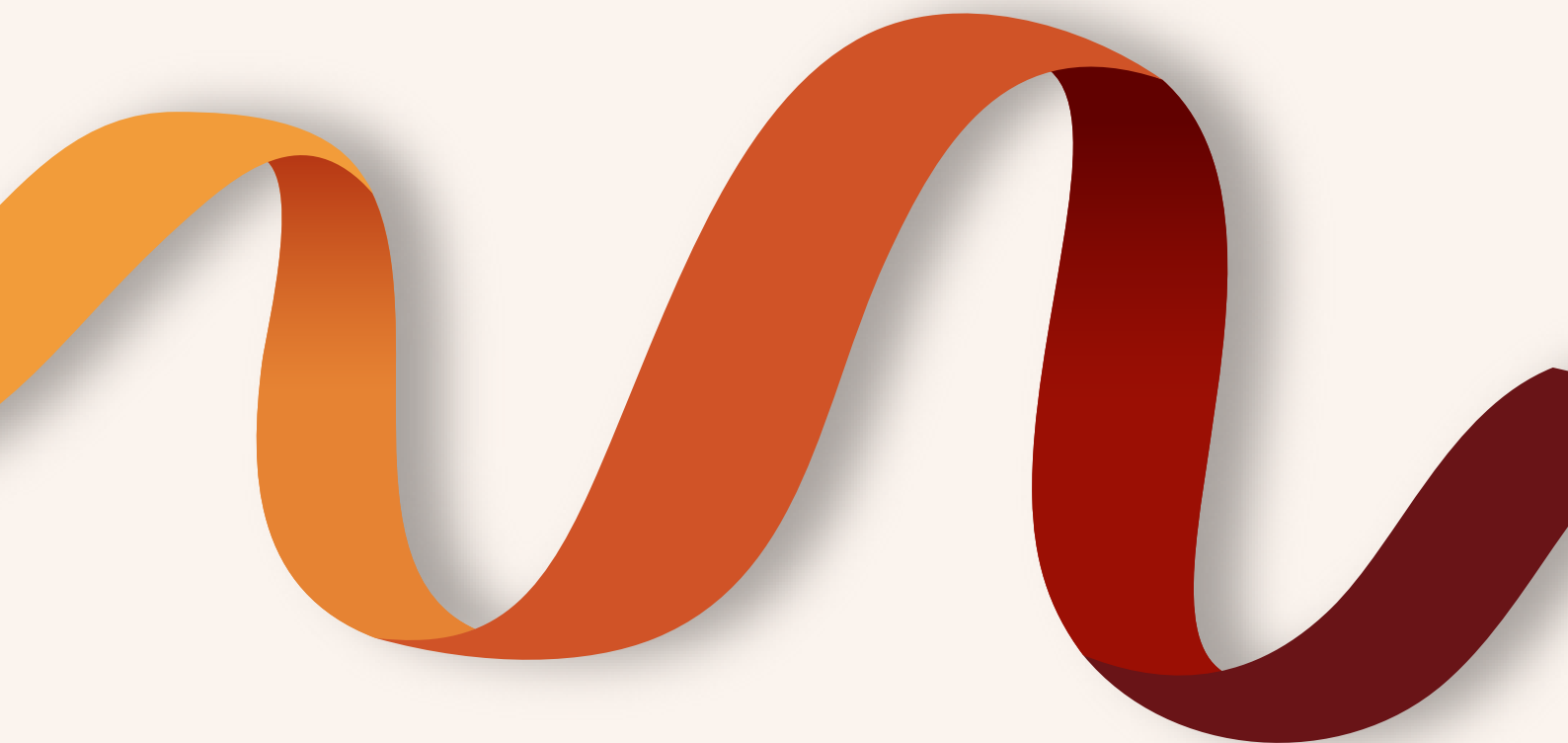


# Alcohol and other Drug and Human Services Standard

**Evidence Informed | Culturally Responsive**

June 2019



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.



© Western Australian Network of Alcohol and other Drug Agencies (WANADA) 2019

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.

ISBN-13: 978-0-6485721-2-1

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](mailto:culturalstandard@wanada.org.au)

# Contents

Acknowledgements	4
History & Background	5
Introduction	6
<b>PERFORMANCE EXPECTATION 1: Understanding and Responding to Community Needs and Expectations</b> .....	<b>8</b>
Performance Objective 1.1 Understanding Community Needs and Expectations	8
Performance Objective 1.2 Responding to Community Needs and Expectations	8
<b>PERFORMANCE EXPECTATION 2: Rights and Responsibilities and Inclusive Practice</b> .....	<b>9</b>
Performance Objective 2.1 Rights and Responsibilities	9
Performance Objective 2.2 Active Inclusion and Non-Discriminatory Practice	9
Performance Objective 2.3 Involving People Who Use the Service	9
<b>PERFORMANCE EXPECTATION 3: Evidence Informed Practice</b> .....	<b>10</b>
Performance Objective 3.1 Service Model	10
Performance Objective 3.2 Service Entry	10
Performance Objective 3.3 Screening, Assessment, and Service Matching	10
Performance Objective 3.4 Treatment and Care	11
Performance Objective 3.5 Case Management and Shared Care, Through Care, and Referral	12
Performance Objective 3.6 Harm Reduction	12
<b>PERFORMANCE EXPECTATION 4: Human Resource Management</b> .....	<b>13</b>
Performance Objective 4.1 Workforce	13
Performance Objective 4.2 Worker and Team Development	14
Performance Objective 4.3 Worker Health, Safety, and Wellbeing	14
<b>PERFORMANCE EXPECTATION 5: Service Management</b> .....	<b>15</b>
Performance Objective 5.1 Compliance	15
Performance Objective 5.2 Financial and Facilities Management	15
Performance Objective 5.3 Risk and Incident Management	15
Performance Objective 5.4 Policies, Procedures, and Documents	16
Performance Objective 5.5 Internal Communication and Records	16
Performance Objective 5.6 Information and Data Management	16
Performance Objective 5.7 Planning, Monitoring, Measurement, and Evaluation	16
Performance Objective 5.8 Continuous Quality Improvement	17
<b>PERFORMANCE EXPECTATION 6: Organisational Governance</b> .....	<b>18</b>
Performance Objective 6.1 Governing Body Composition, Roles, and Responsibilities	18
Performance Objective 6.2 Accountability and Oversight	18

# Acknowledgements

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, UnitingCare 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*

# History & Background

The Western Australian Alcohol and other Drug Sector Quality Framework (February 2005), was developed in response to recommendations from the Western Australian Community Drug Summit in 2001. It was informed through consultation with all relevant Western Australian funding bodies, affected community members, and Western Australian alcohol and other drug sector CEOs/managers, staff, consumers and governing body representatives. Implementation of the Quality Framework at alcohol and other drug services throughout Western Australia increased sector understanding of the principles of continuous quality improvement and enabled significant barriers to quality improvement to be identified and addressed.

In response to a recognised need for an industry specific certification standard, the Quality Framework was further developed in consultation with the Western Australian alcohol and other drug sector and Aboriginal and Torres Strait Islander alcohol and other drug services Australia-wide. This resulted in the Standard on Culturally Secure Practice (Alcohol and other Drug Sector) (August 2012).

The Standard on Culturally Secure Practice was subsequently implemented by a range of organisations based in metropolitan, regional, rural and remote Western Australia (and one in Far North Queensland). These included: mainstream and Aboriginal community-controlled organisations; adult, youth and other population specific services; and organisations delivering alcohol and other drug and other human services. Participating service types included: residential rehabilitation and therapeutic communities; non-residential counselling; withdrawal management (including home-based); harm reduction; peer support; sobering-up shelters; medical services; outreach; community development and prevention; and supported accommodation.

In 2018 and 2019 WANADA coordinated a review of the Standard on Culturally Secure Practice and the accompanying certification Scheme. The review was overseen by a steering group of representative stakeholders, and was informed by extensive consultation with the Western Australian alcohol and other drug sector, Aboriginal community representatives, accreditation and certification bodies, funding bodies, researchers, consumers and families, and other interested parties.

An environment of increased awareness of the importance of clinical/practice governance was a key driver for the revision. This included the need to strengthen approaches to: consumer and community engagement; building community confidence in services; cultural responsiveness; safe, quality and evidence informed service delivery; supporting worker wellbeing; and organisational leadership and culture.

Overall the review resulted in a more concise, robust and contemporary second edition: the Alcohol and other Drug and Human Services Standard.

The Alcohol and other Drug and Human Services Standard is a quality management system standard with a strong focus on culturally responsive and evidence informed ways of working, that is flexible enough to be applied by a diverse range of human services.

The Standard is registered with the Joint Accreditation System of Australia and New Zealand (JAS-ANZ).

# Introduction

Welcome to the second edition of the WANADA Standard, the Alcohol and other Drug and Human Services Standard (2019).

The Alcohol and other Drug and Human Services Standard (the Standard) is designed to be used:

- in line with the principles of continuous quality improvement;
- as an organisational and sector development tool; and
- to support and encourage information sharing, mentoring and collaboration within the alcohol and other drug sector and across other human service sectors.

Based on the principle that every member of the community has the right to access safe, quality, evidence informed, and culturally responsive services, the intent of the Standard is to:

- support continuous quality improvement at an organisational and sector level;
- be flexible to meet the needs of a diversity of service types;
- enhance responsiveness to high risk individuals and population groups;
- provide a comprehensive structure that guides and supports sound clinical/practice governance;
- support research translation into practice and development of practice evidence;
- enhance viability and sustainability through recognition of service quality and increased community confidence; and
- improve outcomes for the consumer and the broader community.

The application of the Standard is supported by the WANADA Scheme (3<sup>rd</sup> edition), developed in consultation with JAS-ANZ, the Institute for Healthy Communities Australia (IHCA), the Australasian Therapeutic Communities Association (ATCA), and other interested parties. The intent of the WANADA Scheme is to support continuous quality improvement. The Scheme provides direction for accredited certification bodies in their approach to certification against the WANADA Alcohol and other Drug and Human Services Standard and the ATCA Standard for Therapeutic Communities and Residential Rehabilitation Services.

## Ratings

The Alcohol and other Drug and Human Services Standard has been developed for use by a broad range of alcohol and other drug and human services, however, there are a small number of criteria which may not apply to some services. These may be excluded from the scope of certification (deemed not applicable) in negotiation with the certification body.

In accordance with the WANADA Scheme, to meet the Alcohol and other Drug and Human Services Standard, all applicable criteria are required to be met.

Assessment for the purposes of certification is against a two-point rating scale as follows:

- Met:** The rating applied when a service conforms to the requirements of a criterion.
- Not met:** The rating applied when a service does not conform to the requirements of a criterion, or the outcome is ineffective.

Any 'not met' ratings may be resolved through a corrective action plan process negotiated between the certification body and the organisation/service provider.

## Performance Expectations

The Standard contains six Performance Expectations which address the following areas:

### 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.

### 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.

### 3. Evidence Informed Practice

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

### 4. Human Resource Management

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

### 5. Service Management

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

### 6. Organisational Governance

Ensuring governance practices support the organisation in accomplishing its purpose.

Each Performance Expectation is divided into a number of Performance Objectives (sub-sections of related criteria within each Performance Expectation).

The Standard is supported by a separate Interpretive Guide and Self-Assessment Tool that provides examples of the way in which each criterion may be applied in practice and guides the self-assessment process.

**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

- a) The organisation/service demonstrates its acknowledgement of the primacy of First Nations peoples
- b) The organisation/service can describe its catchment population, including any specific issues or characteristics, and how they were determined
- c) Organisation/service leaders demonstrate and support respectful engagement and involvement with relevant population groups within the catchment area, considering different engagement protocols
- d) The organisation/service can describe how it has determined its target population group(s)
- e) The organisation/service can demonstrate how it has determined the needs and expectations of the target population group(s) through engagement

**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

- a) The organisation/service can demonstrate its commitment to principles of engagement in service planning, design, delivery, and continuous improvement
- 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
- c) The organisation/service can demonstrate how it informs the catchment population about the services it provides



## 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

### 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

- a) Organisation/service leaders actively promote and foster a welcoming and inclusive environment
- b) The organisation/service can demonstrate action taken to reduce stigma, discrimination, and other access barriers
- c) The organisation/service can demonstrate how it supports workers to reflect on their attitudes and behaviours toward others
- d) Consumers, including family members and significant others, report feeling welcomed, respected, listened to, and heard

### 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

- 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
- b) Consumers can describe how they, or a consumer representative(s), are involved in service planning, development, and/or quality improvement
- c) The organisation/service can demonstrate that the contribution of consumers informs change and improvement

**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

**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

**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

### **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

**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 consumer 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

**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

**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 whom it can provide services within the resources available, managing individual worker case-loads to ensure effective service provision

**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

**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

**PERFORMANCE EXPECTATION 5****Service Management**

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

**PERFORMANCE OBJECTIVE 5.1 Compliance**

To 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

**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

**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

**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

**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

**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

**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



**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

## 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

### 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





# **Alcohol and other Drug and Human Services Standard**

**Evidence Informed | Culturally Responsive**

June 2019