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice<sup>21</sup>

Indigenous Specific Alcohol and Other Drug Interventions: Continuities, Changes and areas of greatest need<sup>22</sup>

AVIL 2010, Treatment Service Users Project: Phase Two final report<sup>23</sup>

NRCCPH Fact Sheet No 2: Methods and Models of Consumer Participation<sup>24</sup>

Trauma-Informed Treatment Guide for Working with Women with Alcohol and other Drug Issues, Marsh, A., Towers, T., & O'Toole, S. (2011).

DDCAT (Index items IB, IIA, IVA, VIA and VIB)

Guidelines on the Management of Co-occurring Alcohol and Other Drug and Mental Health Conditions.<sup>25</sup>

Dual Diagnosis Resource Kit<sup>26</sup>

<sup>21</sup> <http://www.apo.org.au/research/working-together-aboriginal-and-torres-strait-islander-mental-health-and-wellbeing-principles>

<sup>22</sup> [http://www.ancd.org.au/images/PDF/Researchpapers/rp20\\_indigenous.pdf?phpMyAdmin=rGQ2XkOOSKjMp24r2sFwuVc5ibb](http://www.ancd.org.au/images/PDF/Researchpapers/rp20_indigenous.pdf?phpMyAdmin=rGQ2XkOOSKjMp24r2sFwuVc5ibb)

<sup>23</sup> [http://www.health.gov.au/internet/main/publishing.nsf/Content/DAD26BB00D451822CA25784D0072017F/\\$File/tsuti.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/DAD26BB00D451822CA25784D0072017F/$File/tsuti.pdf)

<sup>24</sup> [http://www.healthissuescentre.org.au/documents/detail.chtml?filename\\_num=231154](http://www.healthissuescentre.org.au/documents/detail.chtml?filename_num=231154)

<sup>25</sup> <http://www.med.unsw.edu.au/NDARCWeb.nsf/page/Comorbidity%20Guidelines>

## Every Persons AOD Service

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The Board of Every Persons has approved a policy on non-discriminatory practice.
- The CEO has worked with staff to ensure all service delivery procedures and guidelines are consistent with the Board endorsed policy.
- Every Persons AOD Service keeps track of when policies and procedures were approved and an administrative staff member has the responsibility to bring policies and procedures which are due for review to the attention of the CEO, who decides who should be consulted as part of the review process.
- The organisation subscribes to a number of online and hard copy professional publications, which are kept in an area where staff can access them. The area has a computer with internet access, which staff can log onto using their staff credentials to access online publications.
- A draft of the layout and design of Every Persons AOD Service waiting and treatment areas was referred to the community reference group for recommendations on ways to ensure they were welcoming and friendly for potential consumers. The community reference group suggested providing a waiting area that was not visible from the front entrance and reception desks, to ensure the privacy of people accessing the service. While the service did not have the funds to construct a new area, they were able to source some privacy screens and create a private area in the main waiting room.
- A senior staff member has been given responsibility for collating an annual snapshot of the consumers of Every Persons services (eg, age, gender, languages spoken, Aboriginal and Torres Strait Islander identification, etc) and comparing the characteristics of the consumer group with the wider community. A short report is prepared for consideration at the Managers meeting to identify if there are any groups in the community who are not accessing services (eg young men). Where it is clear a group within the community is not accessing services or are under-represented, the community reference group is asked to advise on strategies to better engage that part of the community.
- At intake clinicians routinely screen for mental health conditions (ie suicide risk assessment, mental state examination), as well as substance misuse issues. Every Persons AOD Service has a partnership agreement with the local mental health service to provide shared care, where necessary, for consumers with a co-existing mental health condition.

<sup>26</sup>[http://www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?EntryId=186&Command=Core\\_Download&PortalId=0&TabId=211](http://www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?EntryId=186&Command=Core_Download&PortalId=0&TabId=211)

### Performance Expectation 3.5: Client Number Management and Referral

The agency has written and systematically reviewed policy, procedures and strategies to maximise access, supporting consumers to either access the service in an acceptable timeframe or be referred to another agency.

#### Essential Criteria

- a The agency has a current procedure on waiting list management.
- b The agency has identified the maximum number of consumers it can provide effective service to.
- c Staff can describe how the waiting list is managed.
- d Staff can identify other agencies they work with in terms of referrals.
- e Consumers can describe how the service maintained contact and monitored any changes in their needs while they waited to access the service.

#### Good Practice Criteria

- f The agency can demonstrate that access to its services is prioritised, particularly where there is a waiting list.
- g The agency can demonstrate that it monitors any changes to the needs of consumers on the waiting list.
- h The agency can demonstrate that where they are unable to provide a service to a consumer within a reasonable timeframe, consumers are referred to another service which can meet their needs.
- i The agency can demonstrate how it manages individual worker case loads to ensure effective service provision.

### **About this Standard**

Your agency would be aware of the maximum number of consumers for whom it can provide service without compromising service quality and can take steps to manage the number of consumers accessing services through the use of mechanisms like waiting lists and referral to other agencies where services cannot be provided within a predetermined timeframe.

### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The agency has a current procedure on waiting list management.	The procedure could, for example, cover timeframes for contacting consumers on the waiting list, a process for monitoring their needs while on the waiting list, and/or a reference to referral procedures where consumers	The reviewer might ask to see a copy of the procedure on how the waiting list is managed.

Criteria	Guidance	How this might be substantiated
	<p>cannot be given service within a stated timeframe (eg one month or six weeks).</p> <p>The procedure would include provisions for ensuring that cultural needs are considered as part of the process.</p> <p>Current procedures are ones that are approved by management, consistent with agency policies, reviewed according to a set timeframe (or earlier if required) and communicated to staff and consumers.</p>	
<p>b The agency has identified the maximum number of consumers it can provide effective service to.</p>	<p>Your agency may consider this as part of operational planning. The maximum number of consumers for whom services can be provided will depend on the type of services provided, the number of staff available and other factors like physical resources (eg number of beds in a residential treatment service).</p>	<p>The reviewer might talk with management about this.</p>
<p>c Staff can describe how the waiting list is managed.</p>	<p>Relevant staff would understand the procedures for managing the waiting list.</p>	<p>The reviewer might talk with some staff about this.</p>
<p>d Staff can identify other agencies they work with in terms of referrals.</p>	<p>Relevant staff would be able to name other agencies they refer consumers to (formally or informally).</p>	<p>The reviewer might talk with some staff about this.</p>
<p>e Consumers can describe how the service maintained contact and monitored any changes in their needs while they waited to access the service.</p>	<p>This criterion is only applicable where a waiting list is in operation.</p> <p>Consumers would understand the purpose of the waiting list and be given information on how long they might have to wait for service.</p>	<p>The reviewer might talk with some consumers who were on your waiting list before receiving services.</p>
<p>To achieve good practice certification, you'll also need to meet the good practice criteria</p>		
<p>f The agency can demonstrate that access to its services is prioritised, particularly where</p>	<p>Your agency would have a process for prioritising consumer access to services, eg based on an identified need by the consumer or a consumer's willingness to</p>	<p>The reviewer might ask your agency to show them how the prioritisation process works and might also talk with some staff who are involved in screening and assessment.</p>

Criteria	Guidance	How this might be substantiated
there is a waiting list.	engage. This might be done as part of the initial screening process.	
g The agency can demonstrate that it monitors any changes to the needs of consumers on the waiting list.	Your agency would need to have a process in place for monitoring the changing needs of consumers on the waiting list, maintaining regular contact with consumers.	The reviewer might ask to see records relating to contact made with consumers on the waiting list, like a contact register.
h The agency can demonstrate that where they are unable to provide service to a consumer within a reasonable timeframe, consumers are referred to another service which can meet their needs.	<p>Your agency would need to establish a maximum acceptable waiting time and refer consumers who are unable to be seen within this timeframe to other agencies (formally or informally).</p> <p>Where consumers are referred on, consideration would be given to the cultural competence of the agency to which they are referred. Information on the cultural needs of the consumer may be communicated as part of the referral process.</p> <p>Your agency might monitor this by reviewing the waiting list at planned intervals (eg monthly) and noting on the list which consumers have been referred to other agencies.</p>	The reviewer might ask to see the waiting list or talk with staff responsible for maintaining the waiting list.
i The agency can demonstrate how it manages individual worker case loads to ensure effective service provision.	Your agency would monitor individual worker case loads to ensure they are sustainable and support the best outcomes for consumers. This process might be the responsibility of a manager or supervisor, in consultation with staff, taking into consideration staff hours and the complexity of current consumer needs.	The reviewer will ask to see records relating to case load management and might also talk with some staff about this.

### **Support Tools and Resources for this Standard**

Referral Proforma (NDARC)<sup>27</sup>

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 2.15).

<sup>27</sup> [http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/AOD6/\\$file/Referral+proforma.pdf](http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/AOD6/$file/Referral+proforma.pdf)

## **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The CEO has worked with staff to develop a waiting list procedure and guidelines for prioritising the waiting list when necessary.
- Every Persons keeps track of when policies and procedures were approved and an administrative staff member has the responsibility to bring policies and procedures which are due for review to the attention of the CEO, who decides who should be consulted as part of the review process.
- Senior managers meet weekly to review the waiting list, as well as any new referrals.
- Weekly group sessions or peer support groups are offered to all consumers on the waiting list. Where a consumer declines to attend group sessions, a weekly phone call is scheduled to assess any changes to their needs while they are on the waiting list.
- The organisation has identified that it is able to provide service to 15 consumers in its residential service (10 men and 5 women) and have identified the maximum number of cases which can reasonably be carried by a single counsellor in the community counselling service. Case loads are discussed at team meetings and during clinical supervision, to ensure they remain manageable.
- All clinical staff receive training in the organisations referral process, including the principles of informed consent, documentation and follow up. A list of the main services the organisation refers to is provided to each clinician, together with their contact details and information about their services' referral requirements (eg, use of a particular form, etc).



## PERFORMANCE EXPECTATION 4: EVIDENCE BASED PRACTICE

*The agency ensures consumers are well informed of the service options available to them, receive a coordinated and appropriately planned service in accordance with evidence based practice and clinical/practice principles that is negotiated with the individual and provided by appropriately experienced staff to best meet the consumer's needs.*

### Performance Expectation 4.1: Entry Criteria

The agency has regularly reviewed clear and transparent consumer entry criteria informed by the expertise of staff and the service that is can be provided to the community.

#### Essential Criteria

- a The agency has documented entry criteria, which are consistent with funding obligations and service capacity including staff expertise.
- b The agency can demonstrate that entry criteria are applied in a non-discriminatory manner with regard to age, gender, culture, religion, sexuality and disability, within the boundaries of service capacity.
- c The agency entry criteria includes consideration of people with complex needs, including co-occurring mental health conditions.

#### Good Practice Criteria

- d The agency can demonstrate that the entry criteria are disseminated to, and understood by, the community including key referral sources for the target population.
- e The agency monitors the level of access to services by a diverse range of population groups and uses this information to inform the organisational planning process.

### **About this Standard**

Entry criteria need to be clear and easily understood by the target community and other stakeholders and developed in consultation with staff, consumers and/or stakeholders. Entry criteria would need to be reviewed at planned intervals, to ensure they remain consistent with service funding obligations and staff skills and experience.

### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The agency has documented entry criteria, which are consistent with funding obligations and service capacity including staff expertise.	Entry criteria might include things like gender, age, current alcohol and other drug use, live in a particular area, exclude people with specific complexities, etc, in line with what your agency is funded to provide and the skills of agency staff.  For agencies demonstrating	The reviewer might ask to see a copy of your agency's entry criteria.

Criteria	Guidance	How this might be substantiated
	<p>'dual-diagnosis capability' the focus on the delivery of services to people with co-occurring alcohol and other drug and mental health conditions will need to be reflected in the agency's mission statement or equivalent organisation commitment statements.</p>	
<p>b The agency can demonstrate that entry criteria are applied in a non-discriminatory manner with regard to age, gender, culture, religion, sexuality and disability, within the boundaries of service capacity.</p>	<p>All staff at your agency would ideally use the same screening tools to decide if potential consumers meet the entry criteria. For agencies demonstrating 'dual-diagnosis capability' routine screening for mental health concerns would be required.</p> <p>Your agency might monitor this by conducting a review of screening tools completed for potential consumers of your agency over a defined period (eg six months) to ensure that the process was routine and non-discriminatory.</p>	<p>The reviewer might ask to see copies of your agency's screening tools.</p> <p>The reviewer might also ask to see a copy of the report on the latest review of screening procedures.</p>
<p>c The agency entry criteria includes consideration of people with complex needs, including co-occurring mental health conditions.</p>	<p>Your agency entry criteria would indicate whether your agency provides services to consumers with complex needs. If your agency achieves this through collaboration with other agencies (eg local mental health providers), this would be made clear to the potential consumer during the screening process.</p> <p>For agencies demonstrating 'dual-diagnosis capability' your agency entry criteria would reflect the agency's capacity to support consumers with low to moderate acuteness and severity of mental health conditions.</p> <p>Your agency needs to be satisfied that agencies involved in shared care</p>	<p>The reviewer might ask to see a copy of your agency's entry criteria and might also talk with some staff about this.</p>

Criteria	Guidance	How this might be substantiated
	provide culturally secure services, where practicable.	
To achieve good practice certification, you'll also need to meet the good practice criteria		
d The agency can demonstrate that the entry criteria are disseminated to and understood by the community including key referral sources for the target population.	<p>Your agency might maintain a list of community groups and agencies and when they were last sent a copy of the entry criteria.</p> <p>Your agency would ideally also have a process for determining how well understood the entry criteria is. This might be measured, for example, by the number of successful referrals (formal or informal), or asking consumers how they found out about the agency.</p>	<p>The reviewer might ask to see the list of community groups and agencies that have been provided with the entry criteria.</p> <p>The reviewer might also ask to see records relating to the way you measure how well the criteria are understood.</p>
e The agency monitors the level of access to services by a diverse range of population groups and uses this information to inform the organisational planning process.	Your agency could collate the demographic data of the current consumer base and compare it with what it knows about the target community prior to each planning session. At the planning session, participants will be able to discuss whether any groups are excluded by the entry criteria (within the bounds of what you are funded to provide). Where a group has been unintentionally excluded, consideration could be given to amending the entry criteria.	The reviewer might ask to see your agency's latest set of data on consumer demographics and talk with management about how they used this information in the planning process.

### **Support Tools and Resources for this Standard**

DDCAT (Index item IA, IIIA, IIIE and IIIF)

Guidelines on the Management of Co-occurring Alcohol and Other Drug and Mental Health Conditions.<sup>28</sup>

Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice<sup>29</sup>

Indigenous Specific Alcohol and Other Drug Interventions: Continuities, Changes and areas of greatest need<sup>30</sup>

<sup>28</sup> <http://www.med.unsw.edu.au/NDARCWeb.nsf/page/Comorbidity%20Guidelines>

<sup>29</sup> <http://www.apo.org.au/research/working-together-aboriginal-and-torres-strait-islander-mental-health-and-wellbeing-principi>

Trauma-Informed Treatment Guide for Working with Women with Alcohol and other Drug Issues, Marsh, A., Towers, T., & O'Toole, S. (2011).

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<sup>30</sup>[http://www.ancd.org.au/images/PDF/Researchpapers/rp20\\_indigenous.pdf?phpMyAdmin=rGQ2XkOosKjMp24r2sFwuVc5ibb](http://www.ancd.org.au/images/PDF/Researchpapers/rp20_indigenous.pdf?phpMyAdmin=rGQ2XkOosKjMp24r2sFwuVc5ibb)

### **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- Every Persons AOD Service has documented entry criteria for its residential and non residential services, which are based on their funding agreements.
- To ensure entry criteria are applied in a non discriminatory manner, all staff use the same screening and assessment tools, which include screening for mental health conditions.
- Entry criteria are posted on organisation's website, as well as being distributed to other local agencies and occasionally advertised by the local radio station, who donate the cost of producing and airing the advertisement.
- A senior staff member has been given responsibility for collating an annual snapshot of the consumers of Every Persons services (eg age, gender, languages spoken, Aboriginal and Torres Strait Islander identification, etc) and comparing the characteristics of the consumer group with the wider community. A short report is prepared for consideration at the Managers' meeting to identify if there are any groups in the community who are not accessing services (eg young men). Where it is clear a group within the community is not accessing services or are under-represented, the community reference group is asked to advise on strategies to better engage that part of the community.

#### Performance Expectation 4.2: Screening, Assessment and Service Matching

The agency conducts adequate screening and assessment to determine if engagement of a consumer with the service is appropriate (based on individual needs, considering support and treatment requirements and whether voluntary, coerced, or from a specific population group). The agency provides the consumer with information on treatment options available, including what would be provided by the agency or elsewhere in the sector (if determined as not suitable for the service), to ensure the consumer is able to make an informed choice based on appropriate treatment matching their needs.

##### Essential Criteria

- a The agency has a current policy on screening and assessment.
- b The agency can demonstrate that screening is adequate for treatment matching purposes.
- c The agency can demonstrate that the assessment process supports the identification of consumer diversity and any arising culturally specific service needs.
- d The assessment process includes consideration of complex needs, including co-occurring mental health conditions.
- e The agency can demonstrate that standard agency tools are used in the screening and assessment process.
- f Staff can describe the screening and assessment process.
- g Consumers confirm that the screening and assessment process addressed their service needs, and enabled them to know what service would be provided.

##### Good Practice Criteria

- h The agency can demonstrate that where engagement with a consumer is considered inappropriate, the consumer is referred to a more appropriate agency, or provided with information on other agencies they could access.
- i The agency monitors the success of the screening and assessment process, improving the processes where necessary.

#### **About this Standard**

Screening and assessment processes need to be sufficient to determine the range of issues and needs that a consumer may present with and whether the consumer meets your agency's entry criteria. Where it is determined that engagement with a consumer is not appropriate, your agency would take steps to link the consumer with another, more appropriate agency, where possible.

#### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The agency has a current policy on screening and assessment.	The policy would outline the purpose of the screening and assessment process and include references to any standardised screening or	The reviewer will ask to see a copy of the policy.

Criteria	Guidance	How this might be substantiated
	<p>assessment tools used in the process. The policy would also outline any modifications to the process which may be needed to ensure cultural security.</p> <p>Current policies are ones that are approved either by management or the Board of Management/ Management Committee, reviewed according to a set timeframe (or earlier if required) and communicated to staff and consumers.</p>	
<p>b The agency can demonstrate that screening is adequate for treatment matching purposes.</p>	<p>Your agency would be able to show that the screening tools used provide sufficient information to decide if the treatment available is appropriate for the consumer. Considerations might include:</p> <ul style="list-style-type: none"> <li>• severity of dependence;</li> <li>• cognitive functioning;</li> <li>• life problems;</li> <li>• motivation and choice;</li> <li>• severity of mental health or other complexity concerns;</li> <li>• gender, age and cultural background;</li> <li>• support networks.</li> </ul>	<p>The reviewer will talk with management and staff about this and will ask to see the screening tools used by your agency.</p>
<p>c The agency can demonstrate that the assessment process supports the identification of consumer diversity and any arising culturally specific service needs.</p>	<p>Assessment tools used would include prompts for staff to identify consumers who have specific needs based on their cultural background.</p>	<p>The reviewer will talk with management and staff about this and will also ask to see the assessment tools used by your agency.</p>
<p>d The assessment process includes consideration of complex needs, including co-occurring mental health conditions.</p>	<p>Where screening has indicated that a consumer may have a co-occurring mental health condition (eg depression, anxiety, PTSD), your agency's assessment tools would be capable of gathering sufficient information on the mental health disorder to enable an effective service response.</p>	<p>The reviewer will talk with management and staff about this and will also ask to see tools used in the assessment process.</p>

Criteria	Guidance	How this might be substantiated
	<p>To demonstrate 'dual-diagnosis capability' alcohol and other drug use history and history of mental health concerns would be documented in this process, along with documentation of the assessment of the consumer's motivation for treatment to address alcohol and other drug issues.</p> <p>For diversion consumers, where possible the assessment process would consider interactions with referring agencies to avoid duplication in the process.</p> <p>Other complicating factors might include things like chronic diseases, security of housing arrangements, etc.</p>	
<p>e The agency can demonstrate that standard agency tools are used in the screening and assessment process.</p>	<p>Ideally the same tools and processes are used consistently by all staff undertaking screening and assessment of consumers, and the screening and assessment records are similarly consistent.</p> <p>Your agency might consult with staff to agree on a standard set of screening and assessment tools to be used in the process.</p> <p>To demonstrate 'dual-diagnosis capability' the tools used will determine co-occurring alcohol and other drug and mental health concerns. If psychiatric symptoms are identified during screening, a formal assessment is then undertaken by a mental health professional as necessary. Any mental health diagnosis will be appropriately recorded.</p> <p>Your agency might then</p>	<p>The reviewer will talk with staff about this and might ask to see a sample of consumer records (either with consumer consent or with identifying features removed).</p>



Criteria	Guidance	How this might be substantiated
	monitor whether all staff involved in screening and assessment are using the agreed tools.	
f Staff can describe the screening and assessment process.	Staff would be able to identify the purpose of, and key steps in, the screening and assessment process and the tools to be used.	The reviewer will talk with some staff about this.
g Consumers confirm that the screening and assessment process addressed their service needs, and enabled them to know what service would be provided.	This information might be gathered through consumer satisfaction surveys undertaken by your agency.	The reviewer might talk with some consumers about this and ask to see the results of consumer satisfaction surveys, if this topic was covered.
To achieve good practice certification, you'll also need to meet the good practice criteria		
h The agency can demonstrate that where engagement with a consumer is considered inappropriate, the consumer is referred to a more appropriate agency, or provided with information on other agencies they could access.	<p>Consumers who, as a result of the screening and assessment process, do not fit within the entry criteria, or are assessed as needing different care to that which can be provided by the agency, would be referred to a more appropriate agency (where one exists). Where the consumer declines to be referred to another agency, they would be provided with information, in an appropriate format, on other agencies they could access.</p> <p>The agency might monitor that this is happening by conducting regular consumer record audits.</p>	The reviewer will talk with staff about this and will ask to see records that show consumers have been referred to, or provided with information on, other agencies where engagement has been assessed as inappropriate.
i The agency monitors the success of the screening and assessment process, improving the processes where necessary.	<p>Your agency might monitor this by considering the reasons for unsuccessful participation in, or completion of, programs by consumers and whether further screening or assessment might have changed the outcome.</p> <p>The agency might monitor this by considering if there are similarities between consumers who have exited</p>	The reviewer will talk with management and staff about this and might ask to see the most recent analysis of the screening and assessment process.

Criteria	Guidance	How this might be substantiated
	services early and whether there is anything the agency could do to increase the group's chance of success.	

### **Support Tools and Resources for this Standard**

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 2.15)

Guidelines on the Management of Co-occurring Alcohol and Other Drug and Mental Health Conditions.<sup>31</sup>

Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice<sup>32</sup>

Indigenous Specific Alcohol and Other Drug Interventions: Continuities, Changes and areas of greatest need<sup>33</sup>

Trauma-Informed Treatment Guide for Working with Women with Alcohol and other Drug Issues, Marsh, A., Towers, T., & O'Toole, S. (2011).

Mental State Examination<sup>34</sup>

Suicide Risk Assessment Checklist <sup>35</sup>

Psycheck Manual<sup>36</sup>

Indigenous Risk Impact Screen (IRIS)<sup>37</sup>

Australian Integrated Mental Health Initiative (AIMhi)<sup>38</sup>

DDCAT (Index items IIID and IIIG)

<sup>31</sup> <http://www.med.unsw.edu.au/NDARCWeb.nsf/page/Comorbidity%20Guidelines>

<sup>32</sup> <http://www.apo.org.au/research/working-together-aboriginal-and-torres-strait-islander-mental-health-and-wellbeing-principi>

<sup>33</sup> [http://www.ancd.org.au/images/PDF/Researchpapers/rp20\\_indigenous.pdf?phpMyAdmin=rGQ2XkOOsKjMp24r2sFwuVc5ibb](http://www.ancd.org.au/images/PDF/Researchpapers/rp20_indigenous.pdf?phpMyAdmin=rGQ2XkOOsKjMp24r2sFwuVc5ibb)

<sup>34</sup> [http://www.prisonmentalhealth.org/downloads/professional\\_resources/09-1\\_mental\\_state\\_exam.doc](http://www.prisonmentalhealth.org/downloads/professional_resources/09-1_mental_state_exam.doc)

<sup>35</sup> [http://www.med.unsw.edu.au/NDARCWeb.nsf/resources/Guidelines7/\\$file/AppendicesH.pdf](http://www.med.unsw.edu.au/NDARCWeb.nsf/resources/Guidelines7/$file/AppendicesH.pdf)

<sup>36</sup> [http://www.psycheck.org.au/02\\_PsyCheck\\_Manual.html](http://www.psycheck.org.au/02_PsyCheck_Manual.html)

<sup>37</sup> <http://www.health.qld.gov.au/atod/prevention/iris.asp>

<sup>38</sup> <http://menzies.edu.au/research/healing-and-resilience/mental-health/aimhi-nt-australian-integrated-mental-health-initiativ>

## **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The Board of Every Persons has approved a policy on screening and assessment.
- The CEO has worked with staff to develop procedures and guidelines to implement the Board endorsed policy. Procedures developed include:
  - Screening and Assessment;
  - Treatment/Case Planning;
  - Consumer Participation Principles.
- Every Persons keeps track of when policies and procedures were approved and an administrative staff member has the responsibility to bring policies and procedures which are due for review to the attention of the CEO, who decides who should be consulted as part of the review process.
- Clinical staff have agreed to use a set of standard tools in the screening process, which includes severity of dependence, mental state examination and suicide risk assessment. Where a consumer appears to be at high risk of suicide, one of the organisations three clinical staff who are cross-trained in AOD and mental health are called in to conduct an assessment to determine if the service is capable of managing the consumer's mental health condition, or if shared care with the local mental health service would be more appropriate.
- Clinical staff have also agreed to use a set of standard tools in the assessment process for residential and non-residential services. All agreed assessment tools include prompts for consumers to identify specific needs related to their cultural background.
- Where consumer needs are not able to be met within a particular program they are referred within the broader service or appropriately referred to external agencies. Referral options and reasons for the referral are discussed and agreed upon with the consumer. De-identified details of consumers referred on to other services for this reason are stored in a central register and used to inform the annual review of the process by clinical staff.
- Clinical staff discuss the usefulness of agreed screening and assessment tools and ways to improve the screening and assessment process at clinical staff meetings at least annually (sometimes more often if issues arise).

### Performance Expectation 4.3: Inter-Agency Referral

The agency and staff facilitate referral of consumers to other services when entry is denied or as appropriate for case management, shared care and through care; with staff informed of services provided by, and referral requirement of, other agencies, with the aim of minimising duplication of assessment processes.

#### Essential Criteria

- a The agency has a current policy on referral.
- b The agency can demonstrate that consumers who are denied entry are referred to a more appropriate service, where reasonable.
- c Details of referrals are included on the consumer's record.
- d Staff can describe how they refer consumers to other agencies.

#### Good Practice Criteria

- e The agency can demonstrate the referral process includes follow-up with consumers and the agency to which they were referred to evaluate the appropriateness of the referral.
- f The agency monitors the success of their referral procedures.

### ***About this Standard***

Your agency needs to provide guidance to staff on when it is appropriate to refer a consumer to another agency, information about the services provided by other agencies to which they may need to refer consumers and the information they could provide with referrals. Your agency needs to, as best as possible, satisfy itself that agencies to whom consumers are referred are culturally competent.

### ***Guidance/examples:***

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The agency has a current policy on referral.	The referral policy would demonstrate your agency's commitment to working with other agencies to meet the needs of consumers and provide an overview of the circumstances in which referrals would be made. The policy would include references to any standardised forms used in the referral process.  Current policies are ones that are approved either by management or the Board of Management/ Management	The reviewer will ask to see a copy of the policy.

Criteria	Guidance	How this might be substantiated
	Committee, reviewed according to a set timeframe (or earlier if required) and communicated to staff and consumers.	
b The agency can demonstrate that consumers who are denied entry are referred to a more appropriate service, where reasonable.	<p>Consumers who, as a result of the screening and assessment process do not fit within the entry criteria, or are assessed as needing different care to that which can be provided by the agency, are referred to a more appropriate agency (where one exists). Where the consumer declines to be referred to another agency, they would be provided with information, in an appropriate format, on other agencies they could access.</p> <p>The agency might monitor that this is happening by conducting regular consumer record audits.</p>	The reviewer will talk with staff about this and will ask to see records that show consumers have been referred to, or provided with information on, other agencies where engagement has been assessed as inappropriate.
c Details of referrals are included on the consumer's record.	<p>Details of referrals might be noted in the consumer's record by staff, or a copy of the completed referral form might be placed on the consumer's record.</p> <p>The agency might monitor that this is happening by conducting regular consumer record audits.</p>	The reviewer might ask to see a sample of consumer records (either with consumer consent, or with identifying features removed), or might ask to see the latest consumer record audit.
d Staff can describe how they refer consumers to other agencies.	Staff would be aware of any standard referral practices of your agency and of other agencies you work with (eg who to talk to, if there are standard forms and/or processes, etc).	The reviewer will talk with some staff about this.
To achieve good practice certification, you'll also need to meet the good practice criteria		
e The agency can demonstrate the referral process includes follow-up with consumers and the agency to which they were referred to	This might be achieved by asking agencies to provide feedback after each referral, commenting on whether they were able to provide assistance to the consumer referred and by contacting the	The reviewer might ask to see a sample of consumer records (either with consumer consent, or with identifying features removed), or might ask to see the latest consumer record audit.

Criteria	Guidance	How this might be substantiated
evaluate the appropriateness of the referral.	<p>consumer who was referred.</p> <p>The outcome would be noted in the consumer's record.</p> <p>The agency might monitor that this is happening by conducting regular consumer record audits.</p>	
f The agency monitors the success of their referral procedures.	This might be measured by comparing the number of appropriate referrals to the number of declined referrals.	The reviewer will ask to see the latest analysis of referral procedures.

***Support Tools and Resources for this Standard***

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 2.15 and 3.26)

Referral Proforma (NDARC)<sup>39</sup>

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<sup>39</sup> [http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/AOD6/\\$file/Referral+proforma.pdf](http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/AOD6/$file/Referral+proforma.pdf)

## Every Persons AOD Service

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The Board of Every Persons has approved a policy on referral.
- The CEO has worked with staff to develop procedures and guidelines to implement the Board endorsed policy. Procedures developed include:
  - Treatment/Case Planning;
  - Discharge;
  - Referral;
  - Consumer Participation Principles.
- Every Persons keeps track of when policies and procedures were approved and an administrative staff member has the responsibility to bring policies and procedures which are due for review to the attention of the CEO, who decides who should be consulted as part of the review process.
- All clinical staff receive training in the organisation's referral process, including the principles of informed consent, documentation and follow up. A list of the main services the organisation refers to is provided to each clinician, together with their contact details and information about their services' referral requirements (eg, use of a particular form, etc).
- Treatment/Case planning is discussed as part of staff clinical supervision.
- The organisation's referral procedure includes a requirement to follow-up with the consumer and the agency to which they were referred, if a formal response to the referral has not been received within 10 working days.
- Where consumer needs are not able to be met within a particular program they are referred within the broader service or appropriately referred to external agencies. Referral options and reasons for the referral are discussed and agreed upon with the client. De-identified details of consumers referred on to other services for this reason are stored in a central register and used to inform the annual review of the process by clinical staff.

#### Performance Expectation 4.4: Clinical Pathways Planning

As appropriate, the agency negotiates a clinical pathway plan with the consumer to ensure a holistic therapeutic approach is offered.

##### Essential Criteria

- a The agency has a current policy on treatment/case management.
- b The agency prepares a documented treatment/case plan for each consumer.
- c Staff can describe how they ensure treatment/case plans are based on the assessment of consumer needs and where practicable, preferences.
- d Consumers can describe how they were involved in developing their treatment/case plan.

##### Good Practice Criteria

- e The agency ensures individual treatment/case plans are reviewed and amended as necessary, in consultation with the consumer.
- f The agency conducts regular consumer record audits to ensure treatment/case planning documentation requirements are being implemented.
- g Individual treatment/case plans include consideration of complex needs (eg, co-occurring mental health conditions), where appropriate.
- h A discharge plan is developed and a copy provided to the consumer and with their consent, to relevant agencies.
- i The agency can demonstrate that discharge planning includes consideration of complex needs (eg, co-occurring mental health conditions), where appropriate.

#### **About this Standard**

Your agency takes the information on consumer needs and goals, gathered through the screening and assessment process, and uses it to negotiate an agreed treatment plan with the consumer. Treatment planning would be sensitive to the cultural needs of consumers. It may include practical, realistic goals and strategies for achieving those goals and, where appropriate, include the involvement of parents, partners, families and friends.

#### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The agency has a current policy on treatment/case management.	The policy would demonstrate your agency's commitment to providing treatment informed by evidence based practice principles and include references to the particular treatment models used by your agency.  To demonstrate 'dual-diagnosis capability' the	The reviewer will ask to see a copy of the policy.



Criteria	Guidance	How this might be substantiated
	<p>treatment management approach would involve routine evidence based approaches suitable for people with co-occurring alcohol and other drug and mental health concerns. If the agency provides treatment involving medication, your agency's treatment management policy needs to address procedures for medication evaluation, management, monitoring and compliance, as appropriate.</p> <p>Current policies are ones that are approved either by management or the Board of Management/ Management Committee, reviewed according to a set timeframe (or earlier if required) and communicated to staff and consumers.</p>	
<p>b The agency prepares a documented treatment/case plan for each consumer.</p>	<p>The documented treatment plan would be negotiated with the consumer, based on the needs identified during the screening and assessment processes and include goals agreed to by both the agency and the consumer.</p> <p>As appropriate the treatment plan would include consideration of alcohol and other drugs and other complex needs such as co-occurring mental health disorders. To demonstrate 'dual-diagnosis capability' the treatment plan may be informed and reviewed following the routinely determined motivation of the consumer.</p> <p>Treatment planning might incorporate the 5P model for summarising assessment (ie presenting problems, predisposing factors, precipitating factors, perpetuating factors and</p>	<p>The reviewer might ask to see a sample of treatment plans (either with consumer consent, or with identifying features removed).</p>

Criteria	Guidance	How this might be substantiated
	protective factors).	
c Staff can describe how they ensure treatment/case plans are based on the assessment of consumer needs and where practicable, preferences.	Staff would be able to describe how the needs identified during the assessment process (including cultural needs) are incorporated into an agreed treatment plan for each consumer.	The reviewer will talk with some staff about this.
d Consumers can describe how they were involved in developing their treatment/case plan.	Consumers would confirm that their treatment plan was negotiated and agreed with them.	The reviewer will talk with some consumers about this.
To achieve good practice certification, you'll also need to meet the good practice criteria		
e The agency ensures individual treatment/case plans are reviewed and amended as necessary, in consultation with the consumer.	As treatment progresses and consumer needs change, the treatment plan would be amended to reflect the achievement of goals, the agreement of new or revised goals or treatment options, etc.  To demonstrate 'dual-diagnosis capability' the review and amendment of a consumer's treatment plan would consider both alcohol and other drugs and co-occurring mental health problem changes and needs.	The reviewer might ask to see a sample of amended treatment plans (either with consumer consent, or with identifying features removed).
f The agency conducts regular consumer record audits to ensure treatment/case planning documentation requirements are being implemented.	Your agency could randomly select a sample of consumer records (eg 10% of total records) and check to ensure that each consumer has a documented treatment plan, which has been amended if necessary.  Your agency might undertake record audits quarterly, six-monthly or annually, depending on the size of your agency and the number of staff involved in developing treatment plans.	The reviewer will ask to see a copy of the latest consumer record audit.
g Individual treatment/case plans include	Where the assessment process has identified that a consumer has a co-occurring	The reviewer might ask to see a sample of consumer records (either with consumer consent, or with

Criteria	Guidance	How this might be substantiated
<p>consideration of complex needs (eg, co-occurring mental health conditions), where appropriate.</p>	<p>alcohol and other drug, mental health, and other complex needs, treatment strategies and goals would be included in the treatment plan.</p> <p>To demonstrate ‘dual-diagnosis capability’ sustainable treatment outcomes for consumers with complex needs are considered, your agency may, for example, develop individual strategies, support consumers to engage with peer support options, extend treatment/care until appropriate linkages with ongoing support can be established, and develop discharge preparedness to ensure ongoing support including community and peer support.</p> <p>Other complicating factors like chronic diseases, security of housing arrangements, parenting problems, etc, identified through the assessment process would also be included in the treatment plan and in discharge planning.</p> <p>The agency might monitor that this is happening by conducting regular consumer record audits.</p>	<p>identifying features removed), or might ask to see the latest consumer record audit.</p>
<p>h A discharge plan is developed and a copy provided to the consumer and with their consent, to relevant agencies.</p>	<p>Discharge planning would include strategies for relapse prevention and any follow-up services needed. If follow-up services are to be provided by another agency, consumer consent would be sought to provide the agency with a copy of the discharge plan.</p> <p>To demonstrate ‘dual-diagnosis capability’ discharge planning will need to take into consideration systematic support for alcohol and other</p>	<p>The reviewer might ask to see a sample of consumer records (either with consumer consent, or with identifying features removed), or might ask to see the latest consumer record audit.</p>

Criteria	Guidance	How this might be substantiated
	<p>drug and mental health concerns, whether through referral or prior linkages to community and peer support to reduce the impact of potential relapse.</p> <p>Where services are to be provided by another agency, consideration would be given to the cultural competence of the agency. Information on the cultural needs of the consumer may be communicated as part of the discharge planning process.</p> <p>The agency might monitor that this is happening by conducting regular consumer record audits, to ensure that discharge plans are developed for each consumer.</p>	
<p>i The agency can demonstrate that discharge planning includes consideration of complex needs (eg, co-occurring mental health conditions), where appropriate.</p>	<p>Discharge planning for consumers with complex needs would give equal consideration to follow-up services for identified additional needs (eg co-occurring mental health condition, chronic disease, etc).</p> <p>The agency might monitor that this is happening by conducting regular consumer record audits to ensure that discharge plans include consideration of complex needs, where appropriate.</p>	<p>The reviewer might ask to see a sample of consumer records (either with consumer consent, or with identifying features removed), or might ask to see the latest consumer record audit.</p>

### **Support Tools and Resources for this Standard**

DDCAT (Index item IVA, IVB, IVD, IVE, IVF, IVJ, VA, VB, VC, VD and VE)

Guidelines on the Management of Co-occurring Alcohol and Other Drug and Mental Health Conditions.<sup>40</sup>

Indigenous Risk Impact Screen (IRIS)<sup>41</sup>

Australian Integrated Mental Health Initiative (AIMhi)<sup>42</sup>

<sup>40</sup> <http://www.med.unsw.edu.au/NDARCWeb.nsf/page/Comorbidity%20Guidelines>

<sup>41</sup> <http://www.health.qld.gov.au/atod/prevention/iris.asp>

### **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The Board of Every Persons has approved a policy on treatment management.
- The CEO has worked with staff to develop procedures and guidelines to implement the Board endorsed policy. Procedures developed include:
  - Treatment/Case Planning;
  - Discharge;
  - Referral;
  - Consumer Participation Principles.
- Every Persons keeps track of when policies and procedures were approved and an administrative staff member has the responsibility to bring policies and procedures which are due for review to the attention of the CEO, who decides who should be consulted as part of the review process.
- Senior staff have worked with clinicians to develop a standard treatment plan for the residential service and a case planning tool for non-residential counselling services, which are completed within the first two weeks after intake.
- Treatment and case planning tools are revised at least every month for residential consumers, and every three months for non-residential consumers, or more often as required, in consultation with the consumer.
- Consumer treatment/case plans include strategies to manage mental health issues, as well as substance misuse issues, where these have been identified through the assessment process. This may involve shared care with the local AMS.
- A senior staff member selects a random group of consumer files every six months and checks to see if staff are implementing treatment/case planning procedures by looking to see if each consumer has a treatment or case plan and how often this plan has been revised. The staff member also checks to see if there are clear links between the assessment process and the treatment/case planning process. Where practice differs from the procedure, the staff member makes recommendations to the CEO about how these should be addressed (eg through staff training, or by amending the procedure to match practice).
- A discharge plan is prepared for consumers exiting the service, which involves planning for follow-up services for identified needs (eg co-occurring mental health condition, chronic disease, etc).

#### Performance Expectation 4.5: Service Approach

The service provided (whether the provision of information/education, general counselling, brief intervention, detoxification, residential rehabilitation, pharmacotherapy, sobering-up, etc) is informed by clearly demonstrated up to date evidence and/or practice wisdom, guided by clinical/practice principles, negotiated with the consumer and based on individual needs.

##### Essential Criteria

- a The agency has a current policy on clinical practice, including links to evidence based practice.
- b The agency can demonstrate that staff orientation/induction includes information on the service approach.
- c Staff can describe their clinical practice and how it relates to the service approach.
- d Staff can describe how they remain informed of current good clinical practice.

##### Good Practice Criteria

- e The agency can demonstrate that it monitors clinical practice to ensure it is based on up to date evidence.
- f The agency can demonstrate that its service approach is appropriate for the target community.
- g The agency can demonstrate that it periodically reviews its service approach.

#### **About this Standard**

Your agency's service approach would be documented in clinical/practice governance policies, which are important to ensure staff acceptance of responsibility and accountability for the quality of care the agency provides. A structured, agency-wide approach to monitoring quality and resolving problems associated with service provision would be adopted to foster a culture in which safety, compliance and effective risk management are promoted.

#### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The agency has a current policy on clinical practice, including links to evidence based practice.	The policy would demonstrate your agency's service approach and include references to the evidence-base for the chosen approach.  Current policies are ones that are approved either by management or the Board of Management/ Management Committee, reviewed according to a set timeframe (or earlier if required) and	The reviewer will ask to see the policy.

Criteria	Guidance	How this might be substantiated
	communicated to staff and consumers.	
b The agency can demonstrate that staff orientation/induction includes information on the service approach.	Your agency would use a standard orientation/induction program for new staff, which includes information on the service approach.	The reviewer might talk with some staff about this and might ask to see the orientation/induction program and a sample of personnel files.
c Staff can describe their clinical practice and how it relates to the service approach.	Staff would be able to describe how they apply the service approach in their clinical practice.	The reviewer will talk with some staff about this.
d Staff can describe how they remain informed of current good clinical practice.	This may include accessing current research papers related to the service approach, continuing professional development activities or peer support/mentoring activities, etc.	The reviewer will talk with some staff about this.
To achieve good practice certification, you'll also need to meet the good practice criteria		
e The agency can demonstrate that it monitors clinical practice to ensure it is based on up to date evidence.	<p>Your agency would regularly (eg annually) conduct clinical/practice reviews, which may include literature reviews and may amend clinical practice to reflect new developments in the evidence available.</p> <p>To demonstrate 'dual-diagnosis capability' your agency would provide education about alcohol and other drug and mental health concerns, including the interaction of the two co-occurring conditions and treatment/support requirements, to consumers and significant others as appropriate.</p>	The reviewer might talk with management about this and might ask to see the outcomes of the last review of clinical practice.
f The agency can demonstrate that its service approach is appropriate for the target community.	<p>Your agency's service approach would be linked to the target community needs identified in Performance Expectation 1.</p> <p>Your agency might consider the appropriateness of the</p>	The reviewer might ask to see records from the most recent planning activity.

Criteria	Guidance	How this might be substantiated
	service approach during planning activities.	
g The agency can demonstrate that it periodically reviews its service approach.	Your agency would regularly conduct a review of the service approach (perhaps annually), which may include consideration of service evaluation and/or literature reviews, and may amend the service approach to reflect new developments in the evidence available.	The reviewer might talk with management about this and might ask to see the outcomes of the most recent service approach review.

### **Support Tools and Resources for this Standard**

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 2.15)

Guidelines on the Management of Co-occurring Alcohol and Other Drug and Mental Health Conditions.<sup>44</sup>

Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice<sup>45</sup>

Indigenous Specific Alcohol and Other Drug Interventions: Continuities, Changes and areas of greatest need<sup>46</sup>

Tips and Tricks for New Players: A guide to becoming familiar with the alcohol and other drugs sector<sup>47</sup>

Trauma-Informed Treatment Guide for Working with Women with Alcohol and other Drug Issues, Marsh, A., Towers, T., & O'Toole, S. (2011).

DDCAT (Index items IVG and IVH)

Clinical Supervision Kit (NCETA)<sup>48</sup>

<sup>44</sup> <http://www.med.unsw.edu.au/NDARCWeb.nsf/page/Comorbidity%20Guidelines>

<sup>45</sup> <http://www.apo.org.au/research/working-together-aboriginal-and-torres-strait-islander-mental-health-and-wellbeing-principles>

<sup>46</sup> [http://www.ncd.org.au/images/PDF/Researchpapers/rp20\\_indigenous.pdf?phpMyAdmin=rGQ2XkOOsKjMp24r2sFwuVc5ibb](http://www.ncd.org.au/images/PDF/Researchpapers/rp20_indigenous.pdf?phpMyAdmin=rGQ2XkOOsKjMp24r2sFwuVc5ibb)

<sup>47</sup> [http://adca.org.au/ndsis/uploaded\\_files/fck/file/Tips%20and%20Tricks%203rd%20ed\\_.pdf](http://adca.org.au/ndsis/uploaded_files/fck/file/Tips%20and%20Tricks%203rd%20ed_.pdf)

<sup>48</sup> <http://nceta.flinders.edu.au/index.php?cID=229>



## **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The Board of Every Persons has approved a policy on clinical practice and a better practice policy that states the organisation's commitment to continuing education and skill development for all staff.
- Every Persons keeps track of when policies and procedures were approved and an administrative staff member has the responsibility to bring policies and procedures which are due for review to the attention of the CEO, who decides who should be consulted as part of the review process.
- Every Persons AOD Service uses a range of approaches in their clinical practice, like individual, family and group counselling. Group work opportunities include expressive therapy groups and short-term, structured, psycho-educational and therapeutic groups. The residential program is based on the Therapeutic Community model. Both the residential and non-residential services are dual-diagnosis capable.
- The organisation subscribes to a number of online and hard copy professional publications, which are kept in an area where staff can access them. The area has a computer with internet access, which staff can log onto using their staff credentials to access online publications.
- Senior clinical staff conduct a clinical review once every three years as part of the organisations wider planning process. This usually involves a literature review, consideration of the identified needs (cultural and other) of the target community, as well as consumer outcomes over the previous three years. A short report is prepared for the CEO which makes recommendations for amending clinical practice where supported by the evidence.

#### Performance Expectation 4.6: Harm Reduction Information

The agency provides appropriate harm reduction information and support to consumers with risk/potential risk behaviour, which is monitored throughout the provision of service.

##### Essential Criteria

- a The agency has a current policy on the provision of harm reduction information.
- b Staff can describe how they provide harm reduction information to consumers and significant others in a culturally secure manner.

#### **About this Standard**

Harm reduction is a spectrum of strategies, from abstinence to continued or reduced drug use, focussed on decreasing the physical, psychological and social problems associated with drug use, such as overdose, family violence, driving under the influence of alcohol or drugs or blood borne viruses.

#### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The agency has a current policy on the provision of harm reduction information.	<p>The policy would demonstrate your agency's position on harm reduction and provide an overview of what type of harm reduction strategies complement the agency's service approach.</p> <p>Current policies are ones that are approved either by management or the Board of Management/Management Committee, reviewed according to a set timeframe (or earlier if required) and communicated to staff and consumers.</p>	The reviewer will ask to see the policy.
b Staff can describe how they provide harm reduction information to consumers and significant others in a culturally secure manner.	Staff would be aware of any cultural barriers to implementing effective harm reduction strategies and would work with consumers to address harm reduction in a culturally secure manner.	The reviewer will talk with some staff about this.

#### **Support Tools and Resources for this Standard**

### **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The Board of Every Persons has approved a policy on the provision of harm reduction information.
- The CEO has worked with staff to develop procedures and guidelines to implement the Board endorsed policy. Procedures developed include:
  - Treatment/Case Planning;
  - Discharge.
- Every Persons keeps track of when policies and procedures were approved and an administrative staff member has the responsibility to bring policies and procedures which are due for review to the attention of the CEO, who decides who should be consulted as part of the review process.
- Consumers accessing the community counselling service are provided with harm reduction information as appropriate to their needs by their counsellor.
- Every Persons has an Exit Package to assist clients after completion of services/treatment.
- Staff will reassure clients that they access services or treatment in the future, if needed.

#### Performance Expectation 4.7: Outcome Review

The agency has established performance indicators measuring changes in key areas of consumer functioning, to provide evidence of service outcomes and to inform planning processes.

##### Essential Criteria

- a The agency has identified a set of performance indicators to measure changes in key areas of consumer functioning.
- b The agency can demonstrate how they collect and use data to demonstrate service outcomes.
- c Staff can describe how they collect data to facilitate the measurement of service outcomes.
- d Consumer feedback is sought on service outcomes.

##### Good Practice Criteria

- e The agency can demonstrate how it measures the effectiveness of its services.
- f The agency can demonstrate how outcomes data is used in the planning of services.
- g The agency reports collated outcomes to the community, including key stakeholders.

#### **About this Standard**

Your agency has established a set of benchmarks on the intended outcome of service delivery and collected sufficient data to be able to determine if treatment provided to individual consumers has been effective. When collated, this data could be analysed to provide a picture of the effectiveness of agency services.

#### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The agency has identified a set of performance indicators to measure changes in key areas of consumer functioning.	Your agency performance indicators might cover the following domains: <ul style="list-style-type: none"><li>• AOD use – quantity and frequency, level of dependence;</li><li>• blood borne virus risk exposure and behaviour;</li><li>• general health;</li><li>• social functioning;</li><li>• psychological functioning;</li><li>• severity of mental health or other complexity concerns;</li><li>• criminality;</li><li>• engagement in treatment and treatment completion;</li><li>• consumer satisfaction with treatment.</li></ul>	The reviewer will talk with management about this.

Criteria	Guidance	How this might be substantiated
b The agency can demonstrate how they collect and use data to demonstrate service outcomes.	Your agency might use standardised tools to collect data to measure service outcomes at assessment, during treatment and again at discharge to demonstrate improvements in some or all of key areas of consumer functioning identified above.	The reviewer will talk with management about this and will ask to see data on service outcomes.
c Staff can describe how they collect data to facilitate the measurement of service outcomes.	Staff would understand the link between the data they collect and the use of the data in service outcome measurement.	The reviewer will talk with some staff about this.
d Consumer feedback is sought on service outcomes.	<p>The way in which your agency seeks feedback from consumers on service outcomes might be through the use of surveys or through verbal feedback.</p> <p>If feedback is sought verbally, your agency would have a process for staff to document the feedback for collation and planning purposes.</p>	The reviewer might ask to see your written survey tool, and ask to see collated feedback from consumers on service outcomes.
To achieve good practice certification, you'll also need to meet the good practice criteria		
e The agency can demonstrate how it measures the effectiveness of its services.	Your agency would analyse the data collected, for example, in criteria (a) to measure the effectiveness of services. For example, if the intended outcome of the service is a reduction in alcohol or drug use, is that the actual outcome for the majority of consumers?	The reviewer will ask to see the most recent report on the effectiveness of agency services.
f The agency can demonstrate how outcomes data is used in the planning of services.	Your agency might routinely provide collated outcomes data to staff participating in planning activities, or provide the information to the Board of Management/Management Committee for strategic planning purposes.	The reviewer will talk to management about this and ask to see an example of how the outcomes data was used in the planning of a service.
g The agency reports collated outcomes to the community, including key stakeholders.	Your agency might publish collated outcomes in its annual report, or provide collated outcomes information to consumer groups and the community through other	The reviewer will talk to management about this.

Criteria	Guidance	How this might be substantiated
	means (eg forums, radio, posters, etc).	

### **Support Tools and Resources for this Standard**

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 3.27)

A Review of Screening, Assessment and Outcome Measures for Drug and Alcohol Settings, Deady, M.(2009).<sup>49</sup>

#### **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- Clinical staff have agreed to use a set of recognised tools to measure the outcomes of treatment, which are applied separately or in combination at the clinicians discretion:
  - Severity of Dependence Scale;
  - Cannabis Problems Questionnaire;
  - Opiate Treatment Index;
  - Short-Form Health Survey;
  - Life Skills Profile.
- De-identified information on consumer outcomes is collated annually and presented to staff, management and the Board. The collated information is compared to information gathered in previous years to give staff an idea how consumer outcomes have changed over time and to assist in evaluating the effectiveness of services provided.
- The information is also included in the organisation's newsletter, which is mailed and available on waiting room notice boards.
- Senior clinical staff conduct a clinical review once every three years as part of the organisations wider planning process. This usually involves a literature review, consideration of the identified needs (cultural and other) of the target community, as well as consumer outcomes over the previous three years. A short report is prepared for the CEO which makes recommendations for amending clinical practice where supported by the evidence.

<sup>49</sup> [http://www.nada.org.au/downloads/Info\\_Management\\_Project/Review\\_of\\_Measures\\_09.pdf](http://www.nada.org.au/downloads/Info_Management_Project/Review_of_Measures_09.pdf)

## PERFORMANCE EXPECTATION 5: STAFFING, DEVELOPMENT AND SUPPORT

*The agency provides adequate and appropriate staffing, development and support for maximum effectiveness of service delivery.*

Performance Expectation 5.1: Staffing, Development and Support	
The agency ensures all staff have appropriate knowledge, skills and experience.	
Essential Criteria	
a	The agency conducts appropriate organisation skills needs analyses.
b	The agency maintains up-to date records relating to individual staff experience and qualifications.
c	The agency has implemented a process to ensure staff maintain appropriate credentials.
d	The agency conducts a skills gap analysis as part of the introduction of new services and works to address any identified gaps prior to the commencement of the service.

### **About this Standard**

Your agency would take steps to ensure that staff have appropriate skills and qualifications to fulfil their role, whether it be clinical, administrative or another type of role (like maintenance or groundskeeping).

### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a	<p>The agency conducts appropriate organisational skills needs analyses.</p> <p>Your agency would be aware of the skills and experience of staff and have considered what additional skills staff (present or future) need.</p> <p>To demonstrate 'dual-diagnosis capability' direct care staff members will be trained in basic alcohol and other drug and mental health skills, with a strategic training plan ensuring these skills are maintained and current. The basic training will be in prevalence, common signs and symptoms, screening and assessment for mental health disorders. In addition, at least 50% of direct care staff members will be cross-trained in mental health and substance use disorders, including pharmacotherapies,</p>	The reviewer will talk with management about this.

Criteria	Guidance	How this might be substantiated
	and have advanced specialised training in the treatment of people with co-occurring drug and alcohol and mental health disorders.	
b The agency maintains up to date records relating to individual staff experience and qualifications.	Your agency might keep a copy of each staff members resume on their personnel file. Where a position requires a particular qualification be held (eg Cert IV in Community Services), a copy of the certificate might be sighted and might also be kept on the staff member's personnel file.	The reviewer might ask to see a sample of personnel files.
c The agency has implemented a process to ensure staff maintain appropriate credentials.	If membership of a professional association is required (eg Nurses Council, Social Workers' Association), the staff member should be asked to provide evidence of continuing membership, like a copy of the updated membership card, or letter from the professional association acknowledging ongoing membership.	The reviewer might ask to see a sample of personnel files.
d The agency conducts a skills gap analysis as part of the introduction of new services and works to address any identified gaps prior to the commencement of the service.	As part of planning for new services, your agency would need to think about the types of skills agency staff of the agency have and if there are other skills they might need in order to help ensure the service is successful. If gaps are identified, steps would be taken to attempt to address these.	The reviewer will ask to see the skills gap analysis for a sample of services.

### **Support Tools and Resources for this Standard**

DDCAT (Index items VIIA, VIIB)

The Culturally Secure Aboriginal and Torres Strait Islander Recruitment and Retention Guide, WANADA

Tips and Tricks for New Players: A guide to becoming familiar with the alcohol and other drugs sector<sup>50</sup>

Trauma-Informed Treatment Guide for Working with Women with Alcohol and other Drug Issues, Marsh, A., Towers, T., & O'Toole, S. (2011).

<sup>50</sup> [http://adca.org.au/ndsis/uploaded\\_files/fck/file/Tips%20and%20Tricks%203rd%20ed\\_.pdf](http://adca.org.au/ndsis/uploaded_files/fck/file/Tips%20and%20Tricks%203rd%20ed_.pdf)



For kids' sake: A workforce development resource for family sensitive policy and practice in the alcohol and other drugs sector<sup>51</sup>

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<sup>51</sup> [http://nceta.flinders.edu.au/workforce/publications\\_and\\_resources/nceta-workforce-development-resources/](http://nceta.flinders.edu.au/workforce/publications_and_resources/nceta-workforce-development-resources/)

### **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The CEO has conducted a skills needs analysis with the help of senior staff, identifying the skills required by staff to deliver both the organisation's residential and non-residential services. Skills identified included formal qualifications where required (eg nursing degree). This was then compared to the identified skills of current staff to form a picture of what additional training or staff the organisation might need to deliver its services. The outcomes were put into a short report and endorsed by the Board.
- As part of the planning process for new services, the CEO checks the skills needs analysis to make sure any new skills required by staff are included. This information is provided to the senior staff when they meet to talk about staff training needs for the coming year.
- As part of their contract of employment, staff are required to maintain qualifications and professional memberships as agreed in their position description. Qualifications, memberships and their expiry dates are kept on the staff member's file and updated as required during the staff member's annual performance review.

## Performance Expectation 5.2: Personnel and Team Development

The agency has written personnel and team development policies, procedures and strategies, which are regularly reviewed for maximum effectiveness.

### Essential Criteria

- a The agency ensures all new staff participate in induction.
- b The agency has current policies on personnel and team development.
- c The agency can demonstrate that all staff are provided with development opportunities and resources to build on existing knowledge, skills and cultural understanding, relevant to the target community.
- d The agency can demonstrate that all staff are provided with in-house and/or external development opportunities relevant to their current role.

### Good Practice Criteria

- e The agency uses information gained through organisational skills/gap analyses and subsequent training needs analyses, to develop an overall professional development and recruitment plan for the agency.
- f The agency provides shared learning and/or mentoring/peer support opportunities for staff to exchange development experiences with their colleagues.

### **About this Standard**

Your agency takes steps to help staff to build on their knowledge and skills to provide effective services to consumers. Development opportunities, appropriate to their role are identified and provided, where practicable. To enhance the outcomes of individual learning experiences, staff are given opportunities to share what they have learned with other staff with similar roles. All staff need to be provided with opportunities to enhance their understanding of cultural security.

### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The agency ensures all new staff participate in induction.	Your agency would provide new staff with an induction program, which includes the identified cultural needs of the target community.  The induction program would also include things like information about the key policies and procedures that guide service delivery and human resource management,	The reviewer might ask to see a sample of staff files and might also talk with staff about this.

Criteria	Guidance	How this might be substantiated
	<p>introductions to, and/or brief meetings with, other staff members to discuss their roles in the agency and briefings about the agency's fire safety and occupational health and safety processes.</p>	
<p>b The agency has current policies on personnel and team development.</p>	<p>Personnel and team development policies might cover induction/orientation, performance review, clinical supervision, training and development.</p> <p>Current policies are ones that are approved either by management or the Board of Management/ Management Committee, reviewed according to a set timeframe (or earlier if required) and communicated to staff and consumers.</p>	<p>The reviewer will ask to see copies of the policies.</p>
<p>c The agency can demonstrate that all staff are provided with development opportunities and resources to build on existing knowledge, skills and cultural understanding, relevant to the target community.</p>	<p>As part of the performance review process, your agency works with staff to identify opportunities to support them to build on their knowledge, skills and cultural understanding, consistent with your agency's strategic and operational needs.</p> <p>Your agency might also collect resources, such as magazines, journals and research papers for staff to access.</p>	<p>The reviewer might talk with management about the support the agency provides to staff.</p> <p>The reviewer might also ask to see a sample of personnel records that identify staff development needs.</p>
<p>d The agency can demonstrate that all staff are provided with in-house and/or external development opportunities relevant to their current role.</p>	<p>All staff need to have access to development opportunities, which might include clinical supervision, access to online training or support websites like Australian Indigenous Health Infonet, and where possible, access to external training opportunities, like computer courses for administrative staff or financial software training for finance staff.</p> <p>To demonstrate 'dual-</p>	<p>The reviewer might ask to see a sample of personnel records and might also talk with staff about this.</p>

Criteria	Guidance	How this might be substantiated
	<p>diagnosis capability' direct care staff have access to mental health clinical supervision and participate in case review that supports improved treatment approaches for people with co-occurring alcohol and other drug and mental health concerns.</p>	
<p>To achieve good practice certification, you'll also need to meet the good practice criteria</p>		
<p>e The agency uses information gained through organisational skills needs/gap analyses and subsequent training needs analyses, to develop an overall professional development and recruitment plan for the agency.</p>	<p>Your agency collates the development needs of individual staff to get an overall picture of staff needs, which is then compared with the skills your agency has identified as necessary to run a successful service. This information will assist your agency to prepare a plan for staff development and new staff recruitment for a defined period (eg one, three, five years).</p> <p>For a 'dual-diagnosis capable' agency the staff members with mental health qualifications or formal study will make up between 25 and 33% of staff members.</p>	<p>The reviewer might ask to see the overall plan for staff development, or the minutes of meetings where an overall recruitment plan was discussed.</p>
<p>f The agency provides shared learning or mentoring/peer support opportunities for staff to exchange development experiences with their colleagues.</p>	<p>Staff are provided with opportunities (eg staff meetings or dedicated development meetings) to share what they have learned at external training with their colleagues.</p> <p>Your agency might also partner new staff with more experienced staff for mentoring and/or peer support.</p>	<p>The reviewer might talk with staff about this.</p>

### **Support Tools and Resources for this Standard**

The Culturally Secure Aboriginal and Torres Strait Islander Recruitment and Retention Guide, WANADA

Tips and Tricks for New Players: A guide to becoming familiar with the alcohol and other drugs sector<sup>52</sup>

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 2.15 and 2.18)

An Indigenous Workforce Development Checklist for the AOD Field (NCETA)<sup>53</sup>

Trauma-Informed Treatment Guide for Working with Women with Alcohol and other Drug Issues, Marsh, A., Towers, T., & O'Toole, S. (2011).

DDCAT (Index items VIB, VIC and VID)

For kids' sake: A workforce development resource for family sensitive policy and practice in the alcohol and other drugs sector<sup>54</sup>

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<sup>52</sup> [http://adca.org.au/ndsis/uploaded\\_files/fck/file/Tips%20and%20Tricks%203rd%20ed\\_.pdf](http://adca.org.au/ndsis/uploaded_files/fck/file/Tips%20and%20Tricks%203rd%20ed_.pdf)

<sup>53</sup> [http://nceta.flinders.edu.au/workforce/publications\\_and\\_resources/nceta-workforce-development-resources/](http://nceta.flinders.edu.au/workforce/publications_and_resources/nceta-workforce-development-resources/)

<sup>54</sup> [http://nceta.flinders.edu.au/workforce/publications\\_and\\_resources/nceta-workforce-development-resources/](http://nceta.flinders.edu.au/workforce/publications_and_resources/nceta-workforce-development-resources/)

## Every Persons AOD Service

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- Every Persons AOD Service has developed a standard induction program for new staff, which includes brief meetings with other key staff to learn about what they do, an introduction to the organisation's service approach and policies and procedures, an overview of the cultural needs of the target community and fire safety training. Staff also sign a confidentiality agreement. A checklist has been developed to make sure all activities are completed and this checklist is placed on the staff member's file after the induction is complete.
- To ensure cultural security, Every Persons AOD Service is flexible in its selection process and does not always require formal applications with documented selection criteria. Where appropriate (eg for outreach workers), the organisation asks for expressions of interest from the community and holds less formal interview processes to encourage a broad range of applicants to apply.
- The Board has approved policies on recruitment and selection, professional development and performance management.
- The CEO has worked with staff to develop procedures to implement the Board endorsed policies. Procedures developed include:
  - Staff Induction;
  - Recruitment and Selection of Staff;
  - Professional Development;
  - Clinical Supervision;
  - Performance Review.
- Every Persons AOD Service keeps track of when policies and procedures were approved and an administrative staff member has the responsibility to bring policies and procedures which are due for review to the attention of the CEO, who decides who should be consulted as part of the review process.
- Senior staff gather information about staff training needs through the performance review process. This information is collated and used to develop a training plan for the coming year.
- The organisation subscribes to a number of online and hard copy professional publications, which are kept in an area where staff can access them. The area has a computer with internet access which staff can log onto using their staff credentials to access online publications.
- Since they have a limited budget, the organisation can't send every staff member for external training each year, so they look for innovative solutions, like web based resources and internal training, where staff who have accessed external training share what they have learnt with other staff.
- The organisation also employs a local elder to come and provide cultural awareness training to staff once a year.

Performance Expectation 5.3: Compliance with Relevant Legislation

The agency is able to demonstrate its compliance with the requirements of their State/Territory occupational health and safety and equal opportunity/anti-discrimination legislation.

Essential Criteria

- a The agency has a current policy on occupational health and safety.
- b The agency can demonstrate compliance with the requirements of the applicable Occupational Health and Safety legislation.
- c The agency has a current policy on equal opportunity/anti-discrimination.
- d The agency can demonstrate compliance with the requirements of the applicable equal opportunity/anti-discrimination legislation.

**About this Standard**

Your agency needs to be aware of the laws which affect the way you deal with staff and protect them while in the workplace and be able to show how you make sure your agency complies.

**Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The agency has a current policy on occupational health and safety.	<p>The policy would demonstrate your agency's commitment to ensuring safety in the workplace and identify those positions with a responsibility for occupational health and safety.</p> <p>Current policies are ones that are approved either by management or the Board of Management/ Management Committee, reviewed according to a set timeframe (or earlier if required) and communicated to staff and consumers.</p>	The reviewer might ask to see a copy of the policy.
b The agency can demonstrate compliance with the requirements of the applicable occupational health and safety legislation.	Your agency would know its occupational health and safety responsibilities and would have evidence they are fulfilling their responsibilities, eg fire safety training records, evacuation plans in the case of emergency, appointment of a	<p>The reviewer might ask to be shown around your agency to see if evacuation plans are displayed, if fire extinguishers are available and regularly checked, etc.</p> <p>The reviewer might also ask to talk with the person given the</p>



Criteria	Guidance	How this might be substantiated
	workplace health and safety officer, etc.	responsibility for occupational health and safety at your agency.
c The agency has a current policy on equal opportunity/anti-discrimination.	<p>The policy would demonstrate your agency's commitment to the diversity of its workforce by implementing strategies to prevent discrimination on the basis of culture, gender, sexual orientation, disability, age, marital status, family responsibilities, religion, etc.</p> <p>Current policies are those approved either by management or the Board of Management/Management Committee, reviewed according to a set timeframe (or earlier if required) and communicated to staff and consumers.</p>	The reviewer might ask to see a copy of the policy.
d The agency can demonstrate compliance with the requirements of the applicable equal opportunity/anti-discrimination legislation.	Your agency would know what its responsibilities are in relation to equal opportunity (called anti-discrimination in some jurisdictions) and maintain evidence it is fulfilling its responsibilities. For example implementing policies on merit based recruitment and selection, and workplace bullying and harassment, etc.	<p>The reviewer might ask to see things like your policy on workplace bullying and harassment, recruitment records, etc.</p> <p>The reviewer might also talk with management about this.</p>

**Support Tools and Resources for this Standard**

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 2.15)

### **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The Board has sought advice from their state government department about their obligations under legislation regarding occupational health and safety and equal opportunity.
- The Board has approved policies on occupational health and safety and equal opportunity that are consistent with their obligations under the legislation.
- The CEO has worked with staff to develop procedures to implement the Board endorsed policies.
- Every Persons AOD Service keeps track of when policies and procedures were approved and an administrative staff member has the responsibility to bring policies and procedures which are due for review to the attention of the CEO, who decides who should be consulted as part of the review process.
- The CEO has appointed a senior staff member as workplace health and safety officer and given them authority to oversee safety in the workplace. This person also acts as fire warden and is responsible for ensuring all staff are aware of what to do in the case of a fire.
- When incidents, accidents or near misses happen, staff complete a form with as much information as they can remember about how the event happened, as well as suggesting what could be done to make sure it doesn't happen again.
- A register of all incidents, accidents and near misses is kept and reviewed every six months by senior staff at their regular meeting, where decisions are made about whether any changes to the organisation's policies and procedures are required to make the workplace safer, or to address any issues that might lead to discrimination, whether intentional or not.
- To ensure cultural security, Every Persons AOD Service is flexible in its selection process and does not always require formal applications with documented selection criteria. Where appropriate (eg for outreach workers), the organisation asks for expressions of interest from the community and holds less formal interview processes to encourage a broad range of applicants to apply.

## PERFORMANCE EXPECTATION 6: AGENCY MANAGEMENT

*Management practices maximise organisational efficiency and effectiveness and ensure accountability.*

Performance Expectation 6.1: Contractual Compliance	
The agency operates according to its contractual obligations and service description.	
Essential Criteria	
a	The agency can demonstrate how it monitors compliance with its contractual obligations.
b	The agency has implemented a process to address potential breaches of its contractual obligations.
c	The agency has formulated service description(s) that guide practice.
Good Practice Criteria	
d	The agency can demonstrate that it meets its contractual obligations, including those contained in its service/ funding agreement(s).

### **About this Standard**

Your agency has a process in place to make sure that the way it operates is in line with the services it is funded to deliver and that reporting requirements contained in service agreements are met.

### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The agency can demonstrate how it monitors compliance with its contractual obligations.	How does your agency make sure you do what you said you would do in the service agreement? This might include keeping an eye on actual versus budgeted expenditure for each service offered, records regarding the number and type of services delivered, or the profile of consumers accessing services.	The reviewer might talk with management about this.  The reviewer might also ask to see things like reports to funders, budget reports to managers, etc.
b The agency has implemented a process to address potential breaches of its contractual	This might include the identification of a 'trigger' for identifying potential breaches (eg actual expenditure more than 10% above or below	The reviewer might talk with management about this.  The reviewer might also ask to see things like reports to funders, budget

Criteria	Guidance	How this might be substantiated
obligations.	<p>budgeted expenditure or consumer numbers accessing a particular service more than 10% higher or lower than expected).</p> <p>Where problems are identified, they need to be resolved or, if they cannot be resolved, contact would be made with the funder to agree what is to be done (with the Board of Management/Management Committee kept informed along the way).</p>	reports to managers, etc.
c The agency has formulated service description(s) that guide practice.	Service descriptions are based on funding agreements and include your agency's commitment to ensuring cultural security in service delivery.	The reviewer will talk with management about this and ask to see the service description(s).
To achieve good practice certification, you'll also need to meet the good practice criteria		
d The agency can demonstrate that it meets its contractual obligations, including those contained in its service/funding agreement(s).	Your agency delivers services as agreed in your service/funding agreement and meets all financial and data reporting requirements.	<p>The reviewer might talk with management about this.</p> <p>The reviewer might also ask to see things such as reports to funders, budget reports to managers, etc.</p>

**Support Tools and Resources for this Standard**

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 3.29, 4.41, 4.45)

### **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The finance and administration officer maintains a register of reporting requirements, which includes reporting to funders, as well as financial reporting to the Board. Reporting requirements are a standing agenda item on the senior staff meeting agenda.
- The Board has established boundaries for additional reporting. Whenever spending is more than 10% above or below budget, the finance and administration officer advises the CEO, who looks into the issue and decides what (if anything) should be done.
- The CEO also monitors the outputs of services provided. Where consumer numbers are more than 20% higher or lower than expected, the CEO asks the relevant program manager for advice before deciding whether the issue warrants discussion with the funder.
- When new funding/service agreements are signed, senior staff meet to formulate a description of the service (including entry criteria) and determine data collection and reporting requirements, based on the requirements of the funding/service agreement.

## Performance Expectation 6.2: Defined and Documented Roles and Responsibilities

The roles and responsibilities of each staff member are clearly defined and documented, provided to individuals on appointment to their position, supported by appropriate policies and procedures and reviewed as needed.

### Essential Criteria

- a Each staff member has a current documented position description, which includes a description of the extent of authority for those holding a management position.
- b Staff members with a management responsibility can describe the extent of their authority.
- c The agency can demonstrate that position descriptions are revised as necessary.

### Good Practice Criteria

- d The agency demonstrates a commitment to cultural diversity in its recruitment and selection processes.

### ***About this Standard***

All staff have a position description, which accurately reflects the duties they undertake and is reviewed, as necessary, to ensure it remains an accurate reflection of the staff member's role.

### ***Guidance/examples:***

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a Each staff member has a current documented position description, which includes a description of the extent of authority for those holding a management position.	Each position description lists the duties to be undertaken, includes details of to whom the position reports and information about the skills and qualifications required to fulfil the role.  The extent of authority for managerial positions would include details such as the staff positions that report to the manager, responsibilities relating to staff performance review and management, and references to the financial delegations policy.	The reviewer might ask to see a sample of duty statements and might also talk with staff about their position description.
b Staff members with a management responsibility can describe the extent	Supervisors and managers understand what decisions they are empowered to make and when they need to refer a	The reviewer will talk with some members of staff who have a management responsibility.

<b>Criteria</b>	<b>Guidance</b>	<b>How this might be substantiated</b>
of their authority.	decision to a higher authority (like the CEO or the Board of Management/Management Committee).	
c The agency can demonstrate that position descriptions are revised as necessary.	When a change is made to a staff member's role, their position description is revised and agreed, with a copy provided to the staff member.	The reviewer might ask to see previous versions of a sample of position descriptions and might also talk with staff about this.
To achieve good practice certification, you'll also need to meet the good practice criteria		
d The agency demonstrates a commitment to cultural diversity in its recruitment and selection processes.	This might include position advertisements encouraging applications from particular population groups, like Aboriginals or Torres Strait Islanders.  Your agency might also demonstrate this by implementing a policy on hiring local community members where possible.	The reviewer will talk with management about this and might ask to see a sample of position advertisements or policies relating to the cultural diversity of the agency's workforce.

### ***Support Tools and Resources for this Standard***

The Culturally Secure Aboriginal and Torres Strait Islander Recruitment and Retention Guide, WANADA

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 1.9, 2.16)

#### **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- Every Persons AOD Service has a standard template for position descriptions. All position descriptions include sections on classification, qualifications and skills required, and duties and authorities (including any financial delegations). These are reviewed annually during performance appraisals to make sure they remain a current reflection of the work being undertaken.
- Every Persons AOD Service is committed to cultural diversity amongst its staff. The Board has set a target of 50% of staff being drawn from the local Aboriginal community. All job advertisements include a statement encouraging applications from Aboriginal and Torres Strait Islander peoples.
- To ensure cultural security, Every Persons AOD Service is flexible in its selection process and does not always require formal applications with documented selection criteria. Where appropriate (eg for outreach workers), the organisation asks for expressions of interest from the community and holds less formal interview processes to encourage a broad range of applicants to apply.

Performance Expectation 6.3: Financial Management	
The agency demonstrates responsible financial management.	
Essential Criteria	
a	Where staff are empowered to expend funds, they can describe the extent of their financial delegation.
b	The agency maintains an up to date asset register.
c	The agency can demonstrate that it meets its financial reporting obligations.
Good Practice Criteria	
d	The agency can demonstrate compliance with its financial delegations policy.
e	The agency has a current purchasing procedure.
f	The agency's most recent audit of financial statements resulted in no mandatory requirements on the manner in which the agency manages its finances.

### **About this Standard**

Your agency takes steps to ensure that money received is properly managed and spent on the purpose for which it was provided, by persons appropriately authorised to spend money on behalf of your agency. The persons authorised to spend money understand any limitations on their authority (eg only able to spend up to a certain amount or only for certain types of things).

### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a	Where staff are empowered to expend service funds, they can describe the extent of their financial delegation.	Staff who spend agency funds are able to identify the things they are allowed to spend money on and how much they are able to spend in any one transaction before needing further approval.
b	The agency maintains an asset register.	The reviewer will talk with some staff with a financial delegation.
c	The agency can demonstrate that it meets its financial reporting obligations.	Your agency keeps a list of all equipment that it owns or leases, to ensure it knows at all times where assets are and that they are properly maintained.
	This includes financial reporting to funders, as well as financial reporting to the Australian Taxation Office (eg payroll tax, GST, etc).	The reviewer will ask to see the asset register.
		The reviewer might ask to see copies of financial reports and might also speak with the person responsible for your agency's finances.
To achieve good practice certification, you'll also need to meet the good practice criteria		



Criteria	Guidance	How this might be substantiated
d The agency can demonstrate it monitors compliance with its financial delegations policy.	Your agency could randomly select a sample of payments made over a defined period (eg six months) and check that each payment authorisation is consistent with your agency's financial delegations policy.  Where issues are identified, your agency needs to take steps to improve staff understanding of the delegations policy.	The reviewer might ask to see a copy of the report on the latest check for compliance with the financial delegations policy.
e The agency has a current purchasing procedure.	The procedure might include requirements for seeking quotes, management of petty cash and approval requirements for purchasing.	The review will ask to see a copy of the procedure.
f The agency's most recent audit of financial statements resulted in no mandatory requirements on the manner in which the agency manages its finances.	Mandatory requirements are those directions from the appointed financial auditor about how the agency needs to manage its finances.	The reviewer might ask to see a copy of your agency's latest financial audit report, or annual report.

### ***Support Tools and Resources for this Standard***

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 2.15, 4.37, 4.38, 4.39, 4.46, 4.47, 4.48, 4.49)  
Our Community Policy Bank<sup>55</sup>

<sup>55</sup> [http://www.ourcommunity.com.au/boards/boards\\_article.jsp?articleId=1453](http://www.ourcommunity.com.au/boards/boards_article.jsp?articleId=1453)

## **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The CEO has worked with staff to develop a purchasing procedure, based on the stated delegations policy approved by the Board. The purchasing procedure includes information on the approval process for purchasing small items (purchasing request form) and larger items (three quotes where possible).
- Every Persons AOD Service keeps track of when policies and procedures were approved and an administrative staff member has the responsibility to bring policies and procedures which are due for review to the attention of the CEO, who decides who should be consulted as part of the review process.
- The finance and administration officer maintains an asset register, which lists all the assets the organisation owns or leases (eg cars, computers, larger items of furniture, etc). Each year, someone checks to make sure all items listed on the register are in good working order and makes recommendations on replacement of items, where necessary.
- The finance and administration officer is responsible for ensuring copies of all financial reports and reports to funders are safely archived and stored for the period required by law.
- The finance and administration officer also checks a random selection of payments every six months, to make sure they were approved in line with the purchasing procedure. A short report is prepared for the CEO, highlighting any payments that have been made without the proper approvals. Sometimes staff are reminded about the approval process to make sure they understand what they need to do before spending the organisation's funds.
- The organisation's financial auditors are appointed at the Annual General Meeting and the finance and administration officer is responsible for scheduling the audit and providing the auditors with the information they need to complete the audit.

#### Performance Expectation 6.4: Risk Management

The agency has completed a risk assessment and developed written strategies for identified risks, reviewing processes as needed to ensure risks are minimised.

##### Essential Criteria

- a The agency has a current policy on risk management.
- b The agency has current procedures for crisis management.
- c Relevant staff can describe how risks are identified and managed.
- d The agency has a current risk management plan which includes all identified strategic, operational and service delivery risks and strategies to manage them.

##### Good Practice Criteria

- e The agency has a process for ensuring organisational policies and procedures are reviewed in a planned and deliberate manner.

#### **About this Standard**

Your agency has identified the strategic, operational and financial risks to continued operation of the agency and implements strategies to remove the risk or reduce the risk to an acceptable level. Risk is the chance of something happening that will have an impact on the agency. It is measured in terms of the likelihood an incident or accident may happen and the consequences to agency operations if it does happen. Your agency may manage risk in accordance with recognised standards, such as the AS/NZS ISO 31000:2009 Risk Management Standard.

#### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The agency has a current policy on risk management.	Your agency's risk management policy would outline the way risks are to be managed and make reference to any recognised standards used by the agency to manage risks.  Current policies are ones that are approved either by management or the Board of Management/ Management Committee, reviewed according to a set timeframe (or earlier if required) and communicated to staff and consumers.	The reviewer might ask to see a copy of the policy.
b The agency has	Crisis management	The reviewer might ask to see a copy

Criteria	Guidance	How this might be substantiated
current procedures for crisis management.	<p>procedures may include consideration of natural disasters or emergencies affecting consumers, staff or your target community.</p> <p>To demonstrate 'dual-diagnosis capability' your agency would have documented guidelines for managing critical incidents, including health and mental health emergencies.</p>	of the procedures.
c Relevant staff can describe how risks are identified and managed.	Staff with responsibility for implementing the agency's risk management strategy would be able to describe how risks are managed and what they would do if they identified a new risk to the agency.	The reviewer will talk with staff with a responsibility for managing risks, such as supervisors and managers.
d The agency has a current risk management plan which includes all identified strategic, operational and service delivery risks and strategies to manage them.	<p>This would be a written plan, which considers each identified risk in terms of likelihood and consequences and includes strategies to remove or minimise the risk.</p> <p>Where risks cannot be removed entirely, the strategies to manage them might include things like taking out insurance or providing personal protective equipment to staff and/or consumers during particular activities.</p> <p>For residential services, this would include how your agency manages fire safety and food safety risks and mental health emergencies.</p>	The reviewer might ask to see a copy of your agency's latest risk management plan and talk with management about how the plan is reviewed and updated.
To achieve good practice certification, you'll also need to meet the good practice criteria		
e The agency has a process for ensuring organisational policies and procedures are reviewed in a planned and deliberate manner.	Reviewing policies and procedures according to a set timetable helps to ensure that they stay current and relevant for staff and consumers. Current and relevant policies and procedures help to minimise the risks associated with service delivery, by ensuring everyone knows what	<p>The reviewer might talk with management about this.</p> <p>The reviewer might also ask to see the policy and procedure list, or copies of policies and procedures that include the date for next review.</p>

Criteria	Guidance	How this might be substantiated
	<p>to do and what is expected of them.</p> <p>Your agency might maintain a list of policies and procedures and consider how often policies are used and what the consequences would be if the policy or procedure was not followed. The agency could then decide how often they need to be reviewed.</p>	

***Support Tools and Resources for this Standard***

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 2.12, 2.15, 3.31, 3.33)

DDCAT (Index item IVC)

Our Community Policy Bank<sup>56</sup>

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<sup>56</sup> [http://www.ourcommunity.com.au/boards/boards\\_article.jsp?articleId=1453](http://www.ourcommunity.com.au/boards/boards_article.jsp?articleId=1453)

## **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The Board has approved a risk management framework for the organisation, based on the ISO Risk Management Standard and has also approved a policy on risk management, which requires the CEO to identify and manage operational risks (reporting issues to the Board), while the Board will focus on strategic and reputational risks.
- The CEO has worked with staff to develop procedures and tools to implement the Board endorsed policy. Procedures and tools developed include:
  - Crisis management
  - Clinical risk management;
  - Risk management plan;
  - Incident or near miss form;
  - Emergency evacuation plan;
  - Policy and procedure approval and review register.
- The review timeframe for new policies and procedures is determined by estimating how frequently the policy or procedure will be used and what the impact would be if the policy or procedure were not followed. Review timeframes vary from six months for frequent use, high risk procedures to 2 years for infrequently used, low risk procedures.
- Every Persons AOD Service keeps track of when policies and procedures were approved and an administrative staff member has the responsibility to bring policies and procedures which are due for review to the attention of the CEO, who decides who should be consulted as part of the review process.
- The Risk Management Plan was developed with input from staff on strategies to remove or reduce identified risks.

**Performance Expectation 6.5: Human Resource Management Policies and Procedures**

The agency has written and systematically reviewed human resource management policies and procedures.

**Essential Criteria**

- a The agency has current policies and procedures on human resource management, which are consistent with relevant legislation and encourage cultural diversity.
- b Staff have ready access to, and are aware of, the agency’s human resource management policies and procedures.
- c Staff confirm they receive regular feedback on their performance, as part of a formal performance and professional development review process.

**Good Practice Criteria**

- d The agency can demonstrate compliance with their human resource management policies and procedures.

**About this Standard**

Your agency needs to have policies and procedures to ensure equitable and fair recruitment, selection and conditions for staff. They also ensure a transparent, guided process for performance management and grievance resolution. Human resource management policies and procedures can help to empower staff in the development of their careers and job satisfaction.

**Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you’ll need to meet the essential criteria		
<p>a The agency has current policies and procedures on human resource management, which are consistent with relevant legislation and encourage cultural diversity.</p>	<p>Human resource management policies and procedures would cover recruitment and selection, conditions and benefits of employment, induction, performance management of staff, staff grievances and staff development (as mentioned in Performance Expectation 5)</p> <p>Recruitment and selection policies would demonstrate your agency’s commitment to the cultural diversity of its staff, to ensure cultural security in service delivery.</p> <p>Current policies are ones that are approved either by</p>	<p>The reviewer might ask to see copies of your agency’s human resource management policies and procedures.</p>

Criteria	Guidance	How this might be substantiated
	management or the Board of Management/ Management Committee, reviewed according to a set timeframe (or earlier if required) and communicated to staff and consumers.	
b Staff have ready access to, and are aware of, the agency's human resource management policies and procedures.	Staff are able to locate human resource management policies and procedures, either electronically or in hard copy.	The reviewer will talk with some staff about this.
c Staff confirm they receive regular feedback on their performance, as part of a formal performance and professional development review process.	Staff would be able to describe the way in which feedback on their performance is provided to them.	The reviewer will talk with some staff about this.
To achieve good practice certification, you'll also need to meet the good practice criteria		
d The agency can demonstrate compliance with their human resource management policies and procedures.	<p>Your agency could randomly select a sample of personnel files for each policy and procedure (recruitment and selection, performance review, etc) over a defined period (eg six months) and check that the records in each file are consistent with your agency's human resource management policies and procedures requirements.</p> <p>Where concerns are identified, your agency would take steps to improve staff understanding of policies and procedures, or amend the policy or procedure to match practice.</p>	The reviewer might ask to see a copy of the most recent report on compliance with the agency's human resource management policies and procedures.

### ***Support Tools and Resources for this Standard***

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 2.14, 2.15, 3.30)

The Culturally Secure Aboriginal and Torres Strait Islander Recruitment and Retention Guide, WANADA

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### **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The Board has approved policies on recruitment and selection, conditions and benefits of employment, management of grievances, professional development and performance management.
- Every Persons AOD Service keeps track of when policies were approved and an administrative staff member has the responsibility to bring policies which are due for review to the attention of the CEO, who works with the Board to decide who should be consulted as part of the review process.
- To ensure cultural security, Every Persons AOD Service is flexible in its selection process and does not always require formal applications with documented selection criteria. Where appropriate (eg, for Outreach Workers), the organisation asks for expressions of interest from the community and holds less formal interview processes to encourage a broad range of applicants to apply.
- Once a year, a senior staff member checks a random selection of staff files to make sure forms associated with induction, professional development, performance appraisal and training are included, as required by HR procedures. A short report is prepared for the CEO, which outlines any areas for improvement.

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<sup>57</sup> [http://www.ourcommunity.com.au/boards/boards\\_article.jsp?articleId=1453](http://www.ourcommunity.com.au/boards/boards_article.jsp?articleId=1453)

## Performance Expectation 6.6: Data Management

The agency has procedures to ensure the integrity of data collected and the way data is used is open and transparent.

### Essential Criteria

- a The agency has procedures to ensure the integrity of data and guide the use of data collected.
- b The agency collects and appropriately stores demographic data on individual consumers.
- c The agency collects and appropriately stores demographic data on their target community.
- d The agency collects data to enable the measurement of service outcomes.
- e Staff can describe their responsibilities in relation to data collection and storage.

### Good Practice Criteria

- f Collected demographic data is used to inform the organisational planning process.
- g Outcome data is used to inform the organisational planning process.

### **About this Standard**

Your agency collects data like demographic information about your target community and individual consumers, as well as data about service outcomes (eg pre and post surveys) to use in planning processes to better serve the target community.

### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The agency has procedures to ensure the integrity of data and guide the use of data collected.	<p>The procedure would include a statement about the use of data collected and the agency's strategies for ensuring data integrity (eg authorisation to amend consumer information, etc).</p> <p>The procedure would also state how your agency ensures necessary consumer information is collected in a culturally secure manner.</p> <p>Current procedures are ones that are approved either by management or the Board of Management/ Management Committee, reviewed according to a set timeframe (or earlier if required) and</p>	The reviewer will ask to see a copy of the policy.

Criteria	Guidance	How this might be substantiated
	communicated to staff and consumers.	
b The agency collects and appropriately stores demographic data on individual consumers.	<p>Your agency could collect demographic data during the screening and assessment process. This might include information like age, gender, marital status, whether the consumer is Aboriginal or Torres Strait islander, etc).</p> <p>Appropriate storage might include lockable filing cabinets or password protection for electronic records.</p>	The reviewer might ask to see where collected demographic data is stored, eg a spreadsheet or database.
c The agency collects and appropriately stores demographic data on their target community.	<p>Your agency could also source demographic data on your target community from agencies like the Australian Bureau of Statistics (ABS).</p> <p>Your agency might also collect its own demographic data on the target community.</p> <p>Appropriate storage might include lockable filing cabinets or password protection for electronic records.</p>	The reviewer might ask to see the demographic data on your agency's target community.
d The agency collects data to enable the measurement of service outcomes.	This might involve a pre and post model survey which seeks to measure changes in key areas of consumer functioning.	The reviewer will talk with management about this and ask to see the data.
e Staff can describe their responsibilities in relation to data collection and storage.	Staff would be aware of the need to collect data and have an understanding of how the agency uses the data they collect.	The reviewer will talk with some staff about this.
To achieve good practice certification, you'll also need to meet the good practice criteria		
f Collected demographic data is used to inform the organisational planning process.	<p>Your agency would use collected demographic data to monitor equity of access as mentioned in Performance Expectation 3.4.</p> <p>This information would also be used during strategic and operational planning to assist in identifying the potential need for new services.</p>	<p>The reviewer might talk with management about this.</p> <p>The reviewer might also ask to see records of your agency's data collection process.</p>

Criteria	Guidance	How this might be substantiated
g Outcome data is used to inform the organisational planning process.	<p>Your agency uses collected outcome data to measure the success of services provided.</p> <p>This information would also be used during strategic and operational planning to refine the delivery of current services and to assist in identifying the potential need for new services.</p>	<p>The reviewer might talk with management about this.</p> <p>The reviewer might also ask to see records of your agency's planning day.</p>

***Support Tools and Resources for this Standard***

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 2.15, 2.17)

### **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The CEO has worked with staff to develop a data management procedure.
- Every Persons AOD Service keeps track of when procedures were approved and an administrative staff member has the responsibility to bring policies which are due for review to the attention of the CEO, who works with the Board to decide who should be consulted as part of the review process.
- The procedure identifies the types of information collected from consumers and other sources (like funders and the ABS), how the information is to be stored and protected and includes links to planning and review procedures where relevant.
- All hard copy information is stored in lockable filing cabinets in the staff area. The key is kept with reception to ensure access to hardcopy files is limited to those with a genuine purpose for accessing the files.
- All electronic information is password protected. Each staff member has a unique log on for the computer system and the organisation is able to give authorised access to the part of the server where consumer information is stored.
- Clinical staff have agreed to use a set of recognised tools to measure the outcomes of treatment, which are applied separately or in combination at the clinicians discretion. Clinicians are responsible for entering data collected into the organisations consumer management database.
- The database is programmed to produce date ranged reports on the stored data, which the organisation uses to inform the planning process.

### Performance Expectation 6.7: Organisational Planning Process

The agency has an open and transparent plan that is documented, implemented and reviewed. The plan is based on a consultative process utilising feedback from consumers, other service providers, staff and funding bodies, current and projected needs identified in area planning, general statistics/trends and service data collection.

#### Essential Criteria

- a The agency has a current policy and procedure to guide organisational planning.
- b The agency conducts regular consultations with their community.
- c Management can describe how the community, including key stakeholders, are involved in the planning process.
- d Management can describe how they provide input into and action items in the strategic plan.
- e Staff can describe how they provide input into organisational planning.

#### Good Practice Criteria

- f The agency has developed and implemented a Reconciliation Action Plan (RAP).
- g The agency has implemented an organisational planning process to assist in achieving the goals in the strategic plan.
- h The agency can demonstrate community consultation is undertaken as part of the service planning process.
- i The agency provides feedback to the community on the outcomes of consultations.

### **About this Standard**

Your agency works with the target community and key stakeholders in planning processes to ensure the services delivered are closely aligned with community needs and expectations. Close consultation with the community and stakeholders such as other service providers will assist in understanding community needs and managing community expectations.

### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The agency has a current policy and procedure to guide organisational planning.	The policy would state how often the strategic plan is to be reviewed and outline your agency's commitment to setting and achieving strategic goals.  Current policies are ones that are approved either by management or the Board of	The reviewer will ask to see a copy of the policy.

Criteria	Guidance	How this might be substantiated
	Management/ Management Committee, reviewed according to a set timeframe (or earlier if required) and communicated to staff and consumers.	
b The agency conducts regular consultations with their community.	<p>Your agency might conduct community meetings or forums to seek information on community needs, as mentioned in Performance Expectation 1.</p> <p>All community consultations would be undertaken in a culturally secure manner.</p> <p>If your agency has an endorsed RAP, this would also be relevant.</p>	The reviewer might ask to see notes from the consultation meetings or promotional material advertising the consultation meeting and might talk with some members of the community about the consultation process.
c Management can describe how the community, including key stakeholders, are involved in the planning process.	Senior staff would have good working relationships with community leaders and other local service providers to ensure the community and key stakeholders are given opportunities to participate in agency planning, including any cultural security considerations.	The reviewer will talk to senior staff about this.
d Management can describe how they provide input into and action items in the strategic plan.	Management would be able to describe how goals in the agency's strategic plan are put into operation.	The reviewer will talk with management about this.
e Staff can describe how they provide input into organisational planning.	Staff are aware of the strategic plan and are able to describe how they contribute to operational planning (eg providing feedback on drafts, etc).	The reviewer will talk with some staff about this.
To achieve good practice certification, you'll also need to meet the good practice criteria		
f The agency has developed and implemented a Reconciliation Action Plan (RAP)	For more information on Reconciliation Action Plans, visit the Reconciliation Australia website: <a href="http://www.reconciliation.org.au">www.reconciliation.org.au</a>	The reviewer will ask to see a copy of your agency's RAP.
g The agency has implemented an organisational	Your agency could develop an operational plan for each service delivered (though this	The reviewer will ask to see a copy of your agency's operational plan(s).

Criteria	Guidance	How this might be substantiated
<p>planning process to assist in achieving the goals in the strategic plan.</p>	<p>might be just one document), which links how the delivery of each service will contribute to the agency achieving its strategic goals.</p>	
<p>h The agency can demonstrate community consultation is undertaken as part of the service planning process.</p>	<p>The key part of this criterion is to document the consultation process by taking notes or writing up a summary. Where practicable, the notes or summary could be provided to everyone who participated in the planning process.</p> <p>All community consultations would be undertaken in a culturally secure manner.</p>	<p>The reviewer might talk with management about this.</p> <p>The reviewer might also ask to see the notes from community consultations.</p>
<p>i The agency provides feedback to the community on the outcomes of consultations.</p>	<p>Where community consultation leads to a change in the way a service is delivered, or to a new service being introduced, the agency takes steps to advertise to the community that the consultation process led to the change.</p> <p>Equally important is providing feedback to the community where suggested changes or new services cannot be introduced for any reason (eg insufficient funding or recruitment issues, etc) and what steps the agency will take to attempt address the issues.</p> <p>Feedback would be provided in a culturally secure manner.</p>	<p>The reviewer might talk with some members of the community who have participated in consultations.</p> <p>The reviewer might also ask to see feedback provided to the community, where available.</p>

**Support Tools and Resources for this Standard**

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 1.5, 2.15)

[www.reconciliation.org.au](http://www.reconciliation.org.au)



### **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The Board has approved a planning policy, which states that the Strategic Plan is set every 3 years, with an annual review of progress report to be provided to the Board. The policy also requires that the CEO work with staff to develop an operational plan to identify how strategic goals are to be met.
- Once every three years, the organisation invites members of the community to come to lunch and have a talk about what they like about the services that Every Persons AOD Service offers and what the organisation could do better. A staff member comes along to take notes so the community's views can be considered at the next planning day.
- Senior staff from other local community agencies are asked to complete a short survey on their dealings with the organisation and are encouraged to identify areas where Every Persons AOD Service could do better.
- All the information collected is pulled together and presented to the annual planning day, where ideas for improving existing services or ideas for new services are discussed. Everyone works together to think about whether there is a need for new services (like residential services for women with young children) or if existing services could be improved. They also talk about whether there are other local services who they could work with to provide better services to the community.
- The organisation has developed a Reconciliation Action Plan, which was developed in collaboration with the Community Reference Group. The CEO provides an annual report on the Reconciliation Action Plan, outlining successes and barriers, to the Reference Group for advice before presenting it to the Board with any recommendations for adjustment to strategies or goals.
- The organisation produces a six monthly newsletter which outlines their activities, provides feedback on the progress of any suggestions made through community consultation and which is distributed through other local community agencies.

### Performance Expectation 6.8: Partnership and Integration

The agency collaborates with primary stakeholders and other community agencies and has developed policies, procedures and partnership agreements to ensure better outcomes for consumers.

#### Essential Criteria

- a The agency has a current policy on partnership and integration.
- b The agency facilitates staff attendance at relevant local network meetings.
- c The agency has established linkages with local culturally diverse services and other relevant agencies.

#### Good Practice Criteria

- d The agency has formal partnership agreements where appropriate.
- e Formal partnership agreements and Memorandums of Understanding (MOU's) include measures to evaluate the effectiveness of collaborations.
- f The agency can demonstrate a commitment to working collaboratively with other agencies to meet the complex needs of its consumers.

### **About this Standard**

Your agency clearly defines working arrangements with other agencies to ensure collaborations and partnerships are successful, culturally secure and aim to improve outcomes for the target community.

### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The agency has a current policy on partnership and integration.	<p>The policy would demonstrate your agency's commitment to partnership and integration and provide an overview of the circumstances that would indicate formal partnership or integration with other agencies would be beneficial to consumers.</p> <p>Current policies are ones that are approved either by management or the Board of Management/ Management Committee, reviewed according to a set timeframe (or earlier if required) and communicated to staff and consumers.</p>	The reviewer will ask to see a copy of the policy.

Criteria	Guidance	How this might be substantiated
b The agency facilitates staff attendance at relevant local network meetings.	Your agency encourages staff to attend local agency network meetings to improve collaborations between agencies.	The reviewer might talk with management about how they support staff attendance at network meetings.  The reviewer might also talk with some staff about this and ask to see minutes of network meetings, where available.
c The agency has established linkages with local culturally diverse agencies and other relevant agencies.	Your agency is aware of the range of services available and has established working relationships with Aboriginal and Torres Strait Islander services and other culturally specific services.  Other relevant agencies might include corrections, child protection, Centrelink, local mental health services, etc.	The reviewer might talk with representatives of other local agencies with whom your agency has established linkages.
To achieve good practice certification, you'll also need to meet the good practice criteria		
d The agency has formal partnership agreements where appropriate.	Where service delivery or funding for services is shared with another agency, a formal written partnership agreement exists to guide the collaboration.  Formal partnership agreements would include provisions for cultural security.	The reviewer might ask to see copies of partnership agreements.
e Formal partnership agreements and MOU's include measures to evaluate the effectiveness of collaborations.	Ways to measure effectiveness might include outcomes of services, number of consumers accessing services, reduction in arrests, etc.	The reviewer might ask to see copies of partnership agreements and MOU's.
f The agency can demonstrate a commitment to working collaboratively with other agencies to meet the complex needs of its consumers.	This commitment might be stated in policy (eg Assessment or Treatment Policy) and can also be demonstrated through the existence of formal partnership agreements and MOU's with other agencies relating to shared care.	The reviewer will talk with management and staff about this and will ask to see copies of partnership agreements and MOU's.

### **Support Tools and Resources for this Standard**

### **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The Board has approved a policy on partnership and integration policy, which includes a set of principles to be applied when considering entering into a formal partnership with another organisation. Where shared care is considered appropriate, the Board has endorsed developing Memoranda of Understanding to set benchmarks for integrated service delivery.
- Every Persons AOD Service keeps track of when policies were approved and an administrative staff member has the responsibility to bring policies which are due for review to the attention of the CEO, who works with the Board to decide who should be consulted as part of the review process.
- Senior staff attend meetings with other local community health service providers to talk about new things going on in the community and what they might be able to do about it.
- Every Persons AOD Service has a formal partnership agreement with the local Aboriginal Medical Service to exchange counselling staff on a three-monthly basis to provide professional development for staff and a shared understanding of how the organisations can work together to improve outcomes for consumers. The agreement includes measurable success indicators, like a 10% increase in appropriate referrals from the AMS to Always There and vice versa.
- The partnership agreement with the local Aboriginal Medical Service also covers services provided by the AMS to consumers in residential rehabilitation at Every Persons AOD Service. Services include management of chronic conditions like diabetes or asthma, nicotine replacement therapy and assistance in the management of mental health conditions, like anxiety or depression where medication is required to manage the condition.

<sup>58</sup> <http://www.nhmrc.gov.au/guidelines/publications/hp19-hp26>

## PERFORMANCE EXPECTATION 7: ORGANISATIONAL GOVERNANCE

*Governance practices maximise organisational transparency, effectiveness and ensure accountability and compliance with legislation.*

### Performance Expectation 7.1: Defined and Documented Roles and Responsibilities

The roles and responsibilities of the Board of Management/Management Committee members are clearly defined and documented, provided to individuals on appointment to their position, supported by appropriate policies and procedures and reviewed as needed.

#### Essential Criteria

- a The agency has appropriate current policies and procedures to support the functions of the Board of Management/Management Committee.
- b The organisation has documented roles and responsibilities for Board of Management/Management Committee members.
- c The chairperson can describe the process for orienting new members to the Board of Management/Management Committee.
- d The composition of the Board of Management/Management Committee contains an appropriate mix of stakeholders.

#### Good Practice Criteria

- e The organisation can demonstrate that it has a process for ensuring renewal of the Board of Management/Management Committee, which supports continuity of experience and organisational knowledge.
- f The organisation can demonstrate that individuals are provided with orientation and any necessary skills development upon joining the Board of Management/Management Committee.
- g Standing Committees and/or working groups have documented terms of reference, which include definition of the scope of their authority.

### ***About this Standard***

In order to ensure the agency's Board of Management/Management Committee operates effectively, all members need to understand their responsibilities under key organisational documents, like the constitution. Key positions such as the chairperson, secretary and treasurer (if applicable) would have a position description, which includes key duties and relationships with other members of the Board of Management/Management Committee. A position description would also be developed for general members.

### ***Guidance/examples:***

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The agency has appropriate current	Policies might include strategic planning, financial planning or	The reviewer will ask to see copies of the policies.

Criteria	Guidance	How this might be substantiated
policies and procedures to support the functions of the Board of Management/ Management Committee.	budgeting, standing committees, etc.  Current policies are ones that have been approved by the Board of Management/ Management Committee, reviewed according to a set timeframe (or earlier if required) and communicated to staff and consumers.	
b The organisation has documented roles and responsibilities for Board of Management/ Management Committee members.	Roles and responsibilities might include: a commitment to ensuring cultural security; management of conflict of interest issues; attendance at meetings; providing informed opinion (by reading papers prior to meetings); approval of the strategic plan; approval of policy; etc.	The reviewer might ask to see a copy of the Board of Management/Management Committee roles and responsibilities statement.
c The chairperson can describe the orienting new members to the Board of Management/ Management Committee.	The chairperson could meet with new members to provide them with information about the way the Board of Management/Management Committee works and an overview of the agency (the CEO might also provide assistance with orienting new members).	The reviewer might talk with the chairperson and CEO about this.
d The composition of the Board of Management/ Management Committee contains an appropriate mix of stakeholders.	The Board of Management/ Management Committee would be made up of a mix of people who know the community and/or the work of the agency well and can ensure cultural security, as well as people with finance, legal and governance skills (such as accountants, solicitors or professional company directors).	The reviewer might talk with the chairperson about how they work with the CEO to ensure the right mix of people are on the Board of Management/Management Committee.
To achieve good practice certification, you'll also need to meet the good practice criteria		
e The organisation can demonstrate that it has a process for ensuring renewal of the Board of Management/ Management	Each year at the Annual General Meeting (AGM) your agency might elect half of the Board of Management/Management Committee members for a two-year period, so not all	The reviewer might talk with the chairperson about this and ask to see your agency's constitution and minutes of AGM's.

Criteria	Guidance	How this might be substantiated
<p>Committee, which supports continuity of experience and organisational knowledge.</p>	<p>members' terms expire at the same time. This would help to ensure continuity of experience and organisational knowledge.</p> <p>Your agency might also set a limit on the number of terms a person can be elected to your Board of Management/Management Committee, to encourage fresh perspectives and renewal of membership.</p>	
<p>f The organisation can demonstrate that individuals are provided with orientation and any necessary skills development upon joining the Board of Management/ Management Committee.</p>	<p>To meet this criterion, your agency will need to keep records of the Board of Management/ Management Committee induction process, like signed induction checklists and codes of conduct, etc and also records of any skills development undertaken.</p>	<p>The reviewer might ask to see induction records.</p>
<p>g Standing Committees and/or working groups have documented terms of reference, which include definition of the scope of their authority.</p>	<p>Where your Board of Management/ Management Committee forms standing committees (eg audit committee, planning committee, etc), these have documented terms of reference that cover membership, frequency of meetings, key agenda items, authority and reporting requirements to the Board of Management/Management Committee.</p>	<p>The reviewer might ask to see the terms of reference for standing committees and minutes of their meetings or reports to the Board.</p>

### **Support Tools and Resources for this Standard**

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 1.1, 1.2, 1.3, 1.6, 2.15)

Our Community Policy Bank<sup>59</sup>

<sup>59</sup> [http://www.ourcommunity.com.au/boards/boards\\_article.jsp?articleId=1453](http://www.ourcommunity.com.au/boards/boards_article.jsp?articleId=1453)

## Every Persons AOD Service

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The Board of Every Persons AOD Service has seven members. Four members must live in the local community and are elected at the AGM. The remaining three members are appointed by the Board. At least one of the appointed members must have a legal or accounting qualification. Members are elected or appointed for two year terms.
- The chairperson must be one of the appointed members. Usually this means that the Board appoints two members who then participate in the process of identifying and appointing an appropriate chairperson.
- The Board has approved policies on strategic and financial planning and risk management.
- The Board has also approved procedures on the following:
  - Financial delegations;
  - Appointing a chairperson;
  - Managing conflicts of interest.
- Every Persons AOD Service keeps track of when policies were approved and an administrative staff member has the responsibility to bring policies which are due for review to the attention of the CEO, who works with the Board to decide who should be consulted as part of the review process.
- The Board has established a fundraising sub-committee, which has documented terms of reference. The sub-committee meets quarterly to discuss fundraising opportunities. After it meets the sub-committee reports to the next Board meeting, and makes recommendations where necessary (eg for new fundraising activities, etc).
- The Board has developed a position description for the chairperson and a generic roles and responsibilities statement for members, which are reviewed once every three years.
- All new members meet with the chairperson and the CEO for induction before attending their first meeting. At this time, any governance training needs the new member might have are identified. The Board has developed a checklist for use when inducting new Board members, which is signed by the new member and the chairperson when induction is complete.
- The Board has agreed that members should retire after 10 years service. Members may serve on the Board longer if all other Board members agree there is a compelling reason to keep them as a member (eg, they have skills that cannot be easily replaced). To ensure continuity of Board membership, the elected members' terms are staggered, so that only two members' terms end at each AGM.



## Performance Expectation 7.2: Financial Management

The Board of Management/Management Committee exercises appropriate oversight of the agency's financial management.

### Essential Criteria

- a The Board of Management/Management Committee approves the financial delegations and budgetary planning policies, which are reviewed and revised as necessary.
- b The Board of Management/Management Committee approves the agency's annual budget.
- c The Board of Management/Management Committee receives regular reports comparing the agency's progress to the approved budget.

### Good Practice Criteria

- e The Board of Management/Management Committee has established financial strategies to ensure sustainable service provision, which are incorporated into the agency's strategic plan.

### ***About this Standard***

The Board of Management/Management Committee approves the budget and monitors cash flow, liquidity and reporting requirements, as part of a planned budgetary cycle. The Board also approves the financial delegations policy, which provides details on the conditions under which certain positions in the agency may spend agency funds.

### ***Guidance/examples:***

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The Board of Management/Management Committee approves the financial delegations and budgetary planning policies, which are reviewed and revised as necessary.	<p>The financial delegations policy would include reference to the positions within the agency that may spend agency funds (eg CEO, service managers, finance officer, etc), what they may spend funds on and any limits on this authority (eg up to \$1000 in any one transaction).</p> <p>The Board of Management/Management Committee would also approve the budget planning process, including any general budgeting principles (eg</p>	The reviewer might ask to see a copy of the financial delegations policy and ask to see minutes of meetings where policy revisions were discussed.

Criteria	Guidance	How this might be substantiated
	<p>non-profit, fee-relief, etc).</p> <p>The financial delegations policy is reviewed annually and after agency operations restructures that result in management positions being created or removed.</p>	
<p>b The Board of Management/Management Committee approves the agency's annual budget.</p>	<p>The annual budget should be prepared by agency management and might include explanatory notes for significant new expenditure or capital works.</p>	<p>The reviewer might ask to see the minutes of meetings where the Board/ Committee approved the current budget.</p>
<p>c The Board of Management/Management Committee receives regular reports comparing the agency's progress to the approved budget.</p>	<p>Each meeting of the Board/Committee should include a report comparing actual spending to the approved budget to assist the Board/Committee to monitor the agency's cash flow and liquidity.</p>	<p>The reviewer might ask to see copies of reports forwarded to the Board/Committee.</p>
<p>To achieve good practice certification, you'll also need to meet the good practice criteria</p>		
<p>d The Board of Management/Management Committee has established financial strategies to ensure sustainable service provision, which are incorporated into the agency's strategic plan.</p>	<p>This might include maintaining separate accounts for operations, employee entitlements, investments or capital works.</p> <p>The Board/Committee might also set a base level of funding required before the agency can enter into an agreement to deliver new services.</p>	<p>The reviewer might talk with Board/Committee members about this.</p>

**Support Tools and Resources for this Standard**

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 1.6, 3.23, 4.36, 4.42, 4.43, 4.50, 4.51)

Our Community Policy Bank<sup>60</sup>

<sup>60</sup> [http://www.ourcommunity.com.au/boards/boards\\_article.jsp?articleId=1453](http://www.ourcommunity.com.au/boards/boards_article.jsp?articleId=1453)

### **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The Board has approved a policy on financial planning.
- The Board has also approved procedures on financial delegations and budgetary planning.
- Every Persons AOD Service keeps track of when policies were approved and an administrative staff member has the responsibility to bring policies which are due for review to the attention of the CEO, who works with the Board to decide who should be consulted as part of the review process.
- At the May Board meeting each year, a draft budget for the coming year is presented for Board approval.
- The Board receives a report on the organisation's performance against the approved budget at each meeting. In November each year the Board receives a more detailed report, which may include recommendations for revising the approved budget.
- The Board has approved the establishment of three separate bank accounts for the organisation. One is used for operational expenditure, one for employee entitlements (eg annual leave accruals, long service leave accruals, superannuation entitlements, etc) and an investment account for future capital works. The Board has decided that 10% of all fees paid by consumers will be set aside for the capital fund, as well as any monies raised through fundraising activities.

### Performance Expectation 7.3: Monitoring Performance

The Board of Management/Management Committee has implemented strategies for performance monitoring and management.

#### Essential Criteria

- a The Board of Management/Management Committee receives regular reports from Management on the agency's compliance with contractual obligations.
- b The Board of Management/Management Committee can demonstrate that the agency complies with the requirements of its constitution.
- c The Board of Management/Management Committee has implemented a process to monitor performance against the objectives in the strategic plan.
- d The Board of Management/Management Committee has approved a risk management framework for the organisation.
- e The Board of Management/Management Committee conducts regular performance appraisals of the executive officer/chief executive officer.

#### Good Practice Criteria

- f The Board of Management/Management Committee undertakes a periodic assessment of their own performance.

### **About this Standard**

The Board of Management/Management Committee monitors legal, financial and reporting requirements to ensure they are being met, and also monitors the performance of the CEO. The Board would not directly intervene in day to day operations, but rather provides guidance and support to the CEO.

### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The Board of Management/Management Committee receives regular reports from Management on the agency's compliance with contractual obligations.	Reports would include updates on service delivery (eg whether the number of consumers receiving services is in line with funding provided), whether reports and other required documents like risk assessments have been submitted to funders, etc.	The reviewer might ask to see copies of reports provided to the Board/Committee.
b The Board of Management/Management Committee can	This might include things like how Board/Committee meetings are advertised	The reviewer might ask to see records relating to the constitution, like members' registers, AGM

Criteria	Guidance	How this might be substantiated
demonstrate that the agency complies with the requirements of its constitution.	and conducted, the election of members, the conduct of AGM's, maintenance of members' registers, etc.  Key positions like the chairperson, secretary and treasurer would be aware of the requirements of the constitution and ensure these are met.	minutes, etc.
c The Board of Management/Management Committee has implemented a process to monitor performance against the objectives in the strategic plan.	The Board might hold a number of special meetings each year, where the CEO provides a progress report against the objectives in the strategic plan.	The reviewer might ask to see copies of Board/Committee meeting minutes and talk with members of the Board/Committee about this.
d The Board of Management/Management Committee has approved a risk management framework for the organisation.	The Board/Committee satisfies itself that risks to the agency have been identified, assessed and are being properly managed by agency management.	The reviewer might talk with members of the Board/Committee about this and might also ask to see minutes of meetings where this was discussed.
e The Board of Management/Management Committee conducts regular performance appraisals of the executive officer/chief executive officer.	The Board/Committee agrees with the CEO on performance criteria and evaluates the CEO's performance against the agreed criteria on a planned basis (eg annually).  The CEO evaluation might be undertaken by the chairperson, rather than the whole Board.	The reviewer might ask to see the latest evaluation of the CEO's performance.
To achieve good practice certification, you'll also need to meet the good practice criteria		
f The Board of Management/Management Committee undertakes a periodic assessment of their own performance.	The Board/Committee has developed a set of criteria to evaluate its own performance (eg frequency of meetings, topics discussed or issues resolved) and the performance of individual members (eg attendance at meetings, participation on committees, etc).	The reviewer might ask to see a copy of the latest evaluation of the performance of the Board/Committee and might also talk with the chairperson about this.

Criteria	Guidance	How this might be substantiated
	Individual member performance evaluations might be conducted by the chairperson and might be verbal.	

***Support Tools and Resources for this Standard***

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 3.20, 3.21, 3.22, 3.23, 3.24, 3.25)

Our Community Policy Bank<sup>61</sup>

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<sup>61</sup> [http://www.ourcommunity.com.au/boards/boards\\_article.jsp?articleId=1453](http://www.ourcommunity.com.au/boards/boards_article.jsp?articleId=1453)

### **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The Board has endorsed a reporting cycle that outlines the reports to be provided by the CEO to each meeting of the Board to satisfy members that the organisation is meeting its reporting requirements (contractual and statutory).
- As an example, the CEO provides a report on services delivered four times a year, which compares the number of consumers who have accessed particular services with the outputs contained in the organisation's service level agreement.
- The Board has also endorsed a schedule of requirements relating to their constitution, to ensure the operation of the organisation is compliant. The CEO reports to the Board each time activities required by the constitution are undertaken (such as notification of the AGM) and the detail is included in the Board minutes.
- The CEO also provides an annual report to the Board on activities undertaken to advance the goals included in the strategic plan. The report includes successes, as well as any impediments to success. Sometimes the Board will adjust a goal based on the information presented to them.
- Each year the Board considers strategic risks and strategies to remove or minimise risk. The Board has delegated operational risk management to the CEO. The CEO reports, as necessary, to the Board when incidents or accidents have occurred and advises any action that has been/will be taken to minimise the risk (where possible) of similar accidents or incidents happening again.
- The Chairperson conducts an annual performance review with the CEO and notifies the Board when it has been completed. The performance appraisal is based on the agreed strategic objectives of the organisation.
- Each year every Board member completes, anonymously, a short survey on how well they think the Board is performing. The survey includes statements about the quality of information provided to the Board, opportunities for discussion and development, the frequency of meetings, etc. which Board members are asked to rate on a five point satisfaction scale. There is also room for additional comments to be provided. The CEO collates the responses and provides a short report to the Board for discussion. Sometimes the Board adjusts their practices based on the information in the performance report.
- Board members are also informed they can discuss issues of concern with the Chairperson at any time.

## Performance Expectation 7.4: Organisational Planning Process

The Board of Management/Management Committee exercises effective leadership in the strategic direction of the agency.

### Essential Criteria

- a The Board of Management/Management Committee has developed and/or approved the current strategic plan, which includes the values/vision and mission/purpose of the organisation.
- b The Board of Management/Management Committee receives regular reports on progress against the objectives in the strategic plan and advises on remedial action to be taken by agency management, if required.

### **About this Standard**

The Board of Management/Management Committee is responsible for the strategic direction of the agency. The Board of Management/Management Committee reviews and approves the agency's proposed strategy, including its values/vision and mission/purpose. The objectives of the agency need to be clearly documented in a long term strategy (three year minimum, updated annually), which may be supported by an annual business plan together with achievable and measurable targets and milestones.

### **Guidance/examples:**

Criteria	Guidance	How this might be substantiated
To achieve certification, you'll need to meet the essential criteria		
a The Board of Management/Management Committee has developed and/or approved the current strategic plan, which includes the values/vision and mission/purpose of the organisation.	The Board/Committee satisfies itself that the proposed strategic direction is appropriate for the agency to fulfil its values/vision and mission/purpose.	The reviewer might ask to see the minutes of meetings where the strategic direction was discussed and approved.
b The Board of Management/Management Committee receives regular reports on progress against the objectives in the strategic plan and advises on remedial action to be taken by agency management, if required.	Regular reporting conforms to an agreed timetable (eg quarterly, six-monthly) and contains sufficient information for the Board to identify where remedial action might be required to achieve objectives.	The reviewer might ask to see the minutes of meetings where reports on the strategic plan were presented and discussed.

### **Support Tools and Resources for this Standard**

OATSIH Risk Assessment Form, 5<sup>th</sup> edition (criteria 1.4)



### **Every Persons AOD Service**

Every Persons AOD Service is a fictitious AOD service that has implemented practices which meet the essential and good practice requirements of the Standard on Culturally Secure Practice (Alcohol and other Drug Sector). Here are some examples of those practices:

- The Board has developed and endorsed the mission and values of the organisation, in consultation with staff (through the CEO).
- The Board has developed a strategic planning cycle which lasts three years. Once every three years, the Board schedules an additional meeting, which is dedicated to planning.
- At least one Board member attends the annual consumer forum, as well as the community lunch forum.
- Once a strategic plan has been approved, the CEO provides an annual report to the Board on activities undertaken to advance the goals included in the strategic plan. The report includes successes, as well as any impediments to success. Sometimes the Board will adjust a goal based on the information presented to them.

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<sup>62</sup> [http://www.ourcommunity.com.au/boards/boards\\_article.jsp?articleId=1453](http://www.ourcommunity.com.au/boards/boards_article.jsp?articleId=1453)