**Alcohol and other Drug**

**and Human Services**

**Standard:**

***Interpretive Guide and Self-Assessment Tool***

**Evidence Informed | Culturally Responsive**

Version 6.5 (19 May 2021)



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



This work is copyright. Apart from any use permitted under the Copyright Act 1968, no part may be reproduced by any process without prior written permission from the Western Australian Network of Alcohol and other Drug Agencies (WANADA). Requests and enquiries regarding reproduction and rights should be directed to WANADA.

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

Enquiries to: Western Australian Network of Alcohol and other Drug Agencies (WANADA)

 PO Box 8048

 Perth WA 6849

 Telephone: 08 6557 9400

 Website: [www.wanada.org.au](http://www.wanada.org.au)

Email: culturalstandard@wanada.org.au

**Contents**

[Acknowledgements 4](#_Toc46318041)

[Introduction 5](#_Toc46318042)

[How to use the Self-Assessment Tool 6](#_Toc46318043)

[PERFORMANCE EXPECTATION 1: Understanding and Responding to Community Needs and Expectations 7](#_Toc46318044)

[Performance Objective 1.1 Understanding Community Needs and Expectations 7](#_Toc46318045)

[Performance Objective 1.2 Responding to Community Needs and Expectations 13](#_Toc46318046)

[PERFORMANCE EXPECTATION 2: Rights and Responsibilities, and Inclusive Practice 17](#_Toc46318047)

[Performance Objective 2.1 Rights and Responsibilities 17](#_Toc46318048)

[Performance Objective 2.2 Active Inclusion and Non-Discriminatory Practice 21](#_Toc46318049)

[Performance Objective 2.3 Involving People who Use the Service 26](#_Toc46318050)

[PERFORMANCE EXPECTATION 3: Evidence Informed Practice 30](#_Toc46318051)

[Performance Objective 3.1 Service Model 30](#_Toc46318052)

[Performance Objective 3.2 Service Entry 34](#_Toc46318053)

[Performance Objective 3.3 Screening, Assessment, and Service Matching 39](#_Toc46318054)

[Performance Objective 3.4 Treatment and Care 45](#_Toc46318055)

[Performance Objective 3.5 Case Management and Shared Care, Through Care, and Referral 53](#_Toc46318056)

[Performance Objective 3.6 Harm Reduction 59](#_Toc46318057)

[PERFORMANCE EXPECTATION 4: Human Resource Management 62](#_Toc46318058)

[Performance Objective 4.1 Workforce 62](#_Toc46318059)

[Performance Objective 4.2 Worker and Team Development 71](#_Toc46318060)

[Performance Objective 4.3 Worker Health, Safety and Wellbeing 79](#_Toc46318061)

[PERFORMANCE EXPECTATION 5: Service Management 84](#_Toc46318062)

[Performance Objective 5.1 Compliance 84](#_Toc46318063)

[Performance Objective 5.2 Financial and Facilities Management 88](#_Toc46318064)

[Performance Objective 5.3 Risk and Incident Management 93](#_Toc46318065)

[Performance Objective 5.4 Policies, Procedures, and Documents 97](#_Toc46318066)

[Performance Objective 5.5 Internal Communication and Records 101](#_Toc46318067)

[Performance Objective 5.6 Information and Data Management 105](#_Toc46318068)

[Performance Objective 5.7 Planning, Monitoring, Measurement, and Evaluation 110](#_Toc46318069)

[Performance Objective 5.8 Continuous Quality Improvement 114](#_Toc46318070)

[PERFORMANCE EXPECTATION 6: Organisational Governance 118](#_Toc46318071)

[Performance Objective 6.1 Governing Body Composition, Roles, and Responsibilities 118](#_Toc46318072)

[Performance Objective 6.2 Accountability and Oversight 125](#_Toc46318073)

[Terms and Definitions 133](#_Toc46318074)

[Tools and Resources 136](#_Toc46318075)

# Acknowled**gem**ents

The Alcohol and other Drug and Human Services Standard was developed in consultation with the WA alcohol and other drug sector and other human service sector representatives.

WANADA acknowledges the support provided by the Joint Accreditation System of Australia and New Zealand (JAS-ANZ) and the Institute for Healthy Communities Australia (IHCA) in the development of the Alcohol and other Drug and Human Services Standard and the WANADA Scheme.

The Standard and/or previous versions have been supported with funding from:

* Australian Government Department of Health
* Western Australian Mental Health Commission (formerly Drug and Alcohol Office)
* Lotterywest

The Standard Review Steering Group

|  |  |
| --- | --- |
| Jill Rundle (Chairperson) *CEO, WANADA*Andrew Amor*CEO, Milliya Rumurra*Ann Annetts *Manager, Drug and Alcohol Withdrawal Network, St John of God Subiaco Hospital*Angela Corry*CEO, Peer Based Harm Reduction WA*Carol Daws*CEO, Cyrenian House* Jeanine Lumsden*Assistant Divisional Social Programme Secretary, Western Australia, The Salvation Army*Josey Hansen*Cultural Architect, Uniting Care West*Judi Stone*Manager, Workforce Development, Alcohol, Other Drugs and Prevention Services, WA Mental Health Commission*Karina Clarkson*Senior Workforce Development Officer, Strong Spirit Strong Mind Aboriginal Programs, WA Mental Health Commission*Louise Cefalo*Senior Project Officer Quality Assurance, Non-Government Purchasing and Development Directorate, WA Mental Health Commission* | Melanie Chatfield*Health Policy Manager, WA Primary Health Alliance*Michael Gray*Manager Harry Hunter Recovery Centre – Alcohol and other Drug Services, Western Australia, The Salvation Army*Suzanne Caren*Area Manager – Youth Services, Drug and Alcohol Youth Service, Youth Accommodation Support Service and Youthbeat, Mission Australia*Tahnya Wood*A/Assistant Director Offender Management Strategy and Development, Offender Management, Corrective Services, Department of Justice* Wayne Flugge*Workforce Development Officer, Strong Spirit Strong Mind Aboriginal Programs, WA Mental Health Commission*Wendy Shannon*Manager Residential Services, Farm Therapeutic Community and Brunswick Junction, Palmerston Association*Caroline Henson (Standard Review Coordinator), *Sector Quality Coordinator, WANADA* |

# Introduction

Welcome to the Interpretive Guide and Self-assessment Tool for the Alcohol and other Drug and Human Services Standard (the Standard).

This Interpretive Guide and Self-assessment Tool aims to:

* assist organisations to understand and apply the Standard to their organisation/service;
* provide a framework to guide self-assessment; and
* support and guide continuous quality improvement.

The document follows the structure of the Standard, comprising six sections related to each Performance Expectation as follows:

**Performance Expectation**

* *statement of intent*

**Performance Objective**

* *statement of objective*
* *list of related performance criteria*
* *explanatory section ‘About this Performance Objective’*

**Criterion**

* *guidance examples*
* *self-assessment template*

Please note, the examples in the guidance section under each criterion have been provided for explanatory purposes only and do not represent mandatory requirements or reflect the only and/or best way to meet the criterion. Your way of working may vary depending on the size, location and/or structure of your organisation, the types of services you provide and the people who use your services.

The self-assessment section under each performance criterion provides a mechanism for the organisation/service to assess and record:

* if and how it meets the criterion and how this can be verified; and
* to identify and document for action, any gaps or opportunities for improvement.

An explanation of how to use the self-assessment tool is provided on page 6.

A glossary of terms and definitions is included at the back of the document starting on page 133.

Example **support tools/resources** related to each Performance Objective are provided starting on page 136. A link is provided to the relevant section of the tools/resources list under each Performance Objective.

**The Interpretive Guide and Self-Assessment Tool is a working document that will be continuously improved and updated by WANADA based on feedback from the organisation/services that are using it.**

Feedback and queries related to the Alcohol and other Drug and Human Services Standard and the Interpretive Guide and Self-Assessment Tool can be provided to WANADA at *culturalstandard@wanada.org.au* or by phone (08) 6557 9400.

# How to use the Self-Assessment Tool

Compliance with the Standard can be demonstrated through ***observation*** (practice, environment), and/or ***interview*** (board members, management and workers, consumers and other stakeholders) and/or ***documentation*** (policies, procedures, records and forms). Compliance with *most* criteria will be verified by the certification body auditor using at least two of these methods.

Some criteria emphasise a specific approach, for example ***3.4(b) Consumers can describe how they were involved in the development of their treatment/care plan*** indicates the auditor is being directed to take a targeted verification approach through consumer interview.

When completing the self-assessment, consider the different ways in which your organisation/service can demonstrate how it meets the criterion. If it is evident that the criterion is describing something that your organisation/service does not currently do, or you identify an improvement that could be made, complete the ‘Identified gaps and/or opportunities for improvement’ section.

***Sometimes approaches that serve to meet or improve organisation/service performance against one criterion can be used for several criteria – look for these opportunities to make your quality processes efficient.***

The table below provides an ***example*** of what a completed self-assessment may look like for ***2.1(a) The organisation/service has a statement of rights and responsibilities in accessible language(s) and formats.***

|  |  |  |
| --- | --- | --- |
| **Self-assessment –** how your organisation/service meets this criterion, and how it can be demonstrated | **Date:** | 22/10/18 |
| The organisation has a statement of consumer rights and responsibilities based on the Australian Charter of Healthcare Rights and developed in consultation with workers and consumers. |
| Observation | Interview | Documentation  | Self-rating (met/not met) |
| Statement of Consumer Rights and Responsibilities posted on the wall in reception, group room, staff room and toiletsService brochures include reference to consumer rights and responsibilities available in reception | Management interview *(describe the steps taken to develop and/or review rights and responsibilities)*Worker interview *(describe how they explain rights and responsibilities to consumers and provide them with a copy as part of a welcome pack)*Consumer interview *(describe being given a copy of their rights and responsibilities upon accessing the service and that they were explained by a service worker)* | Statement of Consumer Rights and ResponsibilitiesMinutes of team meetings discussing approaches to explaining consumer rights and responsibilities Signed copy of Consumer Rights and Responsibilities in consumer files |  |
| **Continuous Quality Improvement** |
| Identified gaps and/or opportunities for improvement | Actioned Y/N | Completion Date  |
| * A consumer didn’t understand the written form of responsibilities – review through consumer focus group to simplify language
* A family member suggested Statement of Consumer Rights and Responsibilities be put on the service website – management support suggestion
 | NY | 22/10/18 |
| **Next scheduled self-assessment**  | **Date:** | 22/10/19 |

# PERFORMANCE EXPECTATION 1: Understanding and Responding to Community Needs and Expectations

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

|  |
| --- |
| Performance Objective 1.1 Understanding Community Needs and Expectations*To actively build respectful relationships with the community to understand their needs and expectations* |
|  | The organisation/service demonstrates its acknowledgement of the primacy of First Nations peoples |
|  | The organisation/service can describe its catchment population, including any specific issues or characteristics, and how they were determined |
|  | The organisation/service leaders demonstrate and support respectful engagement and involvement with relevant population groups within the catchment area, considering different engagement protocols |
|  | The organisation/service can describe how it has determined its target population group(s) |
|  | The organisation/service can demonstrate how it has determined the needs and expectations of the target population group(s) through engagement |
| **About this Performance Objective** |
| **PLEASE NOTE: *This Performance Expectation is the foundation for the Standard and serves to inform organisation/service operations at every level.***As a general principle, delivery of effective services to a specific community requires an understanding of the needs and characteristics particular to that community. Typically, this is achieved through engagement with, and involvement of, the community through consultation. The way in which this is done may vary depending on the community and target population group(s) involved. WANADA has received advice from Aboriginal Elders that actively creating and responding to opportunities to develop and maintain relationships based on mutual respect and shared intent, with consideration of relevant engagement protocols, is key for effective engagement with Aboriginal peoples. WANADA sees this approach as relevant across all population groups. Community engagement and consultation may include storying/yarning sessions; forums and focus groups; consultation with Elders and other recognised cultural leaders; discussions with key stakeholders, (e.g. other local organisation/services) and target population group(s) representatives. Discussion with other services in the area can assist to identify current recognised service gaps and potential complementary/collaborative opportunities. Statistics and relevant research may also provide useful information about community and specific target population group(s) needs.Commitment from the organisation/service leaders to understanding and responding to community needs and expectations is often demonstrated through the allocation of resources (people, time, money) to support community consultation and engagement. Exchange at a leadership level (between community and organisation/service leaders) to establish relationships and trust may be most appropriate.Example **governance principles/standards** relevant to this Performance Objective include Australian Institute of Company Directors (AICD) Principle 1 (Purpose and strategy); Principle 8 (Stakeholder engagement); and Principle 10 (Culture).[See tools and resources for Performance Objective 1.1](#PE1_1_Toolsandresources)  |

|  |  |
| --- | --- |
| a) | The organisation/service demonstrates its acknowledgement of the primacy of First Nations peoples |
| **Guidance** |
| Informed by what some services report they are doing, there are a range of ways that this criterion ***may*** be demonstrated at your organisation.

|  |  |
| --- | --- |
| *Observation* | Aboriginal and Torres Strait Islander flags and local artwork on display. |
| *Interview* | Leaders can talk about how they acknowledge First Nations peoples, e.g. supporting organisation/service participation in culturally significant events.Aboriginal Elders, consumers or community members can talk about their experience of the organisation. |
| *Documentation*  | Welcome to, and Acknowledgement of, Country policy or procedure and/or demonstrated in practice, e.g. recorded in meeting minutes; an active Reconciliation/Conciliation Action Plan and/or relevant strategic objectives. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – culturalstandard@wanada.org.au |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | The organisation/service can describe its catchment population, including any specific issues or characteristics, and how they were determined |
| **Guidance** |
| Catchment populations may be state-wide, cover a specific metropolitan or health region, or a specific community. The catchment population may be prescribed through service agreements. Awareness of catchment population, the different population groups and the prevalence of related issues, may inform the service/ organisation’s focus and partnership development. Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Management can talk about the catchment population for their service.Management and other workers can talk about how they inform themselves about the specific issues or characteristics of the catchment population that are relevant to the service. |
| *Documentation* | Records of statistics and/or research that relate to their catchment population.Meeting minutes or summaries of conversations with other organisations in the catchment area.Reports on consultations held with community members. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – culturalstandard@wanada.org.au |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | The organisation/service leaders demonstrate and support respectful engagement and involvement with relevant population groups within the catchment area, considering different engagement protocols |
| **Guidance** |
| The premise of this criterion is that an organisation/service is important to the catchment area population, and respectful engagement with the community has mutual benefits. Benefits may include: the development and provision of a more responsive service; enhanced community awareness of the service provided; community support for the service; and reduced community concern and stigma. Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about how workers are supported to participate in, and contribute to, community events, e.g. NAIDOC, Pride; and how community members are invited to participate in service initiatives, e.g. open days and consultations.Leaders can talk about how population group representatives are informed of service developments and achievements.Leaders can talk about how they have come to understand specific population group engagement protocols, and how they support them being used in practice. |
| *Documentation* | Consultation summaries and engagement records; documented engagement protocols. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – culturalstandard@wanada.org.au |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| d) | The organisation/service can describe how it has determined its target population group(s) |
| **Guidance** |
| Some services are provided to specific population groups, e.g. Aboriginal, youth, women, LGBTIQ+, or CaLD. This may be incorporated in service agreements and/or described in the organisation’s Mission Statement. Other services are open to all population groups but may target a specific population group or groups based on identified need and priority.Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about how the target population group(s) were determined.  |
| *Documentation* | Service agreement specifications; Mission Statement; service brochures; analysis of service gaps. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – culturalstandard@wanada.org.au |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| e) | The organisation/service can demonstrate how it has determined the needs and expectations of the target population group(s) through engagement |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Managers can describe how the needs and expectations of target population group(s) have been determined and reviewed, e.g. focus groups of relevant representatives; needs analysis; and/or ongoing feedback. |
| *Documentation* | Consultations records; needs analysis reports; reference to relevant research. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – culturalstandard@wanada.org.au |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |
| --- |
| Performance Objective 1.2 Responding to Community Needs and Expectations*To respond appropriately to the needs and expectations of the community, and to build community awareness of available services* |
|  | The organisation/service can demonstrate its commitment to principles of engagement in service planning, design, delivery, and continuous improvement |
|  | The organisation/service can demonstrate how it has determined its service focus, and how the service has been developed and structured, in response to identified target population group(s’) needs and expectations |
| c) | The organisation/service can demonstrate how it informs the catchment population about the services it provides  |
| **About this Performance Objective** |
| Engagement principles typically include defining the purpose for engagement; identifying relevant stakeholders and facilitating their engagement from the beginning of the process; establishing clear expectations; and respecting the expertise, needs and perspectives of the parties involved[[1]](#footnote-1).Relevant stakeholders may include target group representatives and local service providers. Development and maintenance of strong working relationships with relevant stakeholders:* assists in understanding needs and expectations and the translation of these into appropriate service design and development;
* reduces service duplication and enhances complementary collaborations – informs the service focus;
* may provide opportunities for monitoring service outcomes and consumer satisfaction; and
* supports the identification of necessary changes and improvements.

Service focus considerations may include the organisation's mission, the identified needs and expectations of the target population group(s), and the capacity of the service to meet those needs within the resources available.A defined service focus serves to manage community expectations. It describes the service type and scope, and guides service planning, development and management, including partnerships and collaborations for shared care. Some organisations/services develop a specific focus to meet an identified service gap, whereas others develop a broad focus.Given that community members often say that they do not know what services are available or how to access them, and what they can expect if they do access them (including the quality of the service provided), organisations may need to use a range of approaches to inform the catchment population of the services it provides. Example **governance principles/standards** relevant to this Performance Objective include: AICD Principle 1 (Purpose and strategy); Principle 7 (Accountability and transparency); and Principle 8 (Stakeholder engagement).[See tools and resources for Performance Objective 1.2](#PE1_2_Toolsandresources) |

|  |  |
| --- | --- |
| a) | The organisation/service can demonstrate its commitment to principles of engagement in service planning, design, delivery, and continuous improvement  |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about their engagement principles and processes.Leaders and managers can talk about the influence community members and other stakeholder engagement has had on service planning, design and implementation. |
| *Documentation* | Documented engagement principles; summaries of consultations; planning and review documents. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – culturalstandard@wanada.org.au |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | The organisation/service can demonstrate how it has determined its service focus, and how the service has been developed and structured, in response to identified target population group(s’) needs and expectations |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about their service focus and how it was determined in response to the target population group(s’) needs and expectations.Managers and other workers can talk about the organisation/service’s “no wrong door” approach, and appropriate responses including established partnerships and shared care pathways to address multiple co-occurring issues and specific cultural support needs. |
| *Documentation* | Consultation records; organisation/service planning documents, e.g. strategic plan, operations plan; service agreements and funding submissions; service promotional material for the target population. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – culturalstandard@wanada.org.au |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | The organisation/service can demonstrate how it informs the catchment population about the services it provides |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Information about the service provided is on the organisation’s website and communicated via social media. |
| *Interview* | Leaders can talk about how they determined what information the community (including potential referring bodies) needs, and how this information is provided. |
| *Documentation*  | Organisation/service promotional material; records of where consumers heard about the service and where they were referred from; evidence of promotional/information sharing activities, e.g. participation in community events. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – culturalstandard@wanada.org.au |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

# PERFORMANCE EXPECTATION 2: Rights and Responsibilities, and Inclusive Practice

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

|  |
| --- |
| Performance Objective 2.1 Rights and Responsibilities*To ensure that consumer rights and responsibilities are explained in a way that is understood* |
| a) | The organisation/service has a statement of rights and responsibilities in accessible language(s) and formats |
| b) | It can be demonstrated that consumers are informed, and understand the intent, of their rights and responsibilities  |
| c) | The organisation/service has a feedback and complaints process which is accessible and clearly communicated to its catchment population |
| **About this Performance Objective** |
| The term consumer, for this Standard, is inclusive of family members and significant others. Consumer rights (i.e. what is required of the service) cover the areas of access, safety, respect, communication, participation, privacy and comment, as outlined in the Australian Charter of Healthcare Rights (2019) published by the Australian Commission on Quality and Safety in Healthcare. Consumer responsibilities (i.e. what is expected from the consumer) may include transparent communication with the service to facilitate appropriate individual service planning; treating workers with dignity and respect; keeping appointments; and abiding by service rules. Consumer rights and responsibilities need to be clearly stated and easy to understand by the service’s target group(s), considering language, literacy levels, and cultural needs. This may mean making them available in different formats and/or languages and may require a combination of approaches including verbal, written and visual formats.Organisation/service responsibility, in relation to informing consumers of their rights and responsibilities, includes checking consumer understanding and using any feedback to improve the way the organisation/service provides the information. The organisation/service is also responsible for providing an accessible feedback and complaints process, welcoming and appropriately responding to this input.Example **governance principles/standards** relevant to this Performance Objective include: AICD Principle 8 (Stakeholder engagement).[See tools and resources for Performance Objective 2.1](#PE2_1_Toolsandresources) |

|  |  |
| --- | --- |
| a) | The organisation/service has a statement of rights and responsibilities in accessible language(s) and formats |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Documentation* | A statement of rights and responsibilities based on the Australian Charter of Healthcare Rights; a brochure that explains rights and responsibilities in clear and simple language. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – culturalstandard@wanada.org.au |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | It can be demonstrated that consumers are informed, and understand the intent, of their rights and responsibilities |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Rights and responsibilities information on display in areas accessed by consumers. |
| *Interview* | Workers can describe methods they use to explain rights and responsibilities and talk about how they check understanding with consumers.Consumers can describe their rights and responsibilities in general terms. |
| *Documentation*  | Inclusion of the statement of rights and responsibilities in a consumer welcome pack; signed statement of consumer rights and responsibilities on consumer files; record of consumer feedback. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – culturalstandard@wanada.org.au |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | The organisation/service has a feedback and complaints process which is accessible and clearly communicated to its catchment population |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Feedback mechanisms and complaints processes on the organisation/service website.Feedback and complaints forms, including processes, are available in common areas accessed by consumers and community members. |
| *Interview* | Leaders can talk about how the organisation/service facilitates and welcomes feedback from the catchment population through easily accessible and user-friendly mechanisms. Workers can describe the methods they use to communicate and help consumers understand feedback and complaints processes and any support they have provided to enable consumers to engage in feedback/complaints processes. Consumers can describe how they were informed of feedback and complaints processes and demonstrate that they understand them. |
| *Documentation* | Consumer satisfaction surveys; feedback and complaints forms and/or notes from individual consultation and consumer reference groups; compliments and complaints registers. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – culturalstandard@wanada.org.au |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |
| --- |
| Performance Objective 2.2 Active Inclusion and Non-Discriminatory Practice*To structure the service to maximise access and inclusion, with an emphasis on the creation of a safe and welcoming service environment* |
|  | Organisation/service leaders actively promote and foster a welcoming and inclusive environment |
|  | The organisation/service can demonstrate action taken to reduce stigma, discrimination, and other access barriers |
|  | The organisation/service can demonstrate how it supports workers to reflect on their attitudes and behaviours toward others |
|  | Consumers, including family members and significant others, report feeling welcomed, respected, listened to, and heard |
| **About this Performance Objective** |
| This performance objective focusses on organisation/service culture in relation to inclusive and non-discriminatory practice. A culture of inclusion will be evident in service design and delivery (impacting community, consumers), and service operations (impacting service workers).Stigma and discrimination are significant barriers to service access. This highlights the needs for organisation/services to consider strategies to ensure that people from different socio-cultural backgrounds and experiences have equitable access to the service, and that adequate support is provided to ensure they can benefit from the service provided. This may include efforts to raise awareness and reduce stigma and discrimination within partner organisations.Also highlighted is the importance of providing workers with support to reflect on their attitudes towards others, for enhanced relationships with consumers and work colleagues.Example **governance principles/standards** relevant to this Performance Objective include: AICD Principle 8 (Stakeholder engagement); and Principle 10 (Culture).[See tools and resources for Performance Objective 2.2](#PE2_2_Toolsandresources) |

|  |  |
| --- | --- |
| a) | Organisation/service leaders actively promote and foster a welcoming and inclusive environment |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Welcome statements are displayed in common areas accessible to consumers.A purposeful welcoming environment has been created, e.g. symbols of inclusivity such as the rainbow flag; toys for the children of consumers; availability of a prayer/meditation space. Elders are engaged to provide welcome for residential consumers from out of country. |
| *Interview* | Leaders can talk about organisation/service strategies and practices that actively accommodate diversity and cultivate inclusion.  |
| *Documentation* | Inclusion identified as an organisation ‘value’ within Strategic Plan; policies related to/supporting inclusion.  |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | The organisation/service can demonstrate action taken to reduce stigma, discrimination, and other access barriers |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about strategies adopted that actively address stigma and discrimination within the service/organisation, e.g. open discussions at staff meetings, training sessions and awareness raising strategies.Leaders can talk about strategies adopted that actively reduce access barriers, e.g. childcare availability, transport, outreach, and disability access, access to language and cultural interpreters. Workers can talk about how they model non-judgmental attitudes, e.g. challenging negative stereotypes with other professionals offering shared care.Workers can talk about strategies they use to support consumer comfort and engagement, e.g. conducting counselling in an outdoor setting. |
| *Documentation*  | Progress report against strategies aimed at reducing access barriers. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | The organisation/service can demonstrate how it supports workers to reflect on their attitudes and behaviours toward others |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about supports provided that enable workers to reflect on their attitudes towards others.Workers can talk about being provided with opportunities to identify and reflect on their attitudes and behaviours that impact on their relationships with consumers and co-workers, e.g. storying sessions with Aboriginal Elders; completing cultural competence assessments; mental health awareness days; clinical/practice supervision. |
| *Documentation* | Meeting minutes and records of reflection activities. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation  | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| d) | Consumers, including family members and significant others, report feeling welcomed, respected, listened to, and heard |
| Guidance |
| This criterion is largely demonstrated through interview; however, some documented records may also be relevant.Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Consumer testimonials on the service website. |
| *Interview* | Consumers, including family members and significant others report positive experiences with the service. |
| *Documentation*  | Formal consumer satisfaction surveys; compliments register; cards and letters from consumers, family and significant others; and feedback mechanisms such as feedback forms and web reviews. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation  | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |
| --- |
| Performance Objective 2.3 Involving People who Use the Service*To encourage and enable consumers to be involved in planning, development, and quality improvement, to ensure that services provided are relevant and responsive to needs* |
|  | The organisation/service can demonstrate that it supports and facilitates the contribution of people with experiential knowledge in service planning, development, and quality improvement |
|  | Consumers can describe how they, or a consumer representative(s), are involved in service planning, development, and/or quality improvement |
|  | The organisation/service can demonstrate that the contribution of consumers informs change and improvement |
| **About this Performance Objective** |
| Evidence shows that active consumer participation leads to more accessible and effective services and that active involvement of consumers throughout service development, implementation and evaluation is integral to their success*[[2]](#footnote-2)*Consumer participation happens at three levels[[3]](#footnote-3):* **Individual** – involvement in individual treatment and care, e.g. person and family centred care; self-management;
* **Program** – involvement in co-design, implementation and evaluation of programs, e.g. consumers, carers or community members in working groups or committees; and
* **Organisation** – involvement in higher level decision making and governance, e.g. consumer advisory groups; consumer, carer and community member representatives at executive levels.

Leadership commitment to involving people who use the service supports and facilitates genuine involvement in practice throughout the organisation/service. This may require resourcing, e.g. implementing a policy on appropriate remuneration for involvement; dedicated involvement coordination.Example **governance principles/standards** relevant to this Performance Objective include: AICD Principle 8 (Stakeholder engagement); and Principle 10 (Culture).[See tools and resources for Performance Objective 2.3](#PE2_3_Toolsandresources) |

|  |  |
| --- | --- |
| a) | The organisation/service can demonstrate that it supports and facilitates the contribution of people with experiential knowledge in service planning, development, and quality improvement |
| Guidance |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Information on participation opportunities is available on the organisation/service website. |
| *Interview* | Leaders can talk about initiatives to involve people with experiential knowledge and the types of support offered to facilitate their ability to contribute in an effective way.Consumers engaged as experiential knowledge representatives can talk about information and training provided to help them to understand their role. |
| *Documentation* | Relevant policies and procedures; terms of reference for advisory groups indicating consumer role; records of consumer involvement meetings; consultation and planning records. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation  | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | Consumers can describe how they, or a consumer representative(s), are involved in service planning, development, and/or quality improvement |
| Guidance |
| *This criterion is demonstrated through interview only.*  |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation  | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | The organisation/service can demonstrate that the contribution of consumers informs change and improvement |
| Guidance |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Results of changes and improvements suggested by consumers, e.g. the establishment of a meeting place on service grounds; consumer co-facilitation of group sessions. |
| *Interview* | Leaders can talk about changes implemented in the service as a result of advice from consumers and other people with experiential knowledge, e.g. feedback received through consultations, reference groups, surveys and complaints mechanisms are used to inform change and improvement to services as appropriate. |
| *Documentation* | Summaries of consumer consultations and resulting action plans. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation  | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

# PERFORMANCE EXPECTATION 3: Evidence Informed Practice

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

|  |
| --- |
| Performance Objective 3.1 Service Model*To provide an evidence informed service* |
| a) | The service has a clear evidence informed service model  |
| b) | There is consistency between the service model and workers’ description of their practice |
| c) | There is consistency between the service model and workers’ credentials and expertise |
| **About this Performance Objective** |
| Ideally, research evidence serves to inform the service model applied, however it is also important to consider a service model that best meets the needs of the target population group(s) identified in Performance Expectation 1. Where there is no/limited research evidence, including demonstrated applicability for any specific population group, systematic evaluation and outcomes monitoring serves to build a body of practice evidence. A defined service model helps to manage stakeholder expectations of what the service delivers. It also serves to inform planning and resource management such as worker recruitment and professional development requirements. The appropriateness of the service model and the evidence base applied requires ongoing evaluation. [See tools and resources for Performance Objective 3.1](#PE3_1_Toolsandresources) |

|  |  |
| --- | --- |
| a) | The service has a clear evidence informed service model |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Organisation/service leaders can talk about the rationale and evidence base for the chosen service model.Leaders can talk about any modifications made to the service model in order to meet the specific needs of the target population group(s). |
| *Documentation*  | Research demonstrating the evidence base for the service model, including service model guidelines, e.g. counselling guidelines; sobering up shelter guidelines; outcomes monitoring and/or evaluation summaries informing practice and review. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation  | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | There is consistency between the service model and workers’ description of their practice |
| **Guidance** |
| *This criterion is demonstrated through interview only.* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation  | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | There is consistency between the service model and workers’ credentials and expertise |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about recruitment and professional development planning processes needed to support the service model approach.Workers can describe their qualifications and how they remain informed of current best practice in line with the service model. |
| *Documentation* | Records of worker credentials and training completed; an orientation/induction program for new workers which includes information on the service model. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation  | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |
| --- |
| Performance Objective 3.2 Service Entry *To provide clear and transparent entry criteria which consider equity and need* |
| a) | The service has entry and/or exclusion criteria that are available to, and understood by, the catchment population, including key referral sources for the target population group(s) |
| b) | The service can demonstrate that equity and individual need are considered in any access prioritisation and planning  |
| c) | The service entry criteria include consideration of people with co-occurring concerns |
| d) | Where applicable, the service has strategies and processes to minimise wait times |
| **About this Performance Objective** |
| Service entry criteria reflects the service’s capacity to support consumers. Entry criteria (and subsequent exclusion criteria) might include considerations such as: gender; age; current alcohol and other drug use; co-occurring issues; criminal history; and readiness to change. Entry criteria is likely to be informed by service agreements; the service focus; and service capacity and capability. Entry criteria may be reviewed at planned intervals, to ensure they remain relevant and appropriate. For equitable access, the organisation/service may offer priority entry for some population groups, such as pregnant women, and court ordered/mandated consumers. Prioritisation of any population group needs to be endorsed by organisation/service leaders and clearly understood by workers. Ideally, the organisation/service has a planned approach for supporting people who do not meet entry criteria, including referral pathways and/or system navigation support. Example **governance principles/standards** relevant to this Performance Objective include: AICD Principle 8 (Stakeholder engagement); and Principle 10 (Culture).[See tools and resources for Performance Objective 3.2](#PE3_2_Toolsandresources) |

|  |  |
| --- | --- |
| a) | The service has entry and/or exclusion criteria that are available to, and understood by, the catchment population, including key referral sources for the target population group(s) |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Entry/exclusion criteria available on the service website. |
| *Interview* | Workers can describe how they communicate entry/exclusion criteria to their partner/referring services.Workers can describe any incidents where they have had to manage inappropriate referrals. |
| *Documentation*  | Policy document which lists entry/exclusion criteria; referral forms; brochures/service information which includes entry/exclusion criteria; case management meeting minutes; evidence of monitoring referrals for appropriateness; review of entry/exclusion criteria. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation  | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | The service can demonstrate that equity and individual need are considered in any access prioritisation and planning |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about strategies for improving access for under-represented groups.Workers can describe the process for prioritising consumer access to services. Workers can describe referral pathways and processes for people who do not meet the service entry criteria. |
| *Documentation*  | Strategies for improving equity of access in operational planning documents; minutes of meetings that discuss access, inclusion/exclusion, e.g. intake/case management meetings. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation  | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | The service entry criteria include consideration of people with co-occurring concerns |
| Guidance |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Information on the service approach about people presenting with co-occurring concerns available on the website. |
| *Interview* | Managers and workers can talk about how service entry criteria include consideration of co-occurring concerns. |
| *Documentation*  | Documented entry criteria; service brochures. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| d) | Where applicable, the service has strategies and processes to minimise wait times |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Pre-entry support groups. |
| *Interview* | Workers can talk about strategies to minimise wait times for service entry and/or supports offered to consumers while they wait, e.g. ‘wait pool’ groups; telephone check-ins; offering alternative services.  |
| *Documentation* | Entry/wait time strategies/procedures; case management meeting minutes.  |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |
| --- |
| Performance Objective 3.3 Screening, Assessment, and Service Matching*To conduct screening, assessment, and service matching, that identifies and meets consumer need* |
| a) | The service can demonstrate that screening and assessment is undertaken for service matching, and where appropriate, referral to alternative service options |
| b) | The service uses standardised screening and assessment tools that are culturally informed and include validated measures as appropriate  |
| c) | The service can demonstrate that screening and assessment supports the identification of any diversity and culturally specific service needs |
| d) | The service can demonstrate that screening and assessment supports the identification of multiple support needs and risks to inform service delivery, including case management and shared care, through care, and/or referral |
| e) | Consumers confirm that screening and assessment was useful in terms of identifying their service needs and informing them of their service options  |
| **About this Performance Objective** |
| As a rule, 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 the service’s entry criteria. Presenting issues may include co-occurring: domestic and family violence; housing/homelessness; risks such as suicide, self-harm and harm to others; dependent children or children in care; blood borne virus; mental health; or physical health concerns. Screening and assessment processes enable appropriate service matching for best consumer outcomes. Consumers who either do not fit within the service’s entry criteria or require different or additional care to that which can be provided by the service are linked in with other appropriate service(s) wherever possible. Depending on the service’s capacity, culturally appropriate system navigation (warm referral) support is provided. Example **governance principles/standards** relevant to this Performance Objective include: AICD Principle 8 (Stakeholder engagement); and Principle 10 (Culture).[See tools and resources for Performance Objective 3.3](#PE3_3_Toolsandresources) |

|  |  |
| --- | --- |
| a) | The service can demonstrate that screening and assessment is undertaken for service matching, and where appropriate, referral to alternative service options |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Workers can talk about screening and assessment processes and how they support consumers to access service(s) that best meet their needs.  |
| *Documentation* | Screening and assessment tools/documentation; case notes (where consumer consent to view file is provided); referral documents; relevant policies and procedures. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | The service uses standardised screening and assessment tools that are culturally informed and include validated measures as appropriate |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Workers can talk about the purpose of, and key steps in, the screening and assessment process and the tools used. |
| *Documentation*  | Screening and assessment tools, including those that are identified as culturally informed; records of consumer file audits. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | The service can demonstrate that screening and assessment supports the identification of any diversity and culturally specific service needs |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Workers can talk about how the assessment process includes identification and consideration of the cultural needs of consumers. |
| *Documentation*  | Assessment tools that include prompts for workers to identify consumers who have specific needs based on their cultural background. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| d) | The service can demonstrate that screening and assessment supports the identification of multiple support needs and risks to inform service delivery, including case management and shared care, through care, and/or referral |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Workers can talk about screening and assessment processes, including procedures to assess risk.Managers and workers can talk about links with other services to support shared care of consumers with mental health or other co-occurring conditions. |
| *Documentation* | Screening and assessment tools; risk assessment tools; treatment/care plans; referrals; case management meeting minutes.  |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| e) | Consumers confirm that screening and assessment was useful in terms of identifying their service needs and informing them of their service options |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Consumer testimonials on the service website. |
| *Interview* | Consumers can talk about how screening and assessment helped them to make a choice about their service options. |
| *Documentation*  | Consumer surveys and documented feedback; consultation records. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |
| --- |
| Performance Objective 3.4 Treatment and Care*To develop and implement individualised treatment and/or care plans based on identified need and consumer preference* |
| a) | A documented treatment/care plan is developed and regularly reviewed with the consumer in a way that enables them to understand and contribute |
| b) | Consumers can describe how they were involved in the development of their treatment/care plan |
| c) | The service can demonstrate that treatment/care planning is informed by the needs identified through screening, assessment, and service matching  |
| d) | The service can demonstrate that if any clinical/practice risk is identified through screening and assessment, appropriate risk management measures are included in the treatment/care plan  |
| e) | With the consent of the consumer, people who are significant to them, including dependent children, may be engaged, or considered, as a part of their treatment/care planning |
| f) | The service can demonstrate that routine processes are used for any handover of care to maximise safety and quality |
| g) | Treatment/care plans include a service exit plan developed with the consumer, and provided to them on exit/discharge from the service |
| **About this Performance Objective** |
| The criteria for this Performance Objectively are largely self-explanatory. It is important that treatment and/or care: * draws on screening and assessment information;
* includes culturally specific considerations;
* includes risk considerations, e.g. suicide, self-harm and/or harm to others;
* is planned and regularly reviewed throughout the service engagement in consultation with the consumer; and
* includes a service exit plan.

Where multiple internal service workers are engaged in the treatment/care of a consumer, there needs to be a process for sharing current information. Handover of care is part of internal communication requirements (5.5 b) but has been made explicit due to high importance. Handover processes are an essential part of clinical/practice governance.Example **governance principles/standards** relevant to this Performance Objective include: AICD Principle 8 (Stakeholder engagement); and Principle 10 (Culture).[See tools and resources for Performance Objective 3.4](#PE3_4_Toolsandresources) |

|  |  |
| --- | --- |
| a) | A documented treatment/care plan is developed and regularly reviewed with the consumer in a way that enables them to understand and contribute |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Workers can talk about how they explain treatment/care planning to consumers and how they involve consumers in the process.Consumers can talk about how they were involved in the development of their treatment/care plan. |
| *Documentation*  | Treatment/care plans on consumer files (where consumer consent to view file is provided); relevant policies and procedures; consumer file audits.  |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating (met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | Consumers can describe how they were involved in the development of their treatment/care plan |
| **Guidance** |
| *This criterion is demonstrated through interview only.* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | The service can demonstrate that treatment/care planning is informed by the needs identified through screening, assessment, and service matching |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Workers can talk about how the needs identified during the screening and assessment process (including cultural needs) are incorporated into an agreed treatment/care plan for each consumer. |
| *Documentation*  | Screening, assessment and treatment/care plan documentation on consumer files (where consumer consent to view file is provided); consumer file audits; relevant policies and procedures. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| d) | The service can demonstrate that if any clinical/practice risk is identified through screening and assessment, appropriate risk management measures are included in the treatment/care plan |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about the different types of clinical/practice risk and how these are managed, e.g. entry/exclusion criteria and risk assessment processes.Workers can talk about how they identify risk in relation to individual consumers and the steps they take to manage it. |
| *Documentation*  | Completed risk assessments; completed therapeutic/risk agreements; case notes and/or treatment/care plans (where consumer consent to view file is provided); case management meeting minutes; relevant policies and procedures. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| e) | With the consent of the consumer, people who are significant to them, including dependent children, may be engaged, or considered, as a part of their treatment/care planning |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Posters and brochures relevant to family and significant others on display in common areas accessed by consumers. |
| *Interview* | Consumers can talk about how the service discussed involving people that are important to them in their treatment/care, and if their consent for inclusion or otherwise was respected.Family and significant others can talk about their experience with the service. |
| *Documentation*  | Assessment and treatment/care plans and case notes (where consumer consent to view file is provided); case management review meeting minutes. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| f) | The service can demonstrate that routine processes are used for any handover of care to maximise safety and quality |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Handover meetings. |
| *Interview* | Workers can describe processes for internal handover of care. |
| *Documentation*  | Handover or case notes documentation (where consumer consent to view file is provided). |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| g) | Treatment/care plans include a service exit plan developed with the consumer, and provided to them on exit/discharge from the service |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Workers can talk about how they work with the consumer to create an exit plan that meets the consumer’s needs.Consumers can talk about how they were involved in their exit plan.  |
| *Documentation* | Completed exit plans (where consumer consent to view file is provided); consumer file audits; relevant policies and procedures. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |
| --- |
| Performance Objective 3.5 Case Management and Shared Care, Through Care, and Referral*To establish clear pathways and reduce duplication within and across sectors for improved outcomes* |
| a) | The service can demonstrate that it actively seeks and establishes collaborative working relationships with other services to enable case management and shared care, through care, and referral, which support the multiple and diverse needs of consumers  |
| b) | The service can demonstrate that coordinated planning occurs when there are multiple services involved with a consumer |
| c) | The service can demonstrate that, with consent, relevant personal information is transferred between service providers so that the person does not need to repeat their story |
| d) | Workers can identify other services they work with, and describe associated processes, for case management and shared care, through care, and referral |
| e) | The service has processes in place to communicate the outcome of formal referrals, both to and from, the service |
| **About this Performance Objective** |
| The premise of this Performance Objective is that no one service can meet all the needs of all its consumers and/or may not necessarily be the best match for a consumer. As such there is a reliance on other services with different specialist areas/service focus. Organisation/services often have established formal agreements and/or informal relationships with other services to support case management and shared care, through care and referral. The intention of these agreements and relationships are to support better outcomes for the consumer. Formal agreements typically require clear roles and responsibilities to reduce duplication; a statement of shared values to ensure treatment/care/information consistency; and expectations of communication related to the outcome of formal referrals (including evaluation/verification that any referral is appropriate). Consumers rely on the service to ensure that case management and shared care, through care and referral service partners can provide quality services and are culturally responsive and non-judgemental. Service workers need information about the services provided by other organisations to which they may need to refer consumers, and the information needed to support the referral. If consumer information is being shared with an external service, securing informed consent is required. Internal training/information sessions may support this process. Example **governance principles/standards** relevant to this Performance Objective include: AICD Principle 8 (Stakeholder engagement); and Principle 10 (Culture).[See tools and resources for Performance Objective 3.5](#PE3_5_Toolsandresources) |

|  |  |
| --- | --- |
| a) | The service can demonstrate that it actively seeks and establishes collaborative working relationships with other services to enable case management and shared care, through care, and referral, which support the multiple and diverse needs of consumers |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Information about formal partnerships on the service website or social media. |
| *Interview* | Leaders can talk about the development of, and rationale for, the establishment of any formal agreements with other services.Workers can talk about established working relationships with a range of services that they have used, and how these relationships assist in meeting the needs of consumers. |
| *Documentation* | Formal partnership agreements and MOUs with other services; relevant policies and procedures |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | The service can demonstrate that coordinated planning occurs when there are multiple services involved with a consumer |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Managers can talk about ways in which coordinated planning in relation to consumer treatment/care occurs between services.Workers can talk about their involvement in shared planning with other services in relation to the consumers they are working with.Consumers can talk about their involvement in shared care planning, and their experience of multiple service collaboration intended to best meet their needs. |
| *Documentation*  | Inter-service meeting minutes; treatment/care plans and case notes relating to case management and shared care (where consumer consent to view file is provided). |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | The service can demonstrate that, with consent, relevant personal information is transferred between service providers so that the person does not need to repeat their story |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Workers can talk about processes related to consumer consent for release of information, and strategies they employ to minimise the need for consumers to repeat their story when accessing more than one service.Consumers can talk about how their personal information is treated with care and respect.  |
| *Documentation* | Release of information/consumer consent processes and forms; referrals; consumer file audits; relevant policies and procedures. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| d) | Workers can identify other services they work with, and describe associated processes, for case management and shared care, through care, and referral |
| **Guidance** |
| *This criterion is demonstrated through interview only.* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| e) | The service has processes in place to communicate the outcome of formal referrals, both to and from, the service |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Workers can talk about how they follow up with other services to which they have referred consumers, to assess the appropriateness of the referral.Workers can talk about how they check in with referring services to let them know the appropriateness of and outcome of the referral. |
| *Documentation*  | File/case notes; emails. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |
| --- |
| Performance Objective 3.6 Harm Reduction*To provide accessible harm reduction and health information that supports consumers in self-management of their physical and mental health and wellbeing* |
| a) | The service provides harm reduction and health information in appropriate and accessible formats, including information on prevention, testing, and treatment options for blood borne viruses and sexually transmitted infections |
| b) | Consumers report being provided with easily understandable information that increases their knowledge of harm reduction strategies to support their approach to their health and wellbeing  |
| **About this Performance Objective** |
| Harm reduction is a spectrum of approaches focussed on decreasing the physical, psychological and social harms associated with drug use. Harm reduction initiatives include, but are not limited to, prevention and management of relapse; overdose; blood borne viruses; and behaviours associated with alcohol and other drug use that may result in harm, e.g. driving under the influence of a substance, relationship violence, and inadequate self-care.Based on information gathered through screening and assessment, the service may identify that additional harm reduction support is required, and refer appropriately, e.g. harm reduction equipment provision and safe disposal; peer education; testing and treatment for blood borne viruses and sexually transmitted infections.[See tools and resources for Performance Objective 3.6](#PE3_6_Toolsandresources) |

|  |  |
| --- | --- |
| a) | The service provides harm reduction and health information in appropriate and accessible formats, including information on prevention, testing, and treatment options for blood borne viruses and sexually transmitted infections |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Harm reduction and health information posters and brochures on display in common areas accessed by consumers and on the organisation website. |
| *Interview* | Workers can talk about the types of health and harm reduction information they provide to consumers as well as referral to other services for harm reduction. |
| *Documentation* | Harm reduction and health information; relevant policies and procedures.  |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | Consumers report being provided with easily understandable information that increases their knowledge of harm reduction strategies to support their approach to their health and wellbeing |
| **Guidance** |
| *This criterion is demonstrated through interview only.* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

# PERFORMANCE EXPECTATION 4: Human Resource Management

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

|  |
| --- |
| Performance Objective 4.1 Workforce *To maintain a workforce that is appropriately sized and skilled to deliver a quality service* |
| a) | The organisation/service conducts regular needs analyses to inform recruitment and professional development requirements |
| b) | The organisation/service has clearly communicated human resource policies and procedures that support a safe and inclusive working culture |
| c) | The organisation/service has a transparent and accountable recruitment and selection process that demonstrates commitment to equal opportunity, and building and maintaining a culturally diverse workforce |
| d) | The organisation/service can demonstrate strategies to attract, recruit, retain, and provide career pathways for First Nations workers, and workers from culturally and linguistically diverse backgrounds |
| e) | The organisation/service can demonstrate that where sub-contractors and other external parties are engaged to deliver services, their competence is assessed prior to engagement, and their performance is regularly monitored and evaluated to ensure the quality and appropriateness of services delivered |
| f) | Workers have position descriptions and are supported to clearly understand their role and responsibilities, including the extent of their authority |
| g) | The organisation/service maintains confidential, up-to-date records relating to individual workers, and has a process to ensure workers maintain appropriate credentials and professional registration |
| h) | The organisation/service has a process to identify the maximum number of people to which it can provide services within the resources available, managing individual worker case-loads to ensure effective service provision |
| **About this Performance Objective** |
| This Performance Objective covers standard human resource expectations. Additional requirements have been included, informed by sector consultation, relating to enhancing a diverse workforce; and emphasising alignment with clinical/practice governance in order to maximise safety and quality. Example **governance principles/standards** relevant to this Performance Objective include: AICD Principle 6 (Performance); Principle 9 (Conduct and compliance); and AICD Principle 10 (Culture).[See tools and resources for Performance Objective 4.1](#PE4_1_Toolsandresources) |

|  |  |
| --- | --- |
| a) | The organisation/service conducts regular needs analyses to inform recruitment and professional development requirements |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about analysis and planning processes employed to ensure service workers have the skills necessary to provide a safe, quality, evidence informed service. |
| *Documentation* | Training needs analyses; training register; workforce development plan. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | The organisation/service has clearly communicated human resource policies and procedures that support a safe and inclusive working culture |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about how the organisation/service’s human resource policies and procedures support a safe and inclusive working culture.Managers can talk about strategies to ensure workers are aware of human resource policies and procedures.Workers can talk about the organisation/service’s human resource policies and procedures in general terms. |
| *Documentation* | Human resource policies and procedures; documented evidence of communication, e.g. inclusion/reference in induction documentation; emails; meeting minutes. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | The organisation/service has a transparent and accountable recruitment and selection process that demonstrates commitment to equal opportunity, and building and maintaining a culturally diverse workforce |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about considerations in relation to shaping the workforce so that it is representative of the cultural composition of the organisation/service’s target group(s).Managers can talk about the recruitment and selection process and how it meets equity and diversity requirements and ensures transparency and accountability. |
| *Documentation*  | Relevant policies and procedures, e.g. policy on hiring local community members where possible; position advertisements encouraging applications from specific population groups such as First Nations peoples and people from diverse cultural groups. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| d) | The organisation/service can demonstrate strategies to attract, recruit, retain, and provide career pathways for First Nations workers, and workers from culturally and linguistically diverse backgrounds |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about strategies that attach value to the unique skills and perspectives that First Nations people and people with diverse cultural backgrounds bring and contribute to the workplace.Managers can talk about relevant recruitment, selection and retention strategies such as advertising jobs in First Nations peoples’ publications, radio and through known community networks, and providing targeted opportunities for underrepresented groups.Managers can talk about relevant retention strategies applied, such as engaging a cultural advisor to inform cultural considerations, e.g. cultural supervision; cultural leave; and reflection/prayer space.Workers can talk about ways they are supported in the workplace, e.g. being provided with a mentor; an ‘open door policy’; and support to improve their skills and move into new roles. |
| *Documentation* | Relevant policies and procedures. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| e) | The organisation/service can demonstrate that where sub-contractors and other external parties are engaged to deliver services, their competence is assessed prior to engagement, and their performance is regularly monitored and evaluated to ensure the quality and appropriateness of services delivered |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can describe how they select and review external sub-contractors, e.g. those providing services such as external supervision; trade contractors; and suppliers of goods, such as food for residential services. Workers can describe how they are asked to provide feedback on external sub-contractors. |
| *Documentation* | Supplier/contractor selection and review documentation; relevant meeting minutes. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| f) | Workers have position descriptions and are supported to clearly understand their role and responsibilities, including the extent of their authority |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Workers can describe how they are supported to understand their role and responsibilities and can talk about their position description including relevant performance expectations and accountabilities.Managers and other workers can talk about what decisions they are empowered to make and when they need to refer a decision to a higher authority. |
| *Documentation* | Position descriptions; documented organisational structure (reporting lines); delegations instrument. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| g) | The organisation/service maintains confidential, up-to-date records relating to individual workers, and has a process to ensure workers maintain appropriate credentials and professional registration |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Managers can talk about organisation/service processes to monitor worker credentials and professional registrations to ensure they are current. |
| *Documentation* | Register of worker credentials/professional registration and mandatory training (if applicable), e.g. first aid and work health and safety training. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| h) | The organisation/service has a process to identify the maximum number of people to which it can provide services within the resources available, managing individual worker case-loads to ensure effective service provision |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about processes to determine how much service can be provided with the available resources.Managers can talk about processes to manage and monitor individual worker case-loads including case/work allocation processes.Workers can talk about expectations and support related to case/workload, e.g. supervision; allocation of a set number of counselling slots per week; work plans etc. |
| *Documentation* | Organisational structure showing all positions are filled or being recruited to; case management meeting minutes; planning documents/minutes; costing and pricing documents, e.g. tender submission/service agreement; relevant policies and procedures. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |
| --- |
| Performance Objective 4.2 Worker and Team Development*To support and maximise worker and team competency and development* |
| a) | The organisation/service provides all new workers with induction and orientation specific to their role |
| b) | The organisation/service has a documented code of conduct that is consistent with appropriate professional codes of ethical practice  |
| c) | The organisation/service supports the competency development of its leaders |
| d) | The organisation/service can demonstrate that line management and clinical/practice supervision are regularly provided |
| e) | Workers receive regular informal feedback on their performance, and participate in formal performance review and professional development planning  |
| f) | The organisation/service can demonstrate that all workers are provided with professional development opportunities to build on existing knowledge, skills, and cultural understanding, relevant to their role and the people with whom they are working |
| g) | Workers are supported and encouraged to participate in sector and community events of significance |
| **About this Performance Objective** |
| This Performance Objective covers standard professional development expectations and is informed by sector consultation. The intent is to ensure the workforce is supported to develop and maintain their knowledge and skills to provide safe and effective services to consumers. Example **governance principles/standards** relevant to this Performance Objective include: AICD Principle 6 (Performance); Principle 9 (Conduct and compliance); and AICD Principle 10 (Culture).[See tools and resources for Performance Objective 4.2](#PE4_2_Toolsandresources) |

|  |  |
| --- | --- |
| ***a)*** | ***The organisation/service provides all new workers with induction and orientation specific to their role*** |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Managers can talk about induction and orientation process for new workers.Workers can talk about how they were introduced to their work environment and oriented to their role. |
| *Documentation*  | Worker induction documentation; relevant policies and procedures.  |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | The organisation/service has a documented code of conduct that is consistent with appropriate professional codes of ethical practice |
| **Guidance** |
| *This criterion is demonstrated through documentation only.* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | The organisation/service supports the competency development of its leaders |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about organisational initiatives to support them in developing skills that enhance their leadership and management capability. |
| *Documentation*  | Training register and documentation; relevant policies and procedures. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| d) | The organisation/service can demonstrate that line management and clinical/practice supervision are regularly provided |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Managers can talk about organisation/service policy in relation to supervision and how they ensure that workers receive regular line management and clinical/practice supervision as appropriate.Workers can talk about participation in regular line management and clinical/practice supervision as appropriate. |
| *Documentation*  | Relevant policies and procedures; supervision records. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| ***e)*** | ***Workers receive regular informal feedback on their performance, and participate in formal performance review and professional development planning*** |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Managers can talk about how they provide feedback to workers on their performance and how they support them in planning ongoing professional development.Workers can talk about how feedback on their performance is provided to them.Governing body members can talk about how they evaluate the CEO’s performance against agreed performance criteria on a planned basis. |
| *Documentation*  | Documented performance reviews; relevant policies and procedures. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| f) | The organisation/service can demonstrate that all workers are provided with professional development opportunities to build on existing knowledge, skills, and cultural understanding, relevant to their role and the people with whom they are working |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Workers can talk about recent learning opportunities relevant to their work including peer exchange; mentoring and learning from cultural and consumer experts.Managers can talk about how they plan professional development with individual workers.Leaders can talk about resource allocation for worker professional development. |
| *Documentation*  | Resources such as guidelines, journals, research papers and electronic media accessible to workers; professional development plans; training register; records of storying sessions with Elders; relevant policies and procedures. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| g) | Workers are supported and encouraged to participate in sector and community events of significance |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Social media and website posts related to participation in, or hosting of, events. |
| *Interview* | Workers can talk about events they have attended including cultural celebrations and sector conferences and forums.Leaders can talk about the organisation/service approach to participation in sector and community events. |
| *Documentation* | Organisation/service newsletters, annual reports; relevant policies and procedures. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |
| --- |
| Performance Objective 4.3 Worker Health, Safety and Wellbeing *To ensure worker health, safety, and wellbeing are maximised* |
| a) | The organisation/service has strategies in place to regularly assess and maximise worker health, safety, and wellbeing  |
| b) | Workers can describe their responsibilities in relation to maximising the health, safety, and wellbeing of themselves and others while at work |
| c) | Workers report feeling respected, valued, and culturally safe in the workplace |
| d) | The organisation/service has a clear process to manage workplace grievances which is communicated to, and understood by, workers |
| **About this Performance Objective** |
| Research indicates that organisational initiatives to improve worker wellbeing can be effective[[4]](#footnote-4). These include:* worker wellbeing policies;
* multifaceted health promotion programs;
* programs to enhance worker resilience;
* effective clinical supervision;
* ensuring that organisations are well managed;
* encouraging help-seeking behaviours in the workplace;
* programs to prevent and reduce stress and burnout; and
* encouraging individual self-care approaches.

Example **governance principles/standards** relevant to this Performance Objective include: AICD Principle 5 (Risk management); Principle 6 (Performance); Principle 9 (Conduct and compliance); and Principle 10 (Culture).[See tools and resources for Performance Objective 4.3](#PE4_3_Toolsandresources) |

|  |  |
| --- | --- |
| a) | The organisation/service has strategies in place to regularly assess and maximise worker health, safety, and wellbeing |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Posters and information on display in common areas, e.g. work health and safety pin up board; social media and website posts related to worker wellbeing initiatives. |
| *Interview* | Workers can talk about how they are supported to maintain their health, safety and wellbeing through workplace initiatives and the provision of information, training and supervision.Managers can talk about the organisation/services health, safety and wellbeing management practices.Leaders can talk about organisational initiatives to maximise worker wellbeing, e.g. regular assessment of worker wellbeing; providing access to Employee Assistance Programs (EAP). |
| *Documentation* | Safety protocols and environmental audits; procedures for crisis management; worker wellbeing assessment tools; relevant policies and procedures, e.g. workplace bullying policy; whistle-blower policy; grievance procedure. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | Workers can describe their responsibilities with regards to maximising the health, safety, and wellbeing of themselves and others while at work |
| **Guidance** |
| *This criterion is demonstrated through interview only.* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | Workers report feeling respected, valued, and culturally safe in the workplace |
| **Guidance** |
| *This criterion is largely demonstrated through interview; however, some documented records may also be relevant.*Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Workers describe feeling respected, valued and culturally safe in the workplace and may give examples. |
| *Documentation* | Worker satisfaction and wellbeing surveys. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| d) | The organisation/service has a clear process to manage workplace grievances which is communicated to, and understood by, workers |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Managers can talk about a documented grievance policy or a process that is in place and how this is communicated to workers, e.g. through induction.Workers can talk about their understanding of how workplace grievances are managed. |
| *Documentation* | Relevant policy or procedure; grievance records. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

# PERFORMANCE EXPECTATION 5: Service Management

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

|  |
| --- |
| Performance Objective 5.1 ComplianceTo comply with applicable internal and external requirements  |
| a) | The organisation/service has mechanisms in place to ensure compliance with all relevant legislative and regulatory requirements |
| b) | The organisation/service can demonstrate compliance with contractual obligations, including those contained in service/funding agreement(s) |
| c) | The service can demonstrate compliance with internal policies and procedures |
| **About this Performance Objective** |
| This Performance Objective covers standard compliance expectations. Example **governance principles/standards** relevant to this Performance Objective include: AICD Principle 5 (Risk management); and Principle 9 (Conduct and compliance); and Australian Charities and Not-for-profits Commission (ACNC) Standard 1 (Purposes and not-for-profit nature of a registered entity); and Standard 3 (Compliance with Australian laws).[See tools and resources for Performance Objective 5.1](#PE5_1_Toolsandresources) |

|  |  |
| --- | --- |
| a) | The organisation/service has mechanisms in place to ensure compliance with all relevant legislative and regulatory requirements |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about how they inform themselves and act on changes to legislative and regulatory requirements that may affect the organisation, e.g. updates through government, regulator and peak body communications and sector related newsletters.Managers can provide examples of change management responses to legislative/regulatory updates (such as award rates and privacy). |
| *Documentation* | Policies and procedures reflect current legislative and regulatory requirements. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | The organisation/service can demonstrate compliance with contractual obligations, including those contained in service/funding agreement(s) |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about how they ensure the organisation/service operations are kept in line with grant and service agreements.  |
| *Documentation* | Contracts; service agreements; reports to funding bodies. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | The service can demonstrate compliance with internal policies and procedures |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders and managers can talk about how practice is reviewed against internal policies and procedures and changes made as necessary.Workers can talk about internal policies and procedures and how they relate to their work practice. |
| *Documentation* | Policies and procedures; internal audit records. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |
| --- |
| Performance Objective 5.2 Financial and Facilities Management*To responsibly and effectively manage finances and facilities* |
| a) | The organisation/service’s finances are audited by an independent auditor in compliance with appropriate auditing standards, and any recommendations are appropriately addressed  |
| b) | The organisation/service has processes in place to maintain facilities and equipment to ensure they are fit for purpose |
| c) | The organisation/service has processes for the selection and review of goods and service providers  |
| d) | The organisation/service has processes that support the costing and pricing of services  |
| **About this Performance Objective** |
| This Performance Objective covers standard financial and facilities management expectations. Example **governance principles/standards** relevant to this Performance Objective include: AICD Principle 5 (Risk management); Principle 6 (Performance); Principle 7 (Accountability and transparency); and Principle 9 (Conduct and compliance).[See tools and resources for Performance Objective 5.2](#PE5_2_Toolsandresources) |

|  |  |
| --- | --- |
| a) | The organisation/service’s finances are audited by an independent auditor in compliance with appropriate auditing standards, and any recommendations are appropriately addressed |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about financial audit processes. |
| *Documentation* | Audited accounts. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | The organisation/service has processes in place to maintain facilities and equipment to ensure they are fit for purpose |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Facilities and equipment are fit for purpose and well maintained. |
| *Interview* | Leaders and managers can talk about processes for planned and reactive repairs and maintenance. |
| *Documentation* | Asset register; relevant policies and procedures and records. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | The organisation/service has processes for the selection and review of goods and services providers |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders and managers can talk about the process for selection and quality review of goods and services providers. |
| *Documentation* | Preferred quality suppliers/contractors register. |

The organisation/service may consider preferential consideration of First Nations goods and service providers.*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| d. | The organisation/service has processes that support the costing and pricing of services |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about the process for costing and pricing of services. |
| *Documentation* | Relevant policies and procedures; tender applications. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |
| --- |
| Performance Objective 5.3 Risk and Incident Management*To maximise the safety, quality and sustainability of the service through the identification, assessment, and management, of risk* |
| a) | The organisation/service can demonstrate how risk is assessed, monitored, and managed |
| b) | The organisation/service can demonstrate that incidents, near misses, and hazards, are routinely reported, managed, and reviewed as part of a structured process |
| c) | Workers can describe the processes related to identifying, reporting, and managing, risk and incidents |
| **About this Performance Objective** |
| As a rule, risk is overseen by the governing body but managed at an operational level. Risk management typically involves identifying potential risks, determining their likelihood and consequences, and implementing mitigation strategies. Risk categories include areas such as: finance; reputation and image; information; operations; and disaster.Example **governance principles/standards** relevant to this Performance Objective include: AICD Principle 5 (Risk management).[See tools and resources for Performance Objective 5.3](#PE5_3_Toolsandresources) |

|  |  |
| --- | --- |
| a. | The organisation/service can demonstrate how risk is assessed, monitored, and managed |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Governing body members can talk about how they oversee risk management planning.Leaders can talk about how risk is assessed, monitored and managed.Workers can talk about how they identify and manage risk in relation to the work that they do. |
| *Documentation* | Risk register; risk management plan; governing body and other meeting minutes related to risk. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | The organisation/service can demonstrate that incidents, near misses, and hazards, are routinely reported, managed, and reviewed as part of a structured process |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Managers can talk about how incidents, near misses and hazards are managed, recorded and reviewed. |
| *Documentation* | Incident report; hazard register; improvements register. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | Workers can describe the processes related to identifying, reporting, and managing risk and incidents |
| **Guidance** |
| *This criterion is demonstrated through interview only.* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |
| --- |
| Performance Objective 5.4 Policies, Procedures, and Documents*To document and maintain information as necessary for service operations* |
| a) | The organisation/service has version controlled and regularly reviewed policies, procedures, and documents to support the provision of safe and culturally responsive, quality services |
| b) | The organisation/service can demonstrate that workers are involved in the development and review of policies, procedures, and documents |
| c) | Workers are aware of, and have access to, organisation/service policies, procedures, and documents to guide their work practice |
| **About this Performance Objective** |
| Current and relevant policies and procedures help to maximise quality and minimise risk, by ensuring everyone knows what to do and what is expected of them in specific circumstances. The extensiveness of the organisation/service’s suite of policies and procedures, and the degree to which information is documented, may vary based on the type and maturity of the organisation/service. As a general principle, the process for development and review of organisation/service policies, procedures and documents involves the people that are affected by them and includes cultural considerations.Example **governance principles/standards** relevant to this Performance Objective include: AICD Principle 5 (Risk management); and Principle 9 (Conduct and compliance).[See tools and resources for Performance Objective 5.4](#PE5_4_Toolsandresources) |

|  |  |
| --- | --- |
| a. | The organisation/service has version controlled and regularly reviewed policies, procedures, and documents to support the provision of safe and culturally responsive, quality services |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Management can talk about the process for document creation, control and review.Workers can talk about how they are informed when changes are made to documents that guide their work practice. |
| *Documentation* | Current, version-controlled policies, procedures and documents; relevant policies and procedures. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | The organisation/service can demonstrate that workers are involved in the development and review of policies, procedures, and documents |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Workers can talk about how they are involved in document development and review. |
| *Documentation* | Document review meeting minutes; emails related to document review; relevant policies and procedures. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | Workers are aware of, and have access to, organisation/service policies, procedures, and documents to guide their work practice |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Accessible policies, procedures and documents. |
| *Interview* | Workers can talk about how they access the organisation/service’s documents. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |
| --- |
| Performance Objective 5.5 Internal Communication and Records*To record and communicate information as necessary for service operations* |
| a) | The organisation/service has a documented structure which clearly articulates lines of authority and responsibility  |
| b) | The organisation/service has a clear system and protocols for internal communications |
| c) | The organisation/service creates and retains records necessary for measuring, monitoring, planning, and continuous quality improvement |
| **About this Performance Objective** |
| Records support the demonstration of compliance, and enable measurement, monitoring, and planning, for improved safety and quality, e.g. internal audits/self-assessments. Records also facilitate communication, (e.g. organisational structure, delegations of authority including financial delegation limits, and minutes of meetings) enhance operations and minimise risk. Protocols for internal communications may include regularity of meetings, e.g. schedule of management and team meetings with set standing agenda items. Ideally the organisation/service needs to be clear about what records need to be kept, who is responsible for creating them, and any storage and retention considerations. Example **governance principles/standards** relevant to this Performance Objective include: AICD Principle 5 (Risk management); and Principle 6 (Performance). [See tools and resources for Performance Objective 5.5](#PE5_5_Toolsandresources) |

|  |  |
| --- | --- |
| a. | The organisation/service has a documented structure which clearly articulates lines of authority and responsibility |
| **Guidance** |
| *This criterion is demonstrated through documentation only*  |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | The organisation/service has a clear system and protocols for internal communications |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about internal communication systems and protocols and provide examples of how these are reviewed.Workers can talk about processes used for internal communications. |
| *Documentation* | Internal meetings schedule, meeting templates with standing agenda items and expected participants; examples of routine distribution of communication materials; handover processes and notes. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | The organisation/service creates and retains records necessary for measuring, monitoring, planning, and continuous quality improvement |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about record keeping protocols.Managers can talk about how records are used in measuring and monitoring to inform planning and improvements.Workers can talk about their responsibilities in relation to record keeping. |
| *Documentation* | Meeting minutes; internal audit records; improvements register; work health and safety reviews; evacuation drills; incident/hazard reports; risk register; maintenance and calibration records; consumer survey results. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |
| --- |
| Performance Objective 5.6 Information and Data Management*To ensure information and data management processes guide collection, maintenance, storage, and use* |
| a) | The organisation/service has a process to obtain consent for the collection and sharing of consumers’ personal information |
| b) | The organisation/service maintains accurate and up-to-date consumer records  |
| c) | The organisation/service can demonstrate that records are securely kept  |
| d) | Workers can demonstrate an understanding of their obligations to ensure privacy and confidentiality |
| **About this Performance Objective** |
| This Performance Objective covers standard information and data management expectations. Example **governance principles/standards** relevant to this Performance Objective include: AICD Principle 5 (Risk management); Principle 8 (Stakeholder engagement); and Principle 9 (Conduct and compliance).[See tools and resources for Performance Objective 5.6](#PE5_6_Toolsandresources) |

|  |  |
| --- | --- |
| a. | The organisation/service has a process to obtain consent for the collection and sharing of consumers’ personal information |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Workers can talk about the process related to seeking consumer consent, including verbal consent for situations such as telephone assessment.Consumers can talk about how they were asked for consent to collect, store and use the information they provide to the service.  |
| *Documentation* | Consumer consent/release of information forms; relevant policies and procedures. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | The organisation/service maintains accurate and up-to-date consumer records |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Managers can talk about processes to ensure accurate and up-to-date records are kept for all consumers including the use of regular consumer record audits.Workers can talk about their practice and organisation/service requirements in relation to consumer record keeping. |
| *Documentation* | Consumer files; relevant policies and procedures. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | The organisation/service can demonstrate that records are securely kept |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Secure storage areas. |
| *Interview* | Management can talk about processes and systems to ensure the security of records, e.g. IT security protocols, physical and electronic file management, and archive systems.Workers can talk about protocols they use to ensure that record security. |
| *Documentation* | Relevant polices or procedures. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| d. | Workers can demonstrate an understanding of their obligations to ensure privacy and confidentiality |
| **Guidance** |
| *This criterion is demonstrated through interview only.* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |
| --- |
| Performance Objective 5.7 Planning, Monitoring, Measurement, and Evaluation *To monitor, measure, evaluate, and systematically plan, service development* |
| a) | The organisation/service collects data that enables planning, monitoring, measurement, and evaluation |
| b) | The organisation/service can demonstrate that planning, monitoring, measurement and evaluation, occur systematically  |
| c) | Workers can describe how they provide input into planning, and participate in actions to achieve organisation/service objectives |
| **About this Performance Objective** |
| This performance objective is about the collection and use of data that may be used to assess performance and inform planning. Examples of data specific to this Performance Objective include community consultation; catchment and target population statistics; consumer demographics and outcomes; and worker wellbeing and partner evaluations. Ideally an organisation/service has established objectives, performance indicators and strategies for performance monitoring, all of which are relevant to the organisation/service’s strategic plan and relevant funding agreements. Example **governance principles/standards** relevant to this Performance Objective include: AICD Principle 6 (Performance).[See tools and resources for Performance Objective 5.7](#PE5_7_Toolsandresources) |

|  |  |
| --- | --- |
| a. | The organisation/service collects data that enables planning, monitoring, measurement, and evaluation |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about the organisational/service’s key performance indicators and how these are monitored. Management can talk about data collection that enables consumer and service outcomes to be monitored and measured. Workers can talk about their responsibilities in relation to data collection and their understanding of the link between the data they collect and service outcome requirements. |
| *Documentation* | Data, e.g. community consultation, catchment and target population statistics, consumer demographics and outcomes, and worker wellbeing and partner evaluations. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | The organisation/service can demonstrate that planning, monitoring, measurement, and evaluation, occur systematically |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about how organisational/service planning is conducted.Managers can talk about how data collected is used to assess performance against organisation objectives and contractual requirements.  |
| *Documentation*  | Strategic plan progress reports; funding/contractual reports. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | Workers can describe how they provide input into planning, and participate in actions to achieve organisation/service objectives |
| **Guidance** |
| *This criterion is demonstrated through interview only.* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |
| --- |
| Performance Objective 5.8 Continuous Quality Improvement*To embed quality improvement processes to support the achievement of organisation/service objectives* |
| a) | The organisation/service has embedded quality improvement processes, regularly reviewing the results of planning, monitoring, measurement and evaluation activities, to identify opportunities for improvement |
| b) | Management lead by example, communicating and promoting the importance of continuous quality improvement and the achievement of organisation/service objectives |
| c) | Workers demonstrate an awareness of, and engagement with, continuous quality improvement, and understand their role in the achievement of organisation/service objectives |
| **About this Performance Objective** |
| This Performance Objective covers standard continuous quality improvement expectations. Example **governance principles/standards** relevant to this Performance Objective include: AICD Principle 6 (Performance). [See tools and resources for Performance Objective 5.8](#PE5_8_Toolsandresources) |

|  |  |
| --- | --- |
| a. | The organisation/service has embedded quality improvement processes, regularly reviewing the results of planning, monitoring, measurement and evaluation activities, to identify opportunities for improvement |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Workers can talk about their engagement in quality processes.Management can talk about how monitoring, measurement and evaluation activities inform quality improvement and planning. |
| *Documentation* | Self-assessments against quality standards; improvements register; meeting minutes; relevant policies and procedures. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | Management lead by example, communicating and promoting the importance of continuous quality improvement and the achievement of organisation/service objectives |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders and governing body members can talk about their commitment to continuous quality improvement. Managers can talk about strategies to actively engage workers in continuous quality improvement. |
| *Documentation* | Relevant policies and procedures; records related to quality.  |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | Workers demonstrate an awareness of, and engagement with, continuous quality improvement, and understand their role in the achievement of organisation/service objectives |
| **Guidance** |
| *This criterion is demonstrated through interview only.* |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

# PERFORMANCE EXPECTATION 6: Organisational Governance

*Ensuring governance practices support the organisation in accomplishing its purpose.*

|  |
| --- |
| Performance Objective 6.1 Governing Body Composition, Roles, and Responsibilities*To ensure the governing body can guide the organisation in accomplishing its purpose* |
| a) | The organisation has clear processes in place for appointing governing body members, including conducting appropriate legislated eligibility checks |
| b) | The governing body comprises a representative mix of stakeholders who possess and maintain the skills, knowledge, and experience, to govern and guide the organisation in accomplishing its purpose |
| c) | The governing body has documented roles and responsibilities, and a code of conduct, which are understood and applied |
| d) | The organisation can demonstrate that governing body members are provided with an induction |
| e) | The governing body has a process for succession planning which ensures the continuity of organisational knowledge and enhancement |
| f) | The governing body’s performance is regularly assessed and reviewed |
| **About this Performance Objective** |
| This Performance Objective is self-explanatory. [See tools and resources for Performance Objective 6.1](#PE6_1_Toolsandresources) |

|  |  |
| --- | --- |
| a) | The organisation has clear processes in place for appointing governing body members, including conducting appropriate legislated eligibility checks |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders and governing body members can talk about processes for appointment of governing body members, including eligibility checks. |
| *Documentation* | AGM and governing body meeting minutes; records of legislative eligibility checks for governing body members. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au***Governance principles/standards** relevant to this criterion include: AICD Principle 2 (Roles and responsibilities); and Principle 3 (Board composition); and ACNC Standard 4 (Suitability of board members). |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | The governing body comprises a representative mix of stakeholders who possess and maintain the skills, knowledge, and experience, to govern and guide the organisation in accomplishing its purpose |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Governing body member profiles on the organisation website. |
| *Interview* | Governing body members can talk about their skills, knowledge and expertise and how they add value to the organisation. |
| *Documentation*  | Governing body skills audit and governance training records. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au***Governance principles/standards** relevant to this criterion include: AICD Principle 3 (Board composition); and Principle 4 (Board effectiveness). |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | The governing body has documented roles and responsibilities, and a code of conduct, which are understood and applied |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Governing body members can talk about their roles and responsibilities, and the code of conduct. |
| *Documentation*  | Documented governing body roles and responsibilities and code of conduct; governing body meeting minutes; induction documents. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au***Governance principles/standards** relevant to this criterion include: AICD Principle 2 (Roles and responsibilities); and Principle 9 (Conduct and compliance); and ACNC Standard 5 (Duties of board members). |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| d) | The organisation can demonstrate that governing body members are provided with an induction |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Governing body members can talk about their induction process and/or how they are involved in the induction of new members. |
| *Documentation*  | Records of the governing body induction process. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au***Governance principles/standards** relevant to this criterion include: AICD Principle 4 (Board effectiveness); and ACNC Standard 5 (Duties of board members). |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| ***e)*** | ***The governing body has a process for succession planning which ensures the continuity of organisational knowledge and enhancement*** |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Governing body members can talk about succession planning processes.  |
| *Documentation*  | Constitution/organisation rules and AGM minutes. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au***Governance principles/standards** relevant to this criterion include: AICD Principle 3 (Board composition). |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| f) | The governing body’s performance is regularly assessed and reviewed |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Governing body members can talk about evaluation of their performance. |
| *Documentation*  | Governing body meeting minutes; performance reviews. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au***Governance principles/standards** relevant to this criterion include: AICD Principle 4 (Board effectiveness); and ACNC Standard 5 (Duties of board members). |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |
| --- |
| Performance Objective 6.2 Accountability and Oversight*To maximise organisational effectiveness through governing body leadership* |
| a) | The organisation can demonstrate that it complies with its documented rules |
| b) | The governing body can demonstrate how it oversees the development and application of the organisation’s vision, purpose, and strategies |
| c) | The governing body demonstrates leadership commitment through allocation of resources to support the documented priorities of the organisation |
| d) | The governing body receives regular reports on, and can demonstrate oversight of, organisational performance and compliance |
| e) | The governing body provides leadership to develop and maintain a culture of continuous quality improvement  |
| f) | The governing body has processes for considering and responding to identified opportunities |
| g) | The governing body communicates with, and is accountable to, the organisation’s members and other key stakeholders |
| **About this Performance Objective** |
| This Performance Objective is self-explanatory. [See tools and resources for Performance Objective 6.2](#PE6_2_Toolsandresources) |

|  |  |
| --- | --- |
| a) | The organisation can demonstrate that it complies with its documented rules |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Key governing body members can talk about the requirements of the constitution/rules of the organisation and how these are met. |
| *Documentation*  | Constitution/Organisation Rules; meeting minutes; members register. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au***Governance principles/standards** relevant to this criterion include: AICD Principle 9 (Conduct and compliance); and ACNC Standard 1 (Purposes and not-for-profit nature of a registered entity); and Standard 5 (Duties of board members). |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| b) | The governing body can demonstrate how it oversees the development and application of the organisation’s vision, purpose, and strategies |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Governing body members can talk about the organisation’s vision and purpose and their contribution to any review.Governing body member(s) can talk about the development of the Strategic Plan and how progress against the Strategic Plan is monitored. |
| *Documentation* | Reports to the governing body; minutes from meetings and strategic planning sessions.  |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au***Governance principles/standards** relevant to this criterion include: AICD Principle 1 (Purpose and strategy); Principle 6 (Performance); and Principle 10 (Culture); and ACNC Standard 1 (Purposes and not-for-profit nature of a registered entity). |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| c) | The governing body demonstrates leadership commitment through allocation of resources to support the documented priorities of the organisation |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders and governing body members can talk about organisational priorities and how resources are allocated to support these. |
| *Documentation*  | Organisational planning documents, e.g. budget; strategic plan; business plan. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au***Governance principles/standards** relevant to this criterion include: AICD Principle 1 (Purpose and strategy); and Principle 6 (Performance). |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| d) | The governing body receives regular reports on, and can demonstrate oversight of, organisational performance and compliance |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Leaders can talk about their responsibilities in relation to reporting to the governing body and informing governing body decisions. |
| *Documentation* | Compliance reports to the governing body; governing body agenda and minutes; finance and other sub-committee meeting minutes. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au***Governance principles/standards** relevant to this criterion include: AICD Principle 1 (Purpose and strategy); Principle 5 (Risk management); Principle 6 (Performance); and Principle 9 (Conduct and compliance); and ACNC Standard 3 (Compliance with Australian laws). |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| e) | The governing body provides leadership to develop and maintain a culture of continuous quality improvement |
| **Guidance** |
| The governing body models behaviours that highlight commitment to delivering safe, high quality services and ensures that resources are allocated for continuous quality improvement.Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Governing body members can talk about their commitment to continuous quality improvement and direction they provide in relation to this. |
| *Documentation* | Strategic Plan; quality statement or policy; minutes of governing body meetings. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au***Governance principles/standards** relevant to this criterion include: AICD Principle 1 (Purpose and strategy); Principle 4 (Board effectiveness); Principle 5 (Risk management); Principle 8 (Stakeholder engagement); and Principle 10 (Culture). |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| f) | The governing body has processes for considering and responding to identified opportunities |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Interview* | Governing body members can talk about the process for considering and responding to identified opportunities. |
| *Documentation*  | Governing body meeting minutes; reports to the governing body; planning documents. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au***Governance principles/standards** relevant to this criterion include: AICD Principle 1 (Purpose and strategy); Principle 5 (Risk management); and Principle 6 (Performance); and ACNC Standard 1 (Purposes and not-for-profit nature of a registered entity). |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

|  |  |
| --- | --- |
| g) | The governing body communicates with, and is accountable to, the organisation’s members and other key stakeholders |
| **Guidance** |
| Informed by what organisation/services have reported they are doing, there are a range of ways that this criterion may be demonstrated.

|  |  |
| --- | --- |
| *Observation* | Communication endorsed by the governing body on the organisation website, e.g. strategic plan. |
| *Documentation*  | Service newsletters; annual report; minutes of community meetings/forums; funding body reports. |

*If your organisation/service has an approach that you would like to share with others, please email WANADA* – *culturalstandard@wanada.org.au***Governance principles/standards** relevant to this criterion include: AICD Principle 7 (Accountability and transparency); Principle 8 (Stakeholder engagement); and Principle 10 (Culture); and ACNC Standard 2 (Accountability to members). |
| **Self-assessment -** *how your organisation/service meets this criterion, and how it can be demonstrated* | **Date:** |
|  |
| Observation | Interview | Documentation | Self-rating(met/not met) |
|  |  |  |  |
| **Continuous Quality Improvement**  |
| Identified gaps and/or opportunities for improvement  | Actioned Y/N | Completion date |
|  |  |  |
| **Next scheduled self-assessment**  | **Date:** |

# Terms and Definitions

|  |  |
| --- | --- |
| **catchment area** | *The geographical area for which an organisation provides services.* |
| **catchment population** | *The population of the geographical area for which an organisation provides services.* |
| **clinical/practice** | *In the context of the Standard, this term is used to encompass both clinical and non-clinical (e.g. support) work.* |
| **clinical/practice governance** | *A system through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence…to flourish.[[5]](#footnote-5)* |
| **continuous quality improvement** | *A systematic, cyclical process to assess performance and identify and action opportunities for improvement to enhance quality.* |
| **culture** | *Culture is the characteristics and knowledge of a particular group of people, encompassing shared values, beliefs, expectations, attitudes, assumptions and norms formed through similar experiences.[[6]](#footnote-6)* |
| **culturally and linguistically diverse** | *The term culturally and linguistically diverse (CaLD) was introduced in 1996 to replace ‘non-English speaking background’ (NESB) and was intended to be a broader, more flexible and inclusive term. It is generally applied to groups and individuals who differ according to religion, language and ethnicity and whose ancestry is other than Aboriginal or Torres Strait Islander, Anglo Saxon or Anglo Celtic.[[7]](#footnote-7)* |
| **culturally informed** | *An approach that is informed by an understanding of, and respect for, the cultural identity of the consumer.* |
| **culturally responsive** | *An approach taken where understanding, and respect for the cultural identity of the consumer, is used to inform or modify an approach to best meet their needs.* |
| **culturally safe** | *[An] environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening.[[8]](#footnote-8)**For Aboriginal and Torres Strait Islander peoples a culturally safe environment is one where we feel safe and secure in our identity, culture and community.[[9]](#footnote-9)* |
| **culturally specific** | *Characteristics or needs specific to the cultural identity of the consumer.* |
| **diversity** | *Diversity is a statement of fact that encompasses the range of visible and invisible attributes, experiences and identities that shape each individual. Diversity embraces all human differences including but not limited to ethnicity, sex, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values systems and national origin.[[10]](#footnote-10)* |
| **engagement protocols** | *Rules for engagement that consider and are informed by cultural protocol. Cultural protocol refers to the customs, lore and codes of behaviour specific to a cultural group, and a way of conducting business. Observing the cultural protocols of a community demonstrates respect for the cultural traditions, history and diversity of that community.[[11]](#footnote-11)* |
| **evidence informed** | *Evidence based on both research and practice findings including consumer experience and feedback, worker expertise, and service evaluation over time.* |
| **experiential knowledge**  | *The knowledge and understanding gained by an individual through direct experience, also known as ‘lived experience’.* |
| **First Nations peoples** | *The original, indigenous or first peoples that inhabited or belonged to a specific place.**WANADA consulted widely to find a term that was acceptable to the Aboriginal peoples of Western Australia where the Standard was developed, but broad enough to be applicable nationally and internationally. No consensus about a preferred term was reached, however, ‘First Nations peoples’ was considered acceptable by most people.**‘First Nations peoples’ was chosen on the basis that it acknowledges the hundreds of diverse Aboriginal and Torres Strait Islander groups and languages that exist within Australia and recognises the various language groups as “separate and unique sovereign nations”.[[12]](#footnote-12)* *First Nations peoples is a term that is widely used to describe the first peoples of countries across the world and for this reason, has international applicability.* |
| **harm reduction** | *Approaches that aim to reduce the negative consequences associated with alcohol and other drug use and reduce other related risk factors, e.g. needle and syringe programs; drug treatment programs; opioid substitute programs.[[13]](#footnote-13)* |
| **organisation/service** | *The term organisation is used to describe the entity in its entirety, including governance and management. The term service relates to the part of the organisation involved in direct service delivery to consumers. An organisation may be responsible for one or more services.**The term organisation is used when a standard criterion relates to an organisational responsibility.**The term organisation/service is used when a standard criterion relates to a responsibility that is required to be met at both organisational and service level.**The term service is used when a standard criterion relates to a service specific responsibility that may be met differently across service types within the one organisation.* |
| **orientation** | *The process of helping a new employee to understand their position and responsibilities and the culture of the organisation/service.* |
| **principles of engagement** | *Principles that guide the process of building working relationships with stakeholders.* |
| **service matching** | *The process of determining appropriate service/s with and for a consumer based on their identified needs and preferences.* |
| **service model** | *A defined, evidence informed approach, used to guide the design, development, operation, and delivery of services in a consistent manner. The service model is informed by, and chosen or designed in response to, the identified needs and expectations of the service’s target group(s) within the parameters of the service focus.* |
| **shared care** | *Care to meet multiple consumer needs provided through collaborative working relationships between services.* |
| **supervision** | *Line management supervision - regular meetings between a line manager and worker, where the worker is managed and supported to fulfil the responsibilities of their role.* *Clinical/practice supervision - supervision specific to the clinical/practice work that is done with consumers, with a focus on knowledge, skill and practice development. Types of clinical/practice supervision include one-to-one supervision, group supervision and peer group supervision.* |
| **target population group(s)** | *Specific population groups within the catchment population whose needs the service aims to prioritise or focus on i.e. the intended recipients of the service. This may include population groups that require special consideration to improve service access, e.g. Aboriginal peoples, youth, LGBTIQ+, pregnant women and those with young children, family members, specific CaLD groups and people involved in the criminal justice system.* |
| **through care** | *Continuity of care or support throughout, and sometimes after, the time spent by a person in a corrective facility or other institution, e.g. pre and post prison release counselling and support.* |
| **validated measure** | *An instrument that has been psychometrically tested for reliability (the ability of the instrument to produce consistent results), validity (the ability of the instrument to produce true results) [and] sensitivity (the probability of correctly identifying a [consumer] with the condition),[[14]](#footnote-14) e.g. the Alcohol Use Disorder Identification Test (AUDIT) and the Depression Anxiety Stress Scale (DASS).* |
| **version control** | *A system that manages and records changes to a document over time.* |

# Tools and Resources

We have provided a selection of tools and resources related to each Performance Objective. *If your organisation draws from a relevant tool/resource that you would like to share with others, please email WANADA –* *culturalstandard@wanada.org.au*

A note about the tools and resources included below that relate to Aboriginal and Torres Strait Islander peoples: Given that Aboriginal and Torres Strait Islander communities are diverse and include over 250 unique language groups, ways of working that are appropriate in one situation may not be appropriate in another.  Consultation and collaboration with local Aboriginal peoples and communities is part of developing an approach that suits the context, protocols, community priorities and service needs of the region in which an organisation/service works.

|  |
| --- |
| **PERFORMANCE EXPECTATION 1: Understanding and Responding to Community Needs and Expectations** |
| **Performance Objective 1.1 Understanding Community Needs and Expectations** | Example **support tools/resources** related to this Performance Objective include:* [Alcohol and other Drugs Knowledge Centre](https://aodknowledgecentre.ecu.edu.au/)
* [Cultural Security Framework for Kimberley Mental Health / Social and Emotional Wellbeing and Drug and Alcohol Services](http://kahpf.org.au/cultural-security-framework)
* [Looking Forward Moving Forward Minditj Kaart - Moorditj Kaart framework](http://www.wanada.org.au/index.php?option=com_docman&amp;view=download&amp;alias=244-lfmf-minditj-kaart-moorditj-kaart-framework&amp;category_slug=standard-on-culturally-secure-practice&amp;Itemid=265%22%20class=%22doclink%22%3ELooking%20forward%20resource)
* [NADA Aboriginal Inclusion Tool: A tool to improve Aboriginal inclusion in AOD services](https://www.nada.org.au/resources/aboriginal-inclusion-tool-2/)
* [NADA Alcohol and other drug treatment guidelines for working with Aboriginal and Torres Strait Islander people - in a non-Aboriginal setting](https://www.nada.org.au/resources/alcohol-and-other-drugs-treatment-guidelines-for-working-with-aboriginal-and-torres-strait-islander-people-in-a-non-aboriginal-setting/)
* [Office of Multicultural Interests](https://www.omi.wa.gov.au/Pages/default.aspx)
 |
| **Performance Objective 1.2 Responding to Community Needs and Expectations** | Example **support tools/resources** related to this Performance Objective include:* [AIHW Closing the Gap Clearinghouse](https://www.aihw.gov.au/getmedia/7d54eac8-4c95-4de1-91bb-0d6b1cf348e2/ctgc-ip05.pdf.aspx?inline=true)
* [APSU Broadening the Source](https://www.sharc.org.au/wp-content/uploads/2013/11/FullVersion.pdf)
* [APSU Straight from the Source](https://www.sharc.org.au/wp-content/uploads/2014/04/APSU-Straight-From-the-Source-Manual.pdf)
* [WACOSS Co-design Toolkit](https://wacoss.org.au/library/wacoss-co-design-toolkit/)
* [WA Mental Health Commission Engagement Toolkit](https://www.mhc.wa.gov.au/about-us/consumer-family-and-carer-participation/statewide-engagement-framework-and-toolkit/)
 |
| **PERFORMANCE EXPECTATION 2: Rights and Responsibilities, and Inclusive Practice** |
| **Performance Objective 2.1 Rights and Responsibilities** | Example **support tools/resources** related to this Performance Objective include:* [The Australian Charter of Healthcare Rights](https://www.safetyandquality.gov.au/australian-charter-healthcare-rights)
* [The Australian Open Disclosure Framework](https://www.safetyandquality.gov.au/our-work/open-disclosure/the-open-disclosure-framework)
 |
| **Performance Objective 2.2 Active Inclusion and Non-Discriminatory Practice** | Example **support tools/resources** related to this Performance Objective include:* [Alcohol and Drug Foundation: The Power of Words](https://adf.org.au/resources/power-words/)
* [Alcohol and other Drugs Knowledge Centre](https://aodknowledgecentre.ecu.edu.au/)
* [Cultural Security Framework for Kimberley Mental Health / Social and Emotional Wellbeing and Drug and Alcohol Services](http://kahpf.org.au/cultural-security-framework)
* [NADA Aboriginal Inclusion Tool: A tool to improve Aboriginal inclusion in AOD services](https://www.nada.org.au/resources/aboriginal-inclusion-tool-2/)
* [NADA Alcohol and other drug treatment guidelines for working with Aboriginal and Torres Strait Islander people - in a non-Aboriginal setting](https://www.nada.org.au/resources/alcohol-and-other-drugs-treatment-guidelines-for-working-with-aboriginal-and-torres-strait-islander-people-in-a-non-aboriginal-setting/)
* [NADA AOD LGBTIQ inclusive treatment guidelines for treatment providers](https://www.nada.org.au/resources/aod-lgbtiq-inclusive-guidelines-for-treatment-providers/)
* [NADA Working With Families](https://www.nada.org.au/resources/working-with-families/)
* [Office of Multicultural Interests](https://www.omi.wa.gov.au/Pages/default.aspx)
 |
| **Performance Objective 2.3 Involving People who Use the Service** | Example **support tools/resources** related to this Performance Objective include:* [APSU Broadening the Source](https://www.sharc.org.au/wp-content/uploads/2013/11/FullVersion.pdf)
* [APSU Straight from the Source](https://www.sharc.org.au/wp-content/uploads/2014/04/APSU-Straight-From-the-Source-Manual.pdf)
* [Mental Health Commission Engagement Toolkit](https://www.mhc.wa.gov.au/about-us/consumer-family-and-carer-participation/statewide-engagement-framework-and-toolkit/)
* [WACOSS Co-design Toolkit](https://wacoss.org.au/library/wacoss-co-design-toolkit/)
 |
| **PERFORMANCE EXPECTATION 3: Evidence Informed Practice** |
| **Performance Objective 3.1 Service Model** | An example of a **support tool/resource** related to this Performance Objective is:* [Turning Point - Informing Alcohol and other Drug Service Planning in Victoria](https://www.turningpoint.org.au/sites/default/files/2018-05/Service-Planning-Report-2017.pdf)
 |
| **Performance Objective 3.2 Service Entry** | Example **support tools/resources** related to this Performance Objective include:* [ACSQHC National Model Clinical Governance Framework](https://www.safetyandquality.gov.au/topic/national-model-clinical-governance-framework)
* [ATODA Domestic and Family Violence Tools for Alcohol and Other Drug Settings](http://www.atoda.org.au/dfvtools/)
* [Blue Knot Foundation Practice Guidelines for Complex Trauma 2019](https://www.blueknot.org.au/guidelines)
* [Counselling guidelines: Alcohol and other drug issues 4th edition](https://www.mhc.wa.gov.au/media/2604/mhc_counselling-guidelines-4th-edition.pdf)
* [Crisis Referral Tool for AOD Services](https://www.mhc.wa.gov.au/media/2568/crisis-referral-tool-2019.pdf)
* [Cultural Security Framework for Kimberley Mental Health / Social and Emotional Wellbeing and Drug and Alcohol Services](http://kahpf.org.au/cultural-security-framework)
* [Dovetail - resources for working with young people](https://www.dovetail.org.au/)
* [Guidelines and online training: Co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings](https://comorbidityguidelines.org.au/guidelines/)
* [Menzies School of Health Research Resources](https://www.menzies.edu.au/page/Resources/)
* [NADA Alcohol and other drug treatment guidelines for working with Aboriginal and Torres Strait Islander people - in a non-Aboriginal setting](https://www.nada.org.au/resources/alcohol-and-other-drugs-treatment-guidelines-for-working-with-aboriginal-and-torres-strait-islander-people-in-a-non-aboriginal-setting/)
* [NADA AOD LGBTIQ inclusive treatment guidelines for treatment providers](https://www.nada.org.au/resources/aod-lgbtiq-inclusive-guidelines-for-treatment-providers/)
* [NADA Complex Needs Capable: a practice resource for drug and alcohol services](https://www.complexneedscapable.org.au/)
* [NADA Working With Families](https://www.nada.org.au/resources/working-with-families/)
* [National Safety and Quality Digital Mental Health Standards](https://www.safetyandquality.gov.au/standards/national-safety-and-quality-digital-mental-health-standards)
* [Trauma-informed Care and Practice Organisational Toolkit (TICPOT)](https://www.mhcc.org.au/resource/ticpot-stage-1-2-3/)
 |
| **Performance Objective 3.3 Screening, Assessment, and Service Matching** | Example **support tools/resources** related to this Performance Objective include:See 3.2 |
| **Performance Objective 3.4 Treatment and Care** | Example **support tools/resources** related to this Performance Objective include:See 3.2 |
| **Performance Objective 3.5 Case Management and Shared Care, Through Care, and Referral** | Example **support tools/resources** related to this Performance Objective include:See 3.2 |
| **Performance Objective 3.6 Harm Reduction** | Example **support tools/resources** related to this Performance Objective include:* [ASHM resources](https://ashm.org.au/resources/)
* [Hepatitis WA resources](https://www.hepatitiswa.com.au/resources/)
* [PBHRWA resources](https://harmreductionwa.org/resources-2/)
 |
| **PERFORMANCE EXPECTATION 4: Human Resource Management** |
| **Performance Objective 4.1 Workforce** | Example **support tools/resources** related to this Performance Objective include:* [ACSQHC National Model Clinical Governance Framework](https://www.safetyandquality.gov.au/topic/national-model-clinical-governance-framework)
* [Australian Government - Business resources](https://www.business.gov.au/people/hiring/equal-opportunity-and-diversity)
* [Fair Work Australia](https://www.fairwork.gov.au/)
* [NADA Workforce Capability Framework](https://www.nada.org.au/resources/workforce-capability-framework/)
* [Our Community](https://www.ourcommunity.com.au/)
 |
| **Performance Objective 4.2 Worker and Team Development** | Example **support tools/resources** related to this Performance Objective include:* [Alcohol and other Drugs Knowledge Centre](https://aodknowledgecentre.ecu.edu.au/)
* [Cultural Security Framework for Kimberley Mental Health / Social and Emotional Wellbeing and Drug and Alcohol Services](http://kahpf.org.au/cultural-security-framework)
* [National Code of Conduct for Healthcare Workers](https://www.coaghealthcouncil.gov.au/NationalCodeOfConductForHealthCareWorkers)
* [NADA Alcohol and other drug treatment guidelines for working with Aboriginal and Torres Strait Islander people - in a non-Aboriginal setting](https://www.nada.org.au/resources/alcohol-and-other-drugs-treatment-guidelines-for-working-with-aboriginal-and-torres-strait-islander-people-in-a-non-aboriginal-setting/)
* [NADA AOD LGBTIQ inclusive treatment guidelines for treatment providers](https://www.nada.org.au/resources/aod-lgbtiq-inclusive-guidelines-for-treatment-providers/)
* [NCETA workforce resources](http://nceta.flinders.edu.au/workforce)
* [Office of Multicultural Interests](https://www.omi.wa.gov.au/Pages/default.aspx)
 |
| **Performance Objective 4.3 Worker Health, Safety and Wellbeing** | Example **support tools/resources** related to this Performance Objective include:* [Our Community](https://www.ourcommunity.com.au/)
* [Safe Work Australia](https://www.safeworkaustralia.gov.au/)
* [WANADA Alcohol and other Drug Sector Guide to Worker Wellbeing Resources](https://wanada.us17.list-manage.com/track/click?u=2bc4ba608eaebf26b37bab677&id=854841bf6f&e=6516586e6d)
 |
| **PERFORMANCE EXPECTATION 5: Service Management** |
| **Performance Objective 5.1 Compliance** | Example **support tools/resources** related to this Performance Objective include:* [Lawlex](https://lawlex.com.au/)
* [Our Community](https://www.ourcommunity.com.au/)
* [PRObono](https://probonoaustralia.com.au/)
 |
| **Performance Objective 5.2 Financial and Facilities Management** | Example **support tools/resources** related to this Performance Objective include:* [Australian Accounting Standards Board](https://www.aasb.gov.au/)
* [Australian Taxation Office Non-profit page](https://www.ato.gov.au/Non-profit/)
* [CPA Australia - Internal controls for not-for-profit organisations](https://www.cpaaustralia.com.au/-/media/corporate/allfiles/document/professional-resources/notforprofit/internal-controls-for-nfp-organisations-brochure.pdf?la=en&rev=7490240a3c19421c83353cca40a0e9ba)
 |
| **Performance Objective 5.3 Risk and Incident Management** | Example **support tools/resources** related to this Performance Objective include:* [CPA Australia - Internal controls for not-for-profit organisations](https://www.cpaaustralia.com.au/-/media/corporate/allfiles/document/professional-resources/notforprofit/internal-controls-for-nfp-organisations-brochure.pdf?la=en&rev=7490240a3c19421c83353cca40a0e9ba)
* [Our Community](https://www.ourcommunity.com.au/)
 |
| **Performance Objective 5.4 Policies, Procedures, and Documents** | Example **support tools/resources** related to this Performance Objective include:* [NADA Policy Toolkit](https://www.nada.org.au/resources/policy-toolkit/)
* [Our Community](https://www.ourcommunity.com.au/)
 |
| **Performance Objective 5.5 Internal Communication and Records** | Example **support tools/resources** related to this Performance Objective include:* [Our Community](https://www.ourcommunity.com.au/)
 |
| **Performance Objective 5.6 Information and Data Management** | Example **support tools/resources** related to this Performance Objective include:* [Australian Privacy Principles and the Privacy Act 1988](https://www.oaic.gov.au/privacy/australian-privacy-principles/)
 |
| **Performance Objective 5.7 Planning, Monitoring, Measurement, and Evaluation** | Example **support tools/resources** related to this Performance Objective include:* [OMI Guide to cultural and linguistic data collection](https://www.omi.wa.gov.au/resources-and-statistics/publications/publication/guide-to-cultural-and-linguistic-data-collection-for-the-public-sector)
* [Our Community](https://www.ourcommunity.com.au/)
* Contact WANADA for self-review tools and processes
 |
| **Performance Objective 5.8 Continuous Quality Improvement** | Example **support tools/resources** related to this Performance Objective include:* this Interpretive Guide and Self-Assessment Tool
* [VAADA Capacity Building & Change Management: A guide for community services](https://www.vaada.org.au/wp-content/uploads/2018/06/VAADA-Capacity-Building-Change-Management-A-Guide-for-Community-Services.pdf)
* Contact WANADA for self-review tools and processes
 |
| **PERFORMANCE EXPECTATION 6: Organisational Governance** |
| **Performance Objective 6.1 Governing Body Composition, Roles, and Responsibilities** | Example **support tools/resources** related to this Performance Objective include:* [AICD Not-for-Profit Governance Principles](https://aicd.companydirectors.com.au/-/media/cd2/resources/director-resources/not-for-profit-resources/nfp-principles/pdf/06911-4-adv-nfp-governance-principles-report-a4-v11.ashx)
* [Governance for Good: THE ACNC'S Guide for Charity Board Members](https://www.acnc.gov.au/tools/guides/governance-good-acncs-guide-charity-board-members)
* [Indigenous Governance Toolkit](http://toolkit.aigi.com.au/)
* [NADA Governance Toolkit](https://nada.org.au/wp-content/uploads/2017/11/governance_toolkit.pdf)
* [OMI Diversifying boards – your cultural advantage](https://www.omi.wa.gov.au/Resources/Publications/Documents/boards.pdf)
* [PRObono](https://probonoaustralia.com.au/category/governance-management/)
 |
| **Performance Objective 6.2 Accountability and Oversight** | Example **support tools/resources** related to this Performance Objective include:* [AICD Not-for-Profit Governance Principles](https://aicd.companydirectors.com.au/-/media/cd2/resources/director-resources/not-for-profit-resources/nfp-principles/pdf/06911-4-adv-nfp-governance-principles-report-a4-v11.ashx)
* [Governance for Good: THE ACNC'S Guide for Charity Board Members](https://www.acnc.gov.au/tools/guides/governance-good-acncs-guide-charity-board-members)
* [Indigenous Governance Toolkit](http://toolkit.aigi.com.au/)
* [NADA Governance Toolkit](https://nada.org.au/wp-content/uploads/2017/11/governance_toolkit.pdf)
 |

1. Australian Government Department of Health, ‘Stakeholder Engagement Framework’, *Department of Health*, Canberra, ACT, 2018, <https://www.health.gov.au/resources/publications/stakeholder-engagement-framework> (accessed 3 November 2019). [↑](#footnote-ref-1)
2. M. Clarke and R. Brindle, *Straight from the Source: A practical guide to consumer participation in the Victorian alcohol and other drug sector*, Carnegie, Victoria, Association of Participating Service Users*,* 2010, p. 19. [↑](#footnote-ref-2)
3. Health Issues Centre, *Improving Consumer Participation* [website], <https://www.healthissuescentre.org.au/health-services/consumer-engagement-guide/improving-participation>, (accessed 3 November 2019). [↑](#footnote-ref-3)
4. R. Nicholas et al., *Enhancing alcohol and other drug workers’ wellbeing: A literature review*, Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University, 2017, p.4. [↑](#footnote-ref-4)
5. Government of Western Australia Department of Health, ‘Clinical Governance, Safety and Quality’, *The Department of Health,* Perth, Western Australia, 2018, <https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Clinical-Governance-Safety-and-Quality>, (accessed 3 November 2019) [↑](#footnote-ref-5)
6. Government of Western Australia ‘Western Australian Multicultural Policy Framework’,3 February 2020, <https://www.omi.wa.gov.au/Resources/Documents/WA%20Multicultural%20Policy%20Framework_final.pdf>, (accessed 22 July 2020) [↑](#footnote-ref-6)
7. Government of Western Australia ‘Western Australian Multicultural Policy Framework’,3 February 2020, https://www.omi.wa.gov.au/Resources/Documents/WA%20Multicultural%20Policy%20Framework\_final.pdf, (accessed 22 July 2020) [↑](#footnote-ref-7)
8. R Williams, ‘Cultural Safety – what does it mean for our work practice?’(1999) 23(2) *Australian and New Zealand Journal of Public Health,* p 213*.* [↑](#footnote-ref-8)
9. Australian Human Rights Commission, ‘Social Justice Report 2011 Chapter 4: Cultural safety and security: Tools to address lateral violence’ *Australian Human Rights Commission*, Sydney, NSW, 2011, <https://www.humanrights.gov.au/our-work/chapter-4-cultural-safety-and-security-tools-address-lateral-violence-social-justice#Heading56> (accessed 3 November 2019) [↑](#footnote-ref-9)
10. Government of Western Australia ‘Western Australian Multicultural Policy Framework’,3 February 2020, <https://www.omi.wa.gov.au/Resources/Documents/WA%20Multicultural%20Policy%20Framework_final.pdf>, (accessed 22 July 2020) [↑](#footnote-ref-10)
11. Community Door, *Cultural Protocols* [website], <https://communitydoor.org.au/cultural-protocols>, (accessed 3 November 2019). [↑](#footnote-ref-11)
12. Common Ground, *Aboriginal, Indigenous or First Nations?* [website], <https://www.commonground.org.au/learn/aboriginal-or-indigenous>, (accessed 3 November 2019). [↑](#footnote-ref-12)
13. Health.Vic, *Prevention and harm reduction* [website], <https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/aod-prevention-harm-reduction>,(accessed 3 November 2019). [↑](#footnote-ref-13)
14. The Joint Commission, *Performance Measurement FAQs* [website], <https://manual.jointcommission.org/Manual/Questions/UserQuestionId03Sub0015>, (accessed 3 November 2019). [↑](#footnote-ref-14)