

The Western Australian Alcohol and Other Drug Sector Quality Framework

Version One
February 2005

The Western Australian Alcohol and
Other Drug Sector Quality Framework

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The Quality Framework Steering Committee

The *Western Australian Alcohol and Other Drug Sector Quality Framework*

- Performance Expectations
- Self-Assessment
- Guidelines and Support to Meeting the Performance Expectations
- Policy and Procedure Templates
- Glossary

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Introduction

The Western Australian Alcohol and Other Drug Sector Quality Framework

INTRODUCTION

The Western Australian Alcohol and Other Drug Sector Quality Framework (QF) has been developed in partnership between the Quality Framework Steering Committee comprised of alcohol and other drug (AOD) sector representatives, the Drug and Alcohol Office (DAO) and the Western Australian Network of Alcohol and other Drug Agencies (WANADA). The QF has been specifically designed for AOD services in the Western Australian context through extensive consultation with consumers, service providers and a broad range of other stakeholders.

WHAT IS THE QUALITY FRAMEWORK?

The QF is a model of Continuous Quality Improvement (CQI) to assist program and service development to better meet the needs of consumers and improve outcomes.

This document is consistent with current national and state direction in safety and quality in health care and responds to the recommendations of the Western Australian Community Drug Summit (2001) and subsequent AOD sector Accreditation Working Party (2003).

The QF is adaptable and flexible to meet the needs of a diverse range of service settings. The model acknowledges the consumer - defined to encompass individuals, families and communities - and their participation in aspects of organisational activity, as central to the processes of CQI.

The QF represents a practical, sustainable and cost effective approach that builds on the existing strengths of agencies, respecting their autonomy and encouraging innovative, evidence based practice. A strong workforce development and management/staff support focus is also emphasised. The QF is compatible with and complimentary to other quality systems currently in use by human service providers.

In line with other total quality initiatives, the QF adopts a "whole of system" perspective. Commencing with inclusion of consumers, staff and management in improvement processes at an agency level, it extends to broader inter-relationships, collaboration and integration between organisations, stakeholders and funders. This approach encourages shared ownership of the QF and collective commitment to its success.

WHAT ARE THE ADVANTAGES OF A QUALITY APPROACH?

The impetus for a quality framework came from sector agencies and consumers, who recognised the pursuit of quality as having a number of distinct advantages. This view is supported by the literature which suggests that gradual, sustainable improvements to service provision over time through streamlined and integrated structures, systems and processes enables agencies to:

- Increase the effectiveness of interventions
- Contribute to the proliferation of best practice
- Improve consumer safety
- Enhance service accountability to the community
- Build productive, collaborative working relationships with other services
- Manage change and adapt to changing environments
- Decrease the work burden of staff in the long term and enhance workforce sustainability and
- Attract, satisfy and retain consumers, meeting their health needs in a more responsive manner.

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WHAT ARE THE BENEFITS OF THE QUALITY FRAMEWORK?

The benefits of the QF include:

- A sector-wide approach to quality that supports services
- Enables the incorporation of a variety of accreditation models that agencies currently use or could use in the future
- Promotes reflective practice on a sector-wide level
- Enhances integration options
- Supports flexibility and diversity and
- Enhances a broad promotion of the sector, aiding referral and through care.

HOW WAS THE QUALITY FRAMEWORK DEVELOPED?

In response to the sector's recognition of the need for a quality process, the Quality Framework Steering Committee, composed of representatives from DAO, WANADA and sector agencies, was established in May 2003 to coordinate the QF's development.

DAO subsequently employed Project Officers to:

- Consult with consumers, service staff, managers, other stakeholders and community members to ascertain their definitions of quality service provision to inform content, structure and focus areas of the proposed QF
- Develop the QF
- Develop WA Comprehensive Diversion Program Service Requirements and Quality Practice Considerations and
- Prepare the QF document for publication

WHAT ARE THE MECHANISMS ATTACHED TO THE QUALITY FRAMEWORK?

The QF was integrated into service agreements with services funded by DAO in October 2004 and all agencies are required to actively engage in the QF process. Other AOD treatment and support services such as those funded by the Commonwealth Department of Health and Ageing and the Office of Aboriginal Health may be included, as appropriate.

Phased, incremental implementation will be coordinated by the AOD sector peak body, WANADA, and will be supported by peer and mentor agency groups. The Quality Framework Steering Committee will maintain an advisory role throughout implementation and manage the on-going development of the QF.

Whole of sector engagement with the QF will enable the supply of feedback on sector development needs to the Steering Committee, which will have the potential to inform planning, resourcing, policy, research, data management, practice and workforce development initiatives through the Drug and Alcohol Office.

Feedback from the sector will also assist the Steering Committee to monitor and review the QF regularly, ensuring the document's Continuous Quality Improvement and relevance to the provision of AOD services in Western Australia.

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How to use
this manual

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HOW TO USE THIS MANUAL

All manual sections are provided on disc to assist you to create agency-specific documents.

Section One **PERFORMANCE EXPECTATIONS**

The Performance Expectations (PEs) are a set of statements which form the core required areas for Continuous Quality Improvement in the Quality Framework. Developed through consultation with consumers, service providers and stakeholders, each PE outlines the sector's key expectations of agencies with regard to performance in a given organisational sphere of activity. The Quality Framework has been designed to support long term, incremental service development and PEs may be met over several reporting periods.

Support material to assist you to address the PEs can be found in the following sections.

Section Two **SELF-ASSESSMENT**

This section is provided in electronic format only on disc for convenience.

The Self-Assessment is a workbook to assist you to establish a picture of your agency's current status in relation to the PEs. You can use this workbook as it is, or modify it to suit your needs. The workbook provides a structure for documenting internal review and improvement processes. It can also be used as a record of your service's progress with each PE. A completed workbook for each twelve month period can be compared with subsequent years to gain a clear overview of your service's development.

Section Three **GUIDELINES AND SUPPORT TO MEETING THE PERFORMANCE EXPECTATIONS**

Section Three provides considerations and guidance on how your service may meet the PEs. A model of Continuous Quality Improvement is offered to assist you to engage in an ongoing review process. Your agency may use and adapt what is offered to best meet its needs. You may feel your service already meets the performance expectation requirements, or choose a completely different approach to meeting them than the suggested considerations. It is recommended that you document any approach that you have taken. The considerations offered do not represent the full scope of quality improvements that your agency may wish to incorporate, and are not set as a maximum benchmark that services need to strive towards.

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Section Four POLICY AND PROCEDURE TEMPLATES

The Policy and Procedure Templates provide a range of support material, based on sector-defined best practice, from which your agency may draw to develop its own internal documentation. Additional support material that agencies are willing to share with other sector service providers will be made available through a document Clearing House at WANADA. You are welcome to access the Clearing House to obtain further reference material and ideas and submit any policies and procedures, documents, articles or other resources you think may be useful to the sector.

Appendix A CROSS REFERENCE MATRIX

The Cross Reference Matrix provides an indication of areas of congruence between standards or systems of accreditation currently in use by human service agencies and the Quality Framework PEs. Each of these sets of standards addresses service provision in different ways and may not clearly identify or include certain areas. Exact matching with the Quality Framework PEs may not be possible. For example, where there is some congruence, the Quality Framework PE may overlap parts of several compliance standards and vice versa. If your service currently uses such quality measures you are encouraged to provide feedback to improve the Cross Reference Matrix and its accuracy and applicability to your service context. Should you be using a set of standards not covered by the Cross Reference Matrix and require support making connections with the Quality Framework PEs, advice can be sought from the DAO Project Officer.

Appendix B WA COMPREHENSIVE DIVERSION PROGRAM QUALITY CONSIDERATIONS

Appendix B outlines key best practice considerations for the provision of quality services to WA Comprehensive Diversion Program and other mandated consumers. Both diversion-related material contained within the Quality Framework and additional best practice information is provided in summary form to assist your agency to establish priority areas for diversion service improvement.

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ACCESSING SUPPORT and PROVIDING FEEDBACK

**Need more information?
Need assistance?
Do you have a suggestion to improve the Quality Framework?
Throughout implementation**

The WANADA Project Coordinator will:

- Provide phased, agency specific support for the implementation of the Quality Framework;
- Collate and provide feedback to the Quality Framework Steering Committee on agency and sector support needs;
- Establish a Clearing House of relevant literature and documents;
- Coordinate peer and mentor support groups of sector service representatives; and
- Coordinate support for managers and coordinators to complement a total quality management approach.

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The DAO Quality Improvement Project Officer will:

- Support WANADA in the implementation of the Quality Framework;
- Collate sector feedback to inform planning, resourcing, policy, research, data management, practice and workforce development through DAO;
- Provide sector support based on feedback;
- Resource the Quality Framework in terms of research and development of documentation templates;
- Coordinate and support the development of peer review training.

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SECTION ONE:
Performance
Expectations

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PERFORMANCE EXPECTATION 1: RIGHTS AND RESPONSIBILITIES

The service recognises clients as “health consumers” with concomitant rights and responsibilities.

1.1 STATEMENT OF RIGHTS AND RESPONSIBILITIES

The service has a written statement of consumer rights and responsibilities, which is provided and discussed with them, in a way that is understandable, as early as possible to the time they commence. The service ensures all staff are aware of, and support, the rights and responsibilities of consumers

1.2 CONSUMER RIGHTS AND RESPONSIBILITIES POLICIES AND PROCEDURES

The service has written and regularly reviewed policies, procedures and structures in place that guide consumer rights and responsibilities

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PERFORMANCE EXPECTATION 2: CONSUMER¹ FOCUSED PRACTICE

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

2.1 POLICIES, PROCEDURES AND STRUCTURES TO SUPPORT CONSUMER INVOLVEMENT AT ALL LEVELS OF THE ORGANISATION

The service has written and regularly reviewed policies, procedures and structures/activities in place that encourage and enable the active involvement of consumers in service planning, delivery and evaluation for quality improvement

2.2 DEVELOPMENT, UTILISATION AND REVIEW OF A CONSUMER NEEDS AND SATISFACTION SURVEY TOOL AND CONSULTATION PROCESSES

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

2.3 INTERACTION QUALITIES

The service has written and regularly reviewed policies and procedures to inform respectful, sensitive and non-judgmental work practices

2.4 NON-DISCRIMINATORY PRACTICE AND EQUITABLE ACCESS

The service is structured to maximise access, with particular emphasis on reviewing ready and appropriate access to services by Australian Indigenous people, people from culturally and linguistically diverse backgrounds, parents with under school-aged children, young people, families and significant others, people with disabilities, people with co-occurring conditions, and people of different genders and sexual orientation. Within this, the service:

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

2.5 CLIENT NUMBER MANAGEMENT AND REFERRAL

The service has written and regularly reviewed policies, procedures and strategies to maximise access, supporting consumers to either access the service in an acceptable timeframe or be referred to another organisation

¹ For the purpose of this document consumers include all people accessing the service, including drug users and significant others

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PERFORMANCE EXPECTATION 3: EVIDENCE BASED PRACTICE

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

3.1 ENTRY CRITERIA

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

3.2 DELIVERY OF SERVICE

The service has regularly reviewed policies and procedures for assessment, engagement, case management, clinical pathways planning, referral when entry is denied, and engagement requirements of diverse population groups including significant others

3.3 ASSESSMENT AND SERVICE MATCHING

The service conducts adequate assessment to determine if engagement of a consumer with the service is appropriate (based on individual needs, considering support and treatment requirements and whether voluntary, coerced, or from a specific population group). The service provides the consumer with information on a comprehensive range of treatment options available in the sector to ensure they are able to make an informed choice of service based on appropriate treatment matching and their needs

3.4 INTER-AGENCY REFERRAL

The service and staff facilitate referral of consumers to other services when entry is denied or as appropriate for case management, shared care and through care; with staff informed of services provided by, and referral requirements of other organisations, with an aim of minimising duplication of assessment processes

3.5 CLINICAL PATHWAYS PLANNING

As appropriate, the service negotiates a clinical pathway plan with the consumer to ensure an holistic therapeutic approach is offered, including case management, shared care and through care

3.6 SERVICE APPROACH

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

3.7 HARM REDUCTION INFORMATION

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

3.8 OUTCOME REVIEW

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

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PERFORMANCE EXPECTATION 4: STAFFING, DEVELOPMENT AND SUPPORT²

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

4.1 STAFF CREDENTIALS

The service ensures all staff have, or are in the process of attaining, AOD knowledge, up-to-date generic counselling skills, and/or cross-cultural training to support an empowerment framework, as appropriate for the service they provide

4.2 PERSONNEL AND TEAM DEVELOPMENT

The service has accessible written personnel and team development policies, procedures and strategies, which are periodically reviewed for maximum effectiveness

4.3 MANAGEMENT DEVELOPMENT AND SUPPORT

The service actively supports the professional development of managers

4.4 OCCUPATIONAL SAFETY AND HEALTH

The service is able to demonstrate its compliance with the requirements of the *Occupational Safety and Health Act 1984* and has regularly reviewed staff safety policies and procedures

4.5 EQUAL OPPORTUNITY

The service is able to demonstrate its compliance with the requirements of the *Equal Opportunity Act 1984* and has regularly reviewed policies relating to equal opportunity

² Staff include paid staff, volunteers and students on placement.

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PERFORMANCE EXPECTATION 5: ORGANISATIONAL GOVERNANCE AND MANAGEMENT

Governance and management practices maximise organisational efficiency, transparency, effectiveness and ensure accountability.

5.1 COMPLIANCE WITH CONSTITUTION AND SERVICE AGREEMENT

The organisation operates according to its contractual obligations and service description as negotiated and determined in its Service Agreement, and the requirements of its constitution

5.2 DEFINED AND DOCUMENTED ROLES AND RESPONSIBILITIES

The roles and responsibilities of the Board of Management/Management Committee members, and each staff member with a management responsibility, are clearly defined and documented, provided to individuals on appointment to their position, supported by appropriate policies and procedures and reviewed as needed

5.3 FINANCIAL MANAGEMENT

Written financial management policies and procedures are in place in relation to the responsibilities and authorities of Board of Management/Management Committee office bearers and other members and paid staff

5.4 RISK MANAGEMENT

The service has completed a risk management assessment and developed written policies and procedures for identified risks, reviewing processes as needed to ensure risks are minimised

5.5 HUMAN RESOURCE MANAGEMENT POLICIES AND PROCEDURES

The service has written and regularly reviewed human resource management policies and procedures

5.6 DATA MANAGEMENT

The service has policies and procedures to ensure the integrity of data collected and is open and transparent in regards to how the data is used

5.7 ORGANISATIONAL PLANNING PROCESS

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

5.8 PARTNERSHIP AND INTEGRATION

The service collaborates with primary stakeholders and other community services and has developed policies, procedures and partnership agreements for continuous improvement of systemic inter-agency and inter-sectoral relationships to ensure better outcomes for consumers

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SECTION TWO: Self-Assessment

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SELF-ASSESSMENT

As a template to be used in electronic format, this section is provided on disc only. This allows your agency to copy and paste relevant information and to develop the Self-Assessment to suit specific needs.

Annual Snapshot and Record of Continuous Quality Improvement

- Completing the Self-Assessment establishes an overview of your agency in relation to the Quality Framework Performance Expectations and assists in recording continuous quality improvement.
- The initial snapshot will allow you to:
 - Make comparisons in future years and to demonstrate continuous quality improvement changes
 - Identify priority areas for improvement
- The PLAN-DO-CHECK-ACT cycle template provides a user friendly model for engaging in and recording continuous quality improvements.

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SECTION THREE:
Guidelines
and Support
to Meeting the
Performance
Expectations

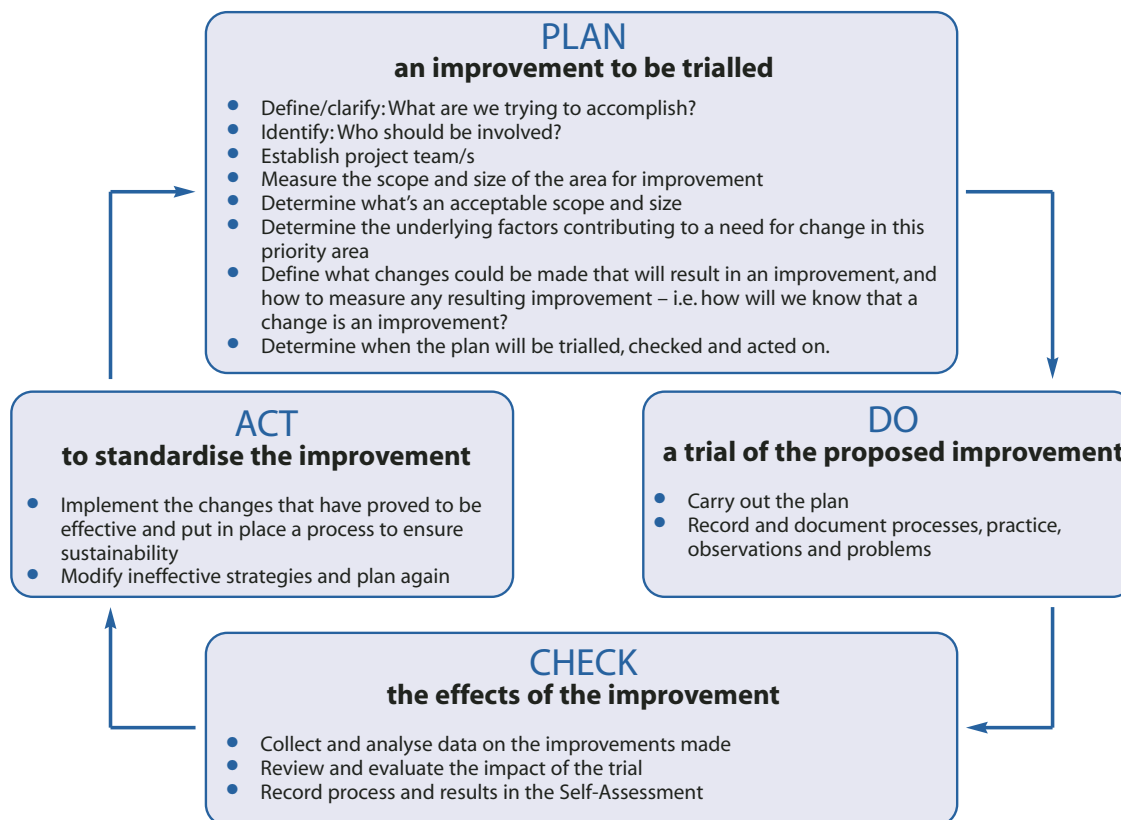
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GUIDELINES AND SUPPORT TO MEETING THE PERFORMANCE EXPECTATIONS

The quality improvement approach that your agency adopts needs to take into account the agency's overall goals and the culture of the service. Naturally, continuous, sustainable, quality improvement is best achieved with maximum support of all staff at the agency. Incorporating ongoing reflection and review of practice into the culture of a service takes time, however it will ultimately be of benefit to staff and consumers.

The following quality improvement considerations, and other support material, provide **guidance/suggestions only** on how a service may meet the Performance Expectations. Your agency may use and adapt what is offered to best meet its needs. You may feel your service already meets the performance expectation requirements, or choose a completely different approach to meeting them. It is recommended that you document any approach that you have taken to support any internal or external review process. Also, the considerations offered do not represent the full scope of quality improvements that your agency may wish to incorporate, and are not set as a maximum benchmark that services need to strive towards.

Continuous improvement of services over the past years is recognised. The intention of the Quality Framework and the considerations offered in particular, is to support that evident commitment to continuous quality improvement. There is a range of models that assist improvement at the individual agency level. The following is one such model that is incorporated into these quality improvement considerations.



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SUPPORT MATERIAL

The support material is organised around the Performance Expectations, with particular considerations for different service types offered, such as diversion, residential services and for specific population groups.

The support material includes:

QUALITY IMPROVEMENT CONSIDERATIONS

Guidelines on how a service may meet the Performance Expectations

POLICY AND PROCEDURE TEMPLATES

TEMPLATES OF DOCUMENTS, POLICIES AND PROCEDURES

While it is hoped that these can support/guide services in the preparation and/or review of their documents, **it is recommended that a consultative process, involving staff, management and/or consumers, informs the development and any reworking of the service's documents, policies and procedures.**

ATTACHED TEMPLATE FEEDBACK AND CHECKLIST TOOLS

The options on these template tools are based on literature, legislation or informed by consultation with people in the sector for the purpose of supporting continuous quality improvement. The template feedback tools are offered in a summary format. Obtaining feedback may take different forms, including surveys, focused consultations etc. The template tools are, again, offered as guiding material only and it is recommended that a consultative process, involving staff, management and/or consumers, informs the service's process and feedback questions to ensure appropriate questions for the consumer group are developed.

CLEARING HOUSE OF SAMPLES OF DOCUMENTS, POLICIES AND PROCEDURES FROM SERVICES

Some services have offered examples of their working documents as support for other services. **If you have sample documents that you have found to be effective in your service that you are willing to share with other services, please let us know so that we can add them to the WANADA Clearing House of active documents!**

REFERENCE AND/OR LINKS TO RELEVANT LITERATURE

Much of the relevant literature, whether it is literature on evidence based practice or legislation, has informed the development of the Quality Framework and the support material such as the template policies and procedures. References are offered to assist services in accessing direct information.

CROSS REFERENCE MATRIX

This matrix matches the Quality Framework Performance Expectations with other related requirements and standards that services may already be applying. If the service is required to meet other standards, and is reviewed on those standards, the Cross Reference Matrix may assist in reducing duplication of effort.

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PERFORMANCE EXPECTATION 1.1

STATEMENT OF RIGHTS AND RESPONSIBILITIES

The service has a written statement of consumer rights and responsibilities, which is provided and discussed with them, in a way that is understandable, as early as possible to the time they commence. The service ensures all staff are aware of, and support, the rights and responsibilities of consumers.

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality consumer awareness of their rights and responsibilities, include:

PLAN	<ul style="list-style-type: none"> Develop a statement of consumer rights and responsibilities, with consideration given to the range of current and prospective service consumers e.g. Aboriginal people, people from culturally and linguistically diverse backgrounds (CALD), parents with under school-aged children, people with disabilities, young people, WA Comprehensive Diversion Program consumers, significant others, people with co-occurring conditions and people of different genders and sexual orientations; Develop a strategy for ensuring as many consumers as possible are made aware of their rights and responsibilities;
DO	<ul style="list-style-type: none"> Put into action the strategy for ensuring as many consumers as possible are made aware of their rights and responsibilities; Ensure staff are aware of consumer rights and responsibilities through an induction/orientation process and/or through ongoing in-house discussion supporting staff to feel comfortable and confident discussing these with the consumers as required; Record any discussions staff have had with consumers on their rights and responsibilities, for example on an engagement checklist;
CHECK	<ul style="list-style-type: none"> Invite feedback from consumers on their awareness of their rights and responsibilities; Invite feedback from staff on their practice of discussing the rights and responsibilities with the consumers; Collate feedback and records of any discussions staff have had with consumers on their rights and responsibilities to inform a review of practice and/or modification of the statement of consumer rights and responsibilities;
ACT	<ul style="list-style-type: none"> Implement changes to the rights and responsibilities statement and the strategy for its dissemination, as appropriate. Set future review date for Performance Expectation 1.1.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 1.1

- Template Consumer Rights and Responsibilities Statement
- Appendix B: WA Comprehensive Diversion Program Quality Considerations PE 1
- Template consumer satisfaction assessment considerations
- Template staff feedback considerations
- Template consumer engagement checklist
- Sample documents and/or relevant literature held at WANADA Clearing House

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PERFORMANCE EXPECTATION 1.2

CONSUMER RIGHTS AND RESPONSIBILITIES POLICIES AND PROCEDURES

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

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality consumer rights and responsibilities policies and procedures, include:

PLAN	<ul style="list-style-type: none"> • Have a staff representative responsible for ensuring the development of consumer rights and responsibilities; • Develop consumer rights and responsibilities policies and procedures, <u>for example</u>: <ul style="list-style-type: none"> – Policy on informing consumers of their rights and responsibilities; – Consumer complaints procedures that support resolution; – Privacy and confidentiality policy that conforms with the <i>Privacy Act 1988</i> requirements for example, informing consumers of the purpose and use of the data and session records, ensuring written consent for the transfer of any personal information is obtained as necessary, ensuring personal identifying information is dealt with appropriately, ensuring consumer information and records/files are securely stored; – Procedures for providing advocacy and/or informing consumers of independent advocacy services;
DO	<ul style="list-style-type: none"> • Ensure staff are aware of consumer rights and responsibilities policies and procedures in order to assist consumers as needed; • Record any instances when consumers have required access to the rights and responsibilities policies and procedures, for example on an engagement checklist;
CHECK	<ul style="list-style-type: none"> • Invite feedback from consumers on their access to, and their views on the effectiveness of, the service's rights and responsibilities policies and procedures; • Invite feedback from staff on their awareness of the consumer's rights and responsibilities, and their view on the practical effectiveness of the policies and procedures; • Utilise the collated feedback and records to inform a review of practice and/or modification of policies and procedures;
ACT	<ul style="list-style-type: none"> • Implement changes to consumer rights and responsibilities policies and procedures, as appropriate. Set future review date for Performance Expectation 1.2.

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OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 1.2

- Template Consumer Rights and Responsibilities Policy
- Template Privacy and Confidentiality Policy
- Template Consumer Complaints Policy
- Template Consumer Complaints Record Form
- Template Advocacy Policy
- Template Advocacy Authority Form
- Appendix B: WA Comprehensive Diversion Program Quality Considerations PE 1
- Template consumer satisfaction assessment considerations
- Template staff feedback considerations
- Template consumer engagement checklist
- Sample documents and/or relevant literature held at WANADA Clearing House

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PERFORMANCE EXPECTATION 2.1

POLICIES, PROCEDURES AND STRUCTURES TO SUPPORT CONSUMER INVOLVEMENT AT ALL LEVELS OF THE ORGANISATION

The service has written and regularly reviewed policies, procedures and structures/activities in place that encourage and enable the active involvement of consumers in service planning, delivery and evaluation for quality improvement.

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality consumer participation, include:

PLAN	<ul style="list-style-type: none"> • Have a staff representative responsible for ensuring the development of consumer focused practice; • Develop a consumer involvement strategy to enhance consumer participation in service planning, delivery and evaluation for quality improvement; • Develop consumer involvement policies and procedures incorporating <u>for example:</u> <ul style="list-style-type: none"> • Selection process for consumer representatives on quality improvement committees and/or the Board of Management; • Roles and responsibilities of consumers involved in service planning and evaluation; • Criteria for consumer participation in delivery of service; • Support and training offered for consumers participating;
DO	<ul style="list-style-type: none"> • Record consumer participation at all levels of the organisation; • Maintain a record of where any of the policies, procedures and strategies have been developed or reviewed following a consultative process involving consumers;
CHECK	<ul style="list-style-type: none"> • Invite feedback from consumers, who have been involved other than for service delivery, on their satisfaction with their involvement/participation in planning and informing the service; • Utilise the collated feedback and records to inform a review of practice and/or modification of policies and procedures;
ACT	<ul style="list-style-type: none"> • Implement changes to policies, procedures, strategies and activities regarding consumer involvement, as appropriate. Set future review date for Performance Expectation 2.1.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 2.1

- Template Consumer Participation Policy
- Template consumer satisfaction assessment considerations
- Sample documents and/or relevant literature held at WANADA Clearing House

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PERFORMANCE EXPECTATION 2.2

DEVELOPMENT, UTILISATION AND REVIEW OF A CONSUMER NEEDS AND SATISFACTION SURVEY TOOL AND CONSULTATION PROCESSES

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

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality utilisation and review of consumer needs and satisfaction feedback, include:

PLAN	<ul style="list-style-type: none"> • Develop a consumer needs and satisfaction feedback tool with consideration given to the diversity of population groups accessing the service; • Develop a strategy for maximising satisfaction feedback reports from consumers; • Establish, through a consultative planning process, an agency accepted level of “consumer satisfaction” for comparison with the coming reporting period feedback;
DO	<ul style="list-style-type: none"> • Apply the strategy for maximising satisfaction feedback reports from consumers and invite feedback from consumers on their needs and satisfaction with the service; • Maintain a record of percentage of consumers providing feedback compared with total number of potential feedback;
CHECK	<ul style="list-style-type: none"> • Collate and analyse the feedback from consumers on their needs and satisfaction with the service; • Determine any areas of potential improvement in service delivery based on the feedback from consumers; • Record any process of reviewing consumer feedback, indicating any strategies informing practice implemented and/or modification of policies and procedures resulting from the review, with the aim of enhancing satisfaction and to better meet any of the identified needs;
ACT	<ul style="list-style-type: none"> • Implement changes to consumer needs and satisfaction survey tool and consultation processes, as appropriate. Set future review date for Performance Expectation 2.2.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 2.2

- Appendix B: WA Comprehensive Diversion Program Quality Considerations PE 2
- Sample documents and/or relevant literature held at WANADA Clearing House

The Western Australian Alcohol and Other Drug Sector Quality Framework

PERFORMANCE EXPECTATION 2.3

INTERACTION QUALITIES

The service has written and regularly reviewed policies and procedures to inform respectful, sensitive and non-judgmental work practices.

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality interaction with consumers, include:

PLAN	<ul style="list-style-type: none"> • Develop quality interaction policies and procedures, <u>for example</u>: <ul style="list-style-type: none"> • Code of behaviour of staff, including respectful, sensitive and non-judgmental interaction with consumers, the maintenance of firm worker/consumer boundaries and role modelling effective behaviours; • A code of ethics; • Greeting procedures for reception staff; • Policies on meeting the different needs of people from different population groups;
DO	<ul style="list-style-type: none"> • Ensure all staff are aware of the quality interaction policies and procedures; • Maintain a record of any training and development events attended by staff that maintain and improve knowledge and awareness of consumer issues that may inform interaction;
CHECK	<ul style="list-style-type: none"> • Invite feedback from consumers on their assessment of the quality of interaction at the service; • Invite feedback from stakeholders on their assessment of the quality of interaction at the service; • Invite feedback from staff on their perceptions of the quality interaction policies and procedures and their effectiveness in guiding practice; • Record any process of reviewing feedback and records, indicating any strategies informing practice and/or need to modify policies and procedures resulting from the review, with the aim of improving interaction;
ACT	<ul style="list-style-type: none"> • Implement changes to quality interaction policies and procedures, as appropriate. Set future review date for Performance Expectation 2.3.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 2.3

- Template Interaction and Non-Discriminatory Practice Policy (including improved access strategies)
- ADCA Code of Ethics
- Improved Access Strategy Options for Culturally and Linguistically Diverse Population Groups; Gay, Lesbian, Transgender and Queer Population Groups and Aboriginal and Torres Strait Islander Peoples
- Appendix B: WA Comprehensive Diversion Program Quality Considerations PE 2
- Template consumer satisfaction assessment considerations
- Template staff feedback considerations
- Template consumer engagement checklist
- Sample documents and/or relevant literature held at WANADA Clearing House

The Western Australian Alcohol and Other Drug Sector Quality Framework

PERFORMANCE EXPECTATION 2.4

NON-DISCRIMINATORY PRACTICE AND EQUITABLE ACCESS

The service is structured to maximise access, with particular emphasis on reviewing ready and appropriate access to services by Australian Indigenous people, people from culturally and linguistically diverse backgrounds, parents with under school-aged children, young people, families and significant others, people with disabilities, people with co-occurring conditions, and people of different genders and sexual orientation. Within this, the service:

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

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality non-discriminatory practice and equitable access, include:

PLAN	<ul style="list-style-type: none"> • Develop a strategy for increasing attendance by consumers from specific population groups;
DO	<ul style="list-style-type: none"> • Maintain a record of any internally developed guidelines/strategies, based on evidence based practice and consumer consultation, aimed at improving access by consumers from specific population groups; • Maintain a record of any utilisation of external support strategies for consumers from specific population groups (e.g. child care access support, interpreter service support); • Ensure consumers have access to appropriate resources (e.g. cultural and language specific brochures); • Maintain a record of staff attendance to training and development on the provision of services to specific population groups; • Maintain a record of linkages/partnership agreements made with specialist services for specific population groups, in line with relevant policies and procedures;
CHECK	<ul style="list-style-type: none"> • Utilise any recorded data measuring access by people from different population groups for comparison with previous report period/identification of increases; • Invite feedback from staff on the effectiveness of any training and development on the provision of services to specific population groups in their practice and an identification of requirements to improve effectiveness; • Invite feedback from staff and stakeholders on the effectiveness of any inter-service linkages and agreements on the provision of services to specific population groups and an identification of requirements to improve effectiveness; • Record any process of reviewing feedback, indicating any strategies informing practice and/or need to modify policies and procedures resulting from the review, with the aim of improving access by people from a diversity of population groups;
ACT	<ul style="list-style-type: none"> • Implement changes to strategy to ensure non-discriminatory practice and equitable access, as appropriate. Set future review date for Performance Expectation 2.4.

The Western Australian Alcohol and Other Drug Sector Quality Framework

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 2.4

- Template Interaction and Non-Discriminatory Practice and Equitable Access Policy
- Improved Access Strategy Options for Culturally and Linguistically Diverse Population Groups; Gay, Lesbian, Transgender and Queer Population Groups and Aboriginal and Torres Strait Islander Peoples
- Template consumer satisfaction assessment considerations
- Template staff feedback considerations
- Template stakeholder feedback considerations
- Template consumer engagement checklist
- Sample documents and/or relevant literature held at WANADA Clearing House

The Western Australian Alcohol and Other Drug Sector Quality Framework

PERFORMANCE EXPECTATION 2.5

CLIENT NUMBER MANAGEMENT AND REFERRAL

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

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality number management and referral, include:

PLAN	<ul style="list-style-type: none"> Develop policies and procedures for client numbers management and referral, incorporating for example: <ul style="list-style-type: none"> Policies for ensuring staff client loads and waiting list numbers are acceptable; Prioritisation of WA Comprehensive Diversion Program participants in line with service agreements, as applicable; Policies for the provision of services outside of normal working hours; Policies for managing non-attendance; Procedures for consumers placed on waiting lists to ensure minimal waiting times; Referral procedures for when waiting lists are full; Policy on the management of clients who fail to keep appointments; Establish agency accepted maximum consumer waiting list number and waiting list times;
DO	<ul style="list-style-type: none"> Maintain a record of any strategies trialed for minimising waiting list numbers and time; Maintain a record of waiting list numbers and times; Ensure staff, including reception staff, are aware of client numbers management and referral policies and procedures;
CHECK	<ul style="list-style-type: none"> Invite feedback from consumers on their satisfaction with the waiting list times they experienced; Invite feedback from referring agencies/stakeholders regarding waiting list times; Record any process of reviewing consumer feedback and/or related data, indicating any strategies informing practice and/or need to modify policies and procedures resulting from the review, with the aim of reducing waiting list numbers and times;
ACT	<ul style="list-style-type: none"> Implement changes to policies, procedures and strategies relating to number management and referral including waiting list number and maximum waiting time, as appropriate. Set future review date for Performance Expectation 2.5.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 2.5

- Template Delivery of Service Policy
- Template consumer satisfaction assessment considerations
- Template staff feedback considerations
- Template stakeholder feedback considerations
- Sample documents and/or relevant literature held at WANADA Clearing House

The Western Australian Alcohol and Other Drug Sector Quality Framework

PERFORMANCE EXPECTATION 3.1

ENTRY CRITERIA

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

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality entry criteria, include:

PLAN	<ul style="list-style-type: none"> • Have a staff representative responsible for ensuring the implementation of evidence based practice; • Establish the service entry criteria to reduce duplication with other services and/or service resources through a consultative process; with rationale based on staff expertise/experience, and service niche;
DO	<ul style="list-style-type: none"> • Ensure all staff are aware of the entry criteria; • Maintain a record of staff training and expertise in order to best inform the entry criteria for the service;
CHECK	<ul style="list-style-type: none"> • Utilise current research/trends and service provision data to inform a projected service niche; • Invite feedback from staff on their awareness, and views on the effectiveness, of the entry criteria; • Invite feedback from consumers on whether the service was able to adequately meet their needs; • Invite feedback from stakeholders on their awareness of, and their views on the suitability of, the entry criteria with the aim of determining any need to update other services for referral purposes and to ensure against duplication; • Record any process of reviewing feedback and/or related data, indicating any strategies informing practice and/or need to modify the service's entry criteria resulting from the review;
ACT	<ul style="list-style-type: none"> • Implement changes to service entry criteria, as appropriate. Set future review date for Performance Expectation 3.1.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 3.1

- Template Delivery of Service Policy
- Template consumer satisfaction assessment considerations
- Template staff feedback considerations
- Template stakeholder feedback considerations
- Template consumer engagement checklist
- Sample documents and/or relevant literature held at WANADA Clearing House

The Western Australian Alcohol and Other Drug Sector Quality Framework

PERFORMANCE EXPECTATION 3.2

DELIVERY OF SERVICE

The service has regularly reviewed policies and procedures for assessment, engagement, case management, clinical pathways planning, referral when entry is denied, and engagement requirements of diverse population groups including significant others.

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality delivery of service, include:

PLAN	<ul style="list-style-type: none"> • Develop policies and procedures for the delivery of service, incorporating <u>for example</u>: <ul style="list-style-type: none"> • Procedures for screening for suitability for service provided, based on entry criteria, and/or assessment of specific requirements once consumers are screened as suitable; • Procedures for case allocation of consumers to workers with proficiency commensurate with individual consumers' needs; • Procedures for induction/engagement, including a checklist ensuring entry criteria have been met and all required information and actions have been provided and met; • Policies and agreements with other services regarding case management of consumers; • Treatment plan development and recording policies; • Exit, referral policies and procedures, including follow-up where client permission has been obtained; • Procedures for engagement considerations for people from diverse population groups (e.g. confidentiality of information re significant others and gender specific considerations re options of clinicians); • WA Comprehensive Diversion Program (WACDP) participants' mandatory treatment requirements, WACDP Service Requirements and WACDP Quality Considerations, as applicable; • Link delivery of service considerations to the service's Clinical/Practice Governance Policy;
DO	<ul style="list-style-type: none"> • Ensure staff awareness of the delivery of service policies and procedures;
CHECK	<ul style="list-style-type: none"> • Invite feedback from staff on their awareness of, and their views on the effectiveness of, the delivery of service policies and procedures; • Record any process of reviewing feedback, indicating any strategies informing practice and/or need to modify policies and procedures resulting from the review, with the aim of improving service delivery;
ACT	<ul style="list-style-type: none"> • Implement changes to delivery of service policies and procedures, as appropriate. Set future review date for Performance Expectation 3.2.

The Western Australian Alcohol and Other Drug Sector Quality Framework

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 3.2

- Template Delivery of Service Policy
- Template Clinical/Practice Governance Policy
- Template Partnership and Enhanced Integration Policy
- Template Feedback to Referring Organisation Form
- Template Referral and Transfer of Information Form
- Appendix B: WA Comprehensive Diversion Program Quality Considerations PE 3
- Template consumer satisfaction assessment considerations
- Template staff feedback considerations
- Template consumer engagement checklist
- Sample documents and/or relevant literature held at WANADA Clearing House

The Western Australian Alcohol and Other Drug Sector Quality Framework

PERFORMANCE EXPECTATION 3.3

ASSESSMENT AND SERVICE MATCHING

The service conducts adequate assessment to determine if engagement of a consumer with the service is appropriate (based on individual needs, considering support and treatment requirements and whether voluntary, coerced, or from a specific population group). The service provides the consumer with information on a comprehensive range of treatment options available in the sector to ensure they are able to make an informed choice of service based on appropriate treatment matching and their needs.

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality assessment and service matching, include:

PLAN	<ul style="list-style-type: none"> • Develop, or utilise existing standard, screening and/or full assessment tools that direct an individual's tailored service program; • Develop, or utilise an existing standard, options tool to assist staff provide rationale to consumers on the outcome of the screening and/or assessment;
DO	<ul style="list-style-type: none"> • Ensure assessing staff are aware of the service's initial screening and/or full assessment instruments; • Ensure assessing staff are aware of the range of service options available to consumers; • Maintain a record of screenings/assessments, including rationale for non-engagement and/or referral to other services;
CHECK	<ul style="list-style-type: none"> • Invite feedback from consumers determining their satisfaction with the screening/assessment process, including <u>for example</u>: <ul style="list-style-type: none"> • Improved awareness of the service offered by the agency; • Improved awareness of the other service options available to them; • Suitability of any referrals made (follow-up); and • The overall appropriateness of the service delivered in meeting their needs following a screening/assessment; • Invite feedback from staff on their awareness of, and views on the effectiveness of, the service's screening and/or assessment, and service options tools; • Record any process of reviewing feedback or other data, indicating any strategies informing practice and/or need to modify policies and procedures resulting from the review, with the aim of improving the assessment and treatment matching processes;
ACT	<ul style="list-style-type: none"> • Implement changes to assessment and service matching tools and procedures, as appropriate. Set future review date for Performance Expectation 3.3.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 3.3

- Template Delivery of Service Policy
- Appendix B: WA Comprehensive Diversion Program Quality Considerations PE 3
- Template consumer satisfaction assessment considerations
- Template staff feedback considerations
- Template consumer engagement checklist
- Sample documents and/or relevant literature held at WANADA Clearing House

The Western Australian Alcohol and Other Drug Sector Quality Framework

PERFORMANCE EXPECTATION 3.4

INTER-AGENCY REFERRAL

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

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality inter-agency referral, include:

PLAN	<ul style="list-style-type: none"> • Develop the service's referral requirements, to inform agencies referring to the service; • Have on hand information about other services and their referral requirements; • Develop, or utilise an existing standard transfer of information consent form; • Develop a pro-forma for providing feedback to referring services; • Link inter-agency referral considerations to the service's Clinical/Practice Governance Policy;
DO	<ul style="list-style-type: none"> • Ensure staff are informed of other services likely to be used to refer consumers to, and their referral requirements; • Ensure staff are aware of the requirements to provide feedback to services consumers are referred from; • Maintain a record of referrals received from other services and the adequacy of the information received; • Maintain a record of referrals made to other services and feedback from those services on the appropriateness of the referrals;
CHECK	<ul style="list-style-type: none"> • Invite feedback from consumers on their satisfaction with referral and associated inter-agency communication procedures and processes; • Invite feedback from staff on their awareness, and their views on the effectiveness, of the available information on other services used to refer consumers, this and other service's referral requirements and the transfer of information consent form; • Invite feedback with stakeholders from services that refer to, or receive referrals from, the service on the appropriateness of the referrals made, and the adequacy of any information forwarded; • Record any process of reviewing feedback or other data, indicating any strategies informing practice and/or need to modify any documents resulting from the review, with the aim of improving referral processes;
ACT	<ul style="list-style-type: none"> • Implement changes to inter-agency referral procedures, practices and documentation, as appropriate. Set future review date for Performance Expectation 3.4.

The Western Australian Alcohol and Other Drug Sector Quality Framework

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 3.4

- Template Delivery of Service Policy
- Template Partnership and Enhanced Integration Policy
- Template Clinical/Practice Governance Policy
- Template Feedback to Referring Organisation Form
- Template Referral and Transfer of Information Form
- Appendix B: WA Comprehensive Diversion Program Quality Considerations PE 3
- Template consumer satisfaction assessment considerations
- Template staff feedback considerations
- Template stakeholder feedback considerations
- Template consumer engagement checklist
- Sample documents and/or relevant literature held at WANADA Clearing House

The Western Australian Alcohol and Other Drug Sector Quality Framework

PERFORMANCE EXPECTATION 3.5

CLINICAL PATHWAYS PLANNING

As appropriate the service negotiates a clinical pathway plan with the consumer to ensure an holistic therapeutic approach is offered, including case management, shared care, and through care.

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality clinical pathways planning, include:

PLAN	<ul style="list-style-type: none"> • Develop clinical pathways planning guidelines incorporating internal service pathways, case management, shared care and through care for clients prior to exiting the service; • Develop case management and shared care protocols including compliance with WA Comprehensive Diversion Program Service Requirements and Quality Considerations, as applicable; • Link guidelines and protocols to Inter-Agency Referral considerations; • Link clinical pathways planning to the service's Clinical/Practice Governance Policy;
DO	<ul style="list-style-type: none"> • Ensure staff are aware of clinical pathways planning guidelines, case management and shared care protocols including any recording mechanisms such as case file checklists;
CHECK	<ul style="list-style-type: none"> • Invite feedback from consumers on their satisfaction with the negotiation process to establish a clinical pathway plan, and their view on the adequacy of the total service received to meet their needs; • Invite feedback from staff on their awareness, and their views on the effectiveness, of the clinical pathways planning guidelines and case management and shared care protocols; • Record any process of reviewing feedback or other data, indicating any strategies informing practice and/or need to modify any documents resulting from the review, with the aim of improving clinical pathways planning;
ACT	<ul style="list-style-type: none"> • Implement changes to clinical pathways planning, practices and documentation, as appropriate. Set future review date for Performance Expectation 3.5.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 3.5

- Template Delivery of Service Policy
- Template Partnership and Enhanced Integration Policy
- Template Clinical/Practice Governance Policy
- Appendix B: WA Comprehensive Diversion Program Quality Considerations PE 3
- Template consumer feedback considerations
- Template staff feedback considerations
- Template stakeholder feedback considerations
- Template consumer engagement checklist
- Sample documents and/or relevant literature held at WANADA Clearing House

The Western Australian Alcohol and Other Drug Sector Quality Framework

PERFORMANCE EXPECTATION 3.6

SERVICE APPROACH

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

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality service approach, include:

PLAN	<ul style="list-style-type: none"> Develop, through a consultative process, evidence based practice principles and service goals of intervention for the approach provided; Develop, through consultation with service practitioners, the service's Clinical/Practice Governance policy;
DO	<ul style="list-style-type: none"> Ensure staff are aware of the practice principles and goals for the type of service they provide; Maintain a record of any training and development events attended by staff that maintain and improve knowledge and awareness of evidence based practice and practice wisdom;
CHECK	<ul style="list-style-type: none"> Invite feedback from consumers on their satisfaction with the negotiation process to establish a service approach, and their view on the adequacy of the service received to meet their needs; Invite feedback from staff on their awareness, and their views on the effectiveness of the service's developed practice principles and goals, and the effectiveness of any training received; Record any process of reviewing feedback and/or other data, indicating any strategies informing practice and/or need to modify any document resulting from the review, with the aim of improving the service approach;
ACT	<ul style="list-style-type: none"> Implement changes to evidence based practice principles, service goals of intervention and Clinical/Practice Governance Policy, as appropriate. Set future review date for Performance Expectation 3.6.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 3.6

- Template Delivery of Service Policy
- Template Clinical/Practice Governance Policy
- Appendix B: WA Comprehensive Diversion Program Quality Considerations PE 3
- Sample documents and/or relevant literature held at WANADA Clearing House

The Western Australian Alcohol and Other Drug Sector Quality Framework

PERFORMANCE EXPECTATION 3.7

HARM REDUCTION INFORMATION

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

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality harm reduction, include:

PLAN	<ul style="list-style-type: none"> Develop a policy on providing harm reduction information and support to consumers who continue to use drugs, or who are likely to relapse, with the aim of reducing the harm;
DO	<ul style="list-style-type: none"> Ensure staff understand the function and problems associated with drug use, the potential risks and harms associated with the use of different drugs or combinations of drugs, and relapse; Ensure staff are aware of the best practice strategies for supporting consumers to reduce harm/risk behaviour, including stages of change and relapse prevention, goal setting, blood borne communicable diseases support requirements, reducing the barriers to safer behaviour, suicide prevention, management of intoxicated consumers, etc.; Maintain a record of any training and development events attended by staff that maintain and improve knowledge of harm reduction issues and strategies; Maintain a record, possibly on the consumer's engagement checklist, of when consumers have been provided with harm reduction information and/or support;
CHECK	<ul style="list-style-type: none"> Invite feedback from consumers on their satisfaction with the harm reduction information and support they may have received; Invite feedback from staff on their awareness, and their views on the effectiveness, of the service's harm reduction policy, their understanding of harm reduction issues, and the effectiveness of any training for providing harm reduction information and support; Record any process of reviewing feedback and/or other data, indicating any strategies informing practice and/or need to modify any document resulting from the review, with the aim of improving the delivery of harm reduction information;
ACT	<ul style="list-style-type: none"> Implement changes to the harm reduction policy, as appropriate. Set future review date for Performance Expectation 3.7.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 3.7

- Template Harm Reduction Policy
- Appendix B: WA Comprehensive Diversion Program Quality Considerations PE 3
- Template consumer satisfaction assessment considerations
- Template staff feedback considerations
- Template consumer engagement checklist
- Sample documents and/or relevant literature held at WANADA Clearing House

The Western Australian Alcohol and Other Drug Sector Quality Framework

PERFORMANCE EXPECTATION 3.8

OUTCOME REVIEW

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

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality review of outcomes, include:

PLAN	<ul style="list-style-type: none"> • Develop, or utilise existing standard, performance indicators tools, measuring consumer functioning at the beginning of, end of, and follow-up after receiving the service; • Establish, through a consultative planning process, an agency accepted percentage of “completed performance indicator tools” and “performance indicator outcomes” for comparison with feedback received; • Develop a strategy for ensuring maximum consumer responses to the performance indicators;
DO	<ul style="list-style-type: none"> • Maintain a record of the number of consumers completing the performance indicator tools; • Ensure all staff are aware of the performance indicator tools and the service’s strategy to maximise responses;
CHECK	<ul style="list-style-type: none"> • Invite feedback from staff on their views on the appropriateness of the performance indicators, and the effectiveness of the tools and the strategy to maximise responses; • Collate the responses from the performance indicator tools; • Record any process of reviewing feedback, records and data received, indicating any strategies informing practice and/or need to modify any document resulting from the review, with the aim of improving outcomes;
ACT	<ul style="list-style-type: none"> • Implement changes to performance indicator tools and related outcome review processes, as appropriate. Set future review date for Performance Expectation 3.8.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 3.8

- Appendix B: WA Comprehensive Diversion Program Quality Considerations PE 3
- Template consumer satisfaction assessment considerations
- Template consumer engagement checklist
- Sample documents and/or relevant literature held at WANADA Clearing House

The Western Australian Alcohol and Other Drug Sector Quality Framework

PERFORMANCE EXPECTATION 4.1

STAFF CREDENTIALS

The service ensures all staff have, or are in the process of attaining, AOD knowledge, up-to-date generic counselling skills, and/or cross-cultural training to support an empowerment framework, as appropriate for the service they provide.

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality of staff credentials to provide the service, include:

PLAN	<ul style="list-style-type: none">Based on the service provided, develop a strategy through a consultative planning process to ensure the staff structure includes adequate staff with appropriate credentials;
DO	<ul style="list-style-type: none">Maintain a record of staff credentials and any training and development activities attended by staff, and whether the training is accredited or not;
CHECK	<ul style="list-style-type: none">Invite feedback from staff on their views of the effectiveness of training they have received;Record any process of reviewing feedback, records and data received, indicating any strategies informing selection of staff and/or need to modify any document resulting from the review;
ACT	<ul style="list-style-type: none">Implement changes to strategy and related processes, as appropriate. Set future review date for Performance Expectation 4.1.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 4.1

- Appendix B: WA Comprehensive Diversion Program Quality Considerations PE 4
- Template staff feedback considerations
- Sample documents and/or relevant literature held at WANADA Clearing House

The Western Australian Alcohol and Other Drug Sector Quality Framework

PERFORMANCE EXPECTATION 4.2

PERSONNEL AND TEAM DEVELOPMENT

The service has accessible written personnel and team development policies, procedures and strategies, which are periodically reviewed for maximum effectiveness.

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality personnel and team development, include:

PLAN	<ul style="list-style-type: none"> Develop personnel and team development policies and procedures including <u>for example</u>: <ul style="list-style-type: none"> Clear job descriptions and duty statements; Case allocation procedures for appropriate client matching; Supported training; Transfer of learning and workforce knowledge sustainability; Access to research and relevant information; Peer and/or professional support (supervision, mentoring, etc.); and Support for job satisfaction/motivation and career pathway development;
DO	<ul style="list-style-type: none"> Ensure staff awareness of the personnel and team development policies and procedures;
CHECK	<ul style="list-style-type: none"> Invite feedback from staff on their awareness of, and their views on the effectiveness of, the personnel and team development policies and procedures; Record any process of reviewing feedback, indicating any strategies informing practice and/or need to modify policies and procedures resulting from the review, with the aim of improving personnel and team development;
ACT	<ul style="list-style-type: none"> Implement changes to personnel and team development policies and procedures, as appropriate. Set future review date for Performance Expectation 4.2.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 4.2

- Template Human Resource Management Policy
- Appendix B: WA Comprehensive Diversion Program Quality Considerations PE 4
- Template staff feedback considerations
- Sample documents and/or relevant literature held at WANADA Clearing House

The Western Australian Alcohol and Other Drug Sector Quality Framework

PERFORMANCE EXPECTATION 4.3

MANAGEMENT DEVELOPMENT AND SUPPORT

The service actively supports the professional development of managers.

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality management development and support, include:

PLAN	<ul style="list-style-type: none"> • Develop strategies to ensure <ul style="list-style-type: none"> • Effective leadership training for management; • Change management support; • Systems enhancement support; • Policy development and implementation training; and • Supervision/mentoring support for managers;
DO	<ul style="list-style-type: none"> • Maintain a record of any development and support activities attended by managers;
CHECK	<ul style="list-style-type: none"> • Review activities attended in light of effectiveness in supporting quality management; • Indicate any strategies informing practice and/or need to modify service documents resulting from the review of activities, with the aim of improving management development and support;
ACT	<ul style="list-style-type: none"> • Implement changes to management development and support strategies, as appropriate. Set future review date for Performance Expectation 4.3.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 4.3

- Template Human Resource Management Policy
- Sample documents and/or relevant literature held at WANADA Clearing House

The Western Australian Alcohol and Other Drug Sector Quality Framework

PERFORMANCE EXPECTATION 4.4

OCCUPATIONAL SAFETY AND HEALTH

The service is able to demonstrate its compliance with the requirements of the *Occupational Safety and Health Act 1984* and has regularly reviewed staff safety policies and procedures.

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality occupational safety and health , include:

PLAN	<ul style="list-style-type: none"> Determine appropriate occupational safety and health policies and procedures, incorporating <u>for example</u>: <ul style="list-style-type: none"> Critical incident management; Burn out prevention; Duty of care for all staff; and Drug use in the workplace;
DO	<ul style="list-style-type: none"> Ensure staff awareness of the occupational safety and health policies and procedures;
CHECK	<ul style="list-style-type: none"> Invite feedback from staff on their awareness of, and their views on the effectiveness of, the occupational safety and health policies and procedures; Record any process of reviewing feedback, indicating any strategies informing practice and/or need to modify policies and procedures resulting from the review, with the aim of improving occupational safety and health;
ACT	<ul style="list-style-type: none"> Implement changes to occupational safety and health policies and procedures, as appropriate. Set future review date for Performance Expectation 4.4.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 4.4

- Template Occupational Safety and Health Policy
- Template Organisational Risk Management Policy
- Appendix B: WA Comprehensive Diversion Program Quality Considerations PE 4
- Template staff feedback considerations
- Sample documents and/or relevant literature held at WANADA Clearing House

The Western Australian Alcohol and Other Drug Sector Quality Framework

PERFORMANCE EXPECTATION 4.5

EQUAL OPPORTUNITY

The service is able to demonstrate its compliance with the requirements of the *Equal Opportunity Act 1984* and has regularly reviewed policies and procedures pertinent to equal opportunity.

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring equal opportunity in the workplace include:

PLAN	<ul style="list-style-type: none"> Determine policies and procedures relating to equal opportunity, incorporating <u>for example</u>: <ul style="list-style-type: none"> Staff recruitment and employment conditions; Discrimination and harassment in the workplace; Provision of services; Provision of accommodation (where relevant);
DO	<ul style="list-style-type: none"> Ensure staff awareness of the Equal Opportunity Act and its application in the workplace;
CHECK	<ul style="list-style-type: none"> Invite feedback from consumers and staff on their awareness of, and their views on the effectiveness of, the equal opportunity policies and procedures; Record any process of reviewing feedback, indicating any strategies informing practice and/or need to modify policies and procedures resulting from the review, with the aim of improving equal opportunity;
ACT	<ul style="list-style-type: none"> Implement changes to the equal opportunity policies as appropriate. Set future review date for Performance Expectation 4.5.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 4.5

- Template consumer satisfaction assessment considerations
- Template staff feedback considerations
- Sample documents and/or relevant literature held at WANADA Clearing House

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PERFORMANCE EXPECTATION 5.1

COMPLIANCE WITH CONSTITUTION AND SERVICE AGREEMENT

The organisation operates according to its contractual obligations and service description as negotiated and determined in its Service Agreement, and the requirements of its constitution.

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality compliance with requirements, include:

PLAN	<ul style="list-style-type: none">• Establish requirements from constitution and service agreement;
DO	<ul style="list-style-type: none">• Maintain a record of how requirements are met in practice;
CHECK	<ul style="list-style-type: none">• Evaluate how requirements are met in practice;• Record any process of reviewing compliance requirements, indicating any strategies informing practice and/or need to modify/renegotiate the service's constitution and/or service agreement resulting from the review;
ACT	<ul style="list-style-type: none">• Implement changes to any strategies relating to compliance with the service agreement and constitution. Set future review date for Performance Expectation 5.1.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 5.1

- Sample documents and/or relevant literature held at WANADA Clearing House

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PERFORMANCE EXPECTATION 5.2

DEFINED AND DOCUMENTED ROLES AND RESPONSIBILITIES

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

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality defined and documented roles and responsibilities, include:

PLAN	<ul style="list-style-type: none">• Through a consultative process, and in line with constitution requirements, develop roles and responsibilities of the Board of Management/Management Committee members, and each staff member with a management responsibility;
DO	<ul style="list-style-type: none">• Ensure Board of Management/Management Committee members, and each staff member with a management responsibility are aware of their roles and responsibilities;
CHECK	<ul style="list-style-type: none">• Invite feedback from the Board of Management/Management Committee members, and each staff member with a management responsibility on their awareness, and perspective of the effectiveness, of the roles and responsibilities;• Record any process of reviewing feedback, indicating any strategies informing practice and/or need to modify roles and responsibilities resulting from the review;
ACT	<ul style="list-style-type: none">• Implement changes to roles and responsibilities of Board of Management/Management Committee members, as appropriate. Set future review date for Performance Expectation 5.2.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 5.2

- Template board of management feedback considerations
- Sample documents and/or relevant literature held at WANADA Clearing House

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PERFORMANCE EXPECTATION 5.3

FINANCIAL MANAGEMENT

Written financial management policies and procedures are in place in relation to the responsibilities and authorities of Board of Management/Management Committee office bearers and other members, and paid staff.

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality financial management, include:

PLAN	<ul style="list-style-type: none"> • Develop financial management policies and procedures, incorporating <u>for example</u>: <ul style="list-style-type: none"> • Budget preparation and monitoring; • Preparation and presentation of regular (monthly or quarterly) financial statements; • Control over expenditure and authorisation of payments; • Receipting of income and banking; • Compliance with taxation laws; • Asset registration; and • Annual audits;
DO	<ul style="list-style-type: none"> • Maintain a system ensuring all financial reporting requirements are met; • Maintain a record of resource decisions to enable justification to appropriate stakeholders and transparency for Board/Committee members; • Establish the financial requirements of any forward plan, including a remuneration/wage parity strategy; and • Maintain a record of the service's physical resources;
CHECK	<ul style="list-style-type: none"> • Assess practice of financial reporting for comparison with reporting requirements; • Assess resource decisions to establish if they are congruent with the goals/forward plan of the service; • Assess financial management policies and procedures to ensure they meet industry standards; • Assess accounting methods to ensure they meet policy and procedure requirements; • Assess the service's physical resource needs for comparison with actual resources; • Record any process of reviewing financial management practices, indicating any strategies informing practice and/or need to modify policies and procedures resulting from the review;
ACT	<ul style="list-style-type: none"> • Implement changes to financial management policies and procedures, as appropriate. Set future review date for Performance Expectation 5.3.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 5.3

- Sample documents and/or relevant literature held at WANADA Clearing House

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PERFORMANCE EXPECTATION 5.4

RISK MANAGEMENT

The service has completed a risk management assessment and developed written policies and procedures for identified risks, reviewing processes as needed to ensure risks are minimised.

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality risk management, include:

PLAN	<ul style="list-style-type: none"> • Have a staff representative responsible for the development of risk assessment and management strategies; • Develop risk management principles; • Define the extent and comprehensiveness of the risk management activities, risk assessment and acceptance criteria in preparation of a risk assessment; • Develop risk management procedures, incorporating <u>for example</u>: <ul style="list-style-type: none"> • Pre-emptive risk management strategies; • Critical incident management and report requirements;
DO	<ul style="list-style-type: none"> • Identify potential clinical risks; • Identify corporate risks associated with any new projects/approaches/opportunities;
CHECK	<ul style="list-style-type: none"> • Through a consultative planning process, assess potential risks and identify strategies to reduce risk; • In the case of actual incidents, analyse root cause of risk objectively with a “no-blame” focus; • Invite feedback from staff involved in clinical/practice governance and risk management on their perspective on the effectiveness of the risk management process; • Record any process of reviewing and/or treating risk, indicating any strategies informing practice and/or need to modify policies and procedures resulting from the review, with the aim of reducing risk;
ACT	<ul style="list-style-type: none"> • Implement changes to risk assessment and management policies, procedures and processes, as appropriate. Set regular future review dates for Performance Expectation 5.4.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 5.4

- Template Clinical Governance Policy
- Template Occupational Safety and Health Policy
- Appendix B: WA Comprehensive Diversion Program Quality Considerations PE 5
- Template staff feedback considerations
- Sample documents and/or relevant literature held at WANADA Clearing House

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PERFORMANCE EXPECTATION 5.5

HUMAN RESOURCE MANAGEMENT POLICIES AND PROCEDURES

The service has written and regularly reviewed human resource management policies and procedures.

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality human resource management, include:

PLAN	<ul style="list-style-type: none"> • Develop human resource management policies and procedures, incorporating <u>for example</u>: <ul style="list-style-type: none"> • Policy on the development of the team structure that fits with the organisation's values, best meets identified needs and desired outcomes of the service, and encourages staff initiative and cooperative working practices; • Recruitment procedures in line with industrial relations and equal opportunity legislation; • Induction/orientation policy for any new staff, volunteer and student, including expectations of familiarisation with the service's policies and procedures; • Policy on job security and/or staff contract management; • Policy and procedure for staff appraisal/management, including poor performance management, in line with industrial relations legislation; • Complaints and grievance procedures for staff (including paid staff, volunteers and placement students); • Policy on the administration of personnel files and records; and • Policy on remuneration, in line with award or employer/employee agreement requirements;
DO	<ul style="list-style-type: none"> • Ensure all staff are aware of the human resource management policies and procedures; • Maintain a record of staff appraisals/management; • Maintain a record of staff complaints and grievances, the actions taken, and outcomes; • Maintain the development of selection criteria for recruitment of paid staff, volunteers and students on placement, including minimum credentials, skills and/or experience, awareness of issues/consumer focus requirements, ability to work respectfully with consumers, ability to work flexibly with the existing team and workplace culture, and willingness to work within a continuous improvement model; • Maintain the development of duty statements and employment contracts for each paid position; • Maintain the development of statements of the role and management of each volunteer and/or student on placement;
CHECK	<ul style="list-style-type: none"> • Invite feedback from staff on their awareness, and their view on the effectiveness, of the human resource policy and procedures; • Assess the selection criteria in terms of how well they support the desired team structure development; • Assess the duties of existing staff to ensure duty statements are relevant, and appropriate remuneration is being offered; • Record any process of reviewing feedback and other records, indicating any strategies informing practice and/or need to modify policies and procedures resulting from the review, with the aim of improving human resource management;
ACT	<ul style="list-style-type: none"> • Implement changes to human resource management policies and procedures, as appropriate. Set future review date for Performance Expectation 5.5.

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OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 5.5

- Template Human Resource Management Policy
- Template staff feedback considerations
- Sample documents and/or relevant literature held at WANADA Clearing House

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PERFORMANCE EXPECTATION 5.6

DATA MANAGEMENT

The service has policies and procedures to ensure the integrity of data collected and is open and transparent in regards to how the data is used.

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality data management, include:

PLAN	<ul style="list-style-type: none"> Develop data management policies and procedures, incorporating <u>for example</u>: <ul style="list-style-type: none"> A policy and procedure to ensure maximum integrity of any data collected; A policy to ensure timely processing of data paperwork; A policy on how any data collected by the service can be used, considering privacy legislation and the need to meet service agreement requirements; Have a staff representative responsible for ensuring quality data management improvements;
DO	<ul style="list-style-type: none"> Ensure staff awareness of data requirements (e.g. National Minimum Data Set, PICASO, Sobering Up Service requirements, etc.) through induction and/or ongoing in-house training/discussions; Maintain a record of staff attendance at data management training events; Through a consultative planning process, establish agency agreed output levels based on the identified goals and scope of the service;
CHECK	<ul style="list-style-type: none"> Invite feedback from staff on their awareness of the data requirements, data management training they have received, and their view on the effectiveness of the data management policies and procedures; Invite feedback from the staff representative responsible for ensuring quality data management improvements on their views of improving data management; Compare any data generated outputs with established agency agreed output levels; Utilise any data collected to inform any service planning process; Utilise any data collected to determine the cost efficiency of the service; Record any process of reviewing feedback and other records, indicating any strategies informing practice and/or need to modify policies and procedures resulting from the review, with the aim of improving data management;
ACT	<ul style="list-style-type: none"> Implement changes to data management policies and procedures, as appropriate. Set future review date for Performance Expectation 5.6.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 5.6

- Template Privacy and Confidentiality Policy
- Template Clinical Governance Policy
- Appendix B: WA Comprehensive Diversion Program Quality Considerations PE 5
- Template staff feedback considerations
- Sample documents and/or relevant literature held at WANADA Clearing House

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PERFORMANCE EXPECTATION 5.7

ORGANISATIONAL PLANNING PROCESS

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

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality organisational planning, include:

PLAN	<ul style="list-style-type: none"> Develop and continually review, through a team consultative process, organisation values, aims, objectives, strategies, and service priorities; Develop, through a consultative process, organisation and/or program forward plans considering contract requirements, sustainability given potential end dates of contracts, and available resources;
DO	<ul style="list-style-type: none"> Ensure staff are aware of the organisation's values, aims, objectives, strategies, and sustainable forward plan; Develop, or utilise existing indicators for measuring and monitoring achievement of service objectives; Incorporate organisation values etc. into service imaging or promotional material;
CHECK	<ul style="list-style-type: none"> Invite feedback from staff on their awareness of, and view on the effectiveness of, the organisation's values, aims, objectives etc.; Assess consumer, staff and stakeholder feedback in relation to the direction of the organisation; Assess current and projected needs/priorities identified in area/regional planning; Assess trends identified in research and service output; Assess current practice in light of the organisational plan; Record any process of assessing feedback and other records, indicating any rationale for maintaining and altering the organisational plan;
ACT	<ul style="list-style-type: none"> Implement changes to the organisational planning process, as appropriate. Set future review date for Performance Expectation 5.7.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 5.7

- Appendix B: WA Comprehensive Diversion Program Quality Considerations PE 5
- Template staff feedback considerations
- Sample documents and/or relevant literature held at WANADA Clearing House

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PERFORMANCE EXPECTATION 5.8

PARTNERSHIP FOR ENHANCED INTEGRATION

The service collaborates with primary stakeholders and other community services and has developed policies, procedures and partnership agreements for continuous improvement of systemic inter-agency and inter-sectoral relationships to ensure better outcomes for consumers.

QUALITY IMPROVEMENT CONSIDERATIONS

Some considerations for services, in relation to ensuring quality partnership and integration, include:

PLAN	<ul style="list-style-type: none"> • Develop partnership and integration policies and procedures, incorporating <u>for example</u>: <ul style="list-style-type: none"> • Policy on developing and maintaining partnerships, as per evidence based practice for effective partnerships; • Policy on inter-agency service provision/integration and referral; • Inter-agency complaints and grievance procedures; • Policy on staff interaction with other services, and accountability requirements; • Identify staff representative responsible for the different partnerships;
DO	<ul style="list-style-type: none"> • Identify potential new or enhanced partnership opportunities; • Maintain a record of the partnerships developed, indicating the staff responsible for maintaining the partnership, objectives, and the expected benefits derived from it; • Ensure staff are kept aware of the partnership and integration arrangements the service has with other agencies;
CHECK	<ul style="list-style-type: none"> • Invite feedback from stakeholders/partners on their satisfaction with the partnership arrangements; • Invite feedback from staff on their awareness of the partnerships/integrations established, and their views of the effectiveness of the arrangements and the policies and procedures to guide partnership/integration development/maintenance; • Record any process of reviewing feedback and other records, indicating any strategies informing practice and/or need to modify policies and procedures resulting from the review, with the aim of improving partnerships and integration;
ACT	<ul style="list-style-type: none"> • Implement changes to partnership and integration policies and procedures, as appropriate. Set future review date for Performance Expectation 5.8.

OTHER SUPPORT MATERIAL RELEVANT TO PERFORMANCE EXPECTATION 5.8

- Template Partnership and Enhanced Integration Policy
- Template Feedback to Referring Organisation Form
- Template Referral and Transfer of Information Form
- Template Service Feedback Form
- Appendix B: WA Comprehensive Diversion Program Quality Considerations PE 5
- Template staff feedback considerations
- Template stakeholder feedback considerations
- Sample documents and/or relevant literature held at WANADA Clearing House

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SECTION FOUR:
Policy and
Procedure
Templates

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POLICY AND PROCEDURE TEMPLATES

A WORK IN PROGRESS

**A SUPPORT TOOL FOR ASSISTING
ALCOHOL AND OTHER DRUG SERVICES
IN WESTERN AUSTRALIA IMPLEMENT
THE WA AOD SECTOR QUALITY
FRAMEWORK PERFORMANCE EXPECTATIONS**

PREPARED BY
THE DRUG AND ALCOHOL OFFICE, WA

Version One
February 2005

The Western Australian Alcohol and Other Drug Sector Quality Framework

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PREFACE

This section presents guidelines, templates and examples of policies and procedures relevant to the alcohol and other drug sector, in particular those services implementing the WA AOD Sector Quality Framework for continuous quality improvement. The current version, dated February 2005, includes a template/guide to policy development for those policies and procedures identified as minimum requirements by the Quality Framework Performance Expectations and Considerations. Based on feedback from the sector, additional policy and procedure templates will be added to subsequent versions.

In order to implement organisational policies and procedures it is expected that services will use these templates and guidelines as a support tool for the development or review of their own policies and procedures. In doing this services may wish to:

- Incorporate discussion in staff meetings of the guidelines/comparing the guidelines with the policies in place, or determining the fit of the template offered in the manual for the service
- Personalise the policies and procedures, including having the agency/organisation name associated with the policies and procedures

ACKNOWLEDGEMENTS

This manual has drawn from:

- *Example Policy and Practice Manual: A Resource for Assisting HACC Funded Services in NSW to Implement the HACC National Service Standards* (Les Gevers 1994), with permission from the Health Department of WA
- *Development and Procedure Development Resource: A Resource to assist with the development of Policies and Procedures to support the implementation of the National Mental Health Standards within your agency*, Western Australian Association for Mental Health (WAAMH) 2001, with permission from WAAMH
- Internal policies and procedures developed for the Drug and Alcohol Office (DAO)
- Sample policies and procedures from a variety of WA AOD sector services and

Material supplied by:

- Office of Safety and Quality in Health Care
- Office of Health Review

Other assistance has been offered by:

- Health Consumers Council, with specific information on consumer participation
- Steering Committee Members, including Jan Battley (Holyoake) as Chairperson, Susan Alarcon (DAO), Myra Browne (DAO), Wendy Casey (DAO), Melanie Chatfield (Project Assistant, DAO), Paula Coleman (DAO), Ann Deanus (Women's Health Care Association), Peter Duncan (Cyrenian Residential), Kelly Gough (North Metropolitan CDST), Louise Grant (WASUA), Julia Knapton (DAO), Pam McKenna (Palmerston), Peter Osborn (South-East Metro CDST), Harry Pickett (DAO), Mark Porter (Palmerston Farm), Jill Rundle (WANADA) (Senior Project Officer DAO, June – December 2003), Michael Salter (Next Step) and Sally-Anne Scott (WASUA)
- DAO staff and sector representatives generally.

DISCLAIMER

The template policies and procedures in this manual are offered as support examples only. Services are responsible for the development and implementation of policy and procedure for the service.

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INTRODUCTION

What is organisational policy, and what are the development and implementation considerations?

Policies are statements of organisational intent guiding the decision-making and actions within an organisation, which affect those within and those related to the organisation. Policies:

- Assist staff within organisations to make decisions consistent with the philosophy of the organisation;
- Reduce the gap between legislation and day to day procedures;
- Reduce variation and promote consistent quality practice;
- Identify the rights and responsibilities of people who are in or who relate to the organisation; and
- Influence what is offered to consumers, and how the service goes about providing and managing services.

Policies reflect the philosophy and culture of an organisation. Their existence or absence will indicate that a value has been placed or not placed on an area of organisational activity. The development of any operational policy should be informed by research and consultation to ensure policies are:

- Relevant;
- Consistent with each other;
- In line with State and Federal policies and legislation;
- Workable;
- Reflecting the organisation's philosophy;
- Documented and communicated to all staff;
- Easily understood and used by staff, consumers and others as appropriate;
- Implemented – put into practice;
- Reviewed; and
- Supported by the budget as appropriate (e.g. for policy supporting staff training etc.).

Policies need to reflect the organisation's intentions and add substance to its purpose and philosophy. As such the development or review of policies needs to take account of:

- Alterations to government policy and legislation;
- Changes in organisational direction, goals and philosophy;
- Consistency with contractual obligations; and
- Relevance to the organisation's intentions.

The format presented in the template policies and procedures is based on:

1. Definition(s)
2. Purpose and Scope
3. Rationale
4. General Principles
5. Policy Statement
6. Procedures
7. Standards Monitoring
8. Review of the Policy

A list of relevant legislation, policies, resources and literature is also included.

Copies of Western Australian legislation may be obtained from <<http://www.slp.wa.gov.au>>

Copies of Commonwealth legislation may be obtained from <<http://www.comlaw.gov.au>>

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RIGHTS AND RESPONSIBILITIES

PERFORMANCE EXPECTATION 1:

The service recognises clients as “health consumers” with concomitant rights and responsibilities.

PRACTICES:

1.1 STATEMENT OF RIGHTS AND RESPONSIBILITIES

The service has a written statement of consumer rights and responsibilities, which is provided and discussed with them, in a way that is understandable, as early as possible to the time they commence. The service ensures all staff are aware of, and support, the rights and responsibilities of consumers

1.2 CONSUMER RIGHTS AND RESPONSIBILITIES POLICIES AND PROCEDURES

The service has written and regularly reviewed policies, procedures and structures in place that guide consumer rights and responsibilities

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[Letterhead/Name of Agency/Service]

CONSUMER RIGHTS AND RESPONSIBILITIES POLICY

(Template Only)

Signed:

.....
Agency Representative

Date Adopted:/...../.....

Review By:/...../.....

Date Revised:/...../.....

It is recommended that policies and procedures that cover rights and responsibilities are developed by agencies providing alcohol and other drug treatment and support services. The following basic template provides issues that services could consider in developing or reviewing their own policies and procedures in this area. Services can adopt, modify to make more specific, add to or delete parts of this template, or develop their own completely different policies and procedures.

It is essential that the service's policies and procedures abide by any relevant legislation and are applicable to the specific practice of the service.

Consideration should be given to involving the service team, representative consumers and/or other stakeholders in the development of your service's rights and responsibilities policy, ensuring the language is appropriate to, and understandable by, the service staff and consumers where appropriate.

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CONSUMER RIGHTS AND RESPONSIBILITIES POLICY

(Template Only.)

This Policy has also been adapted to form a Rights and Responsibilities Statement

1. DEFINITION

- 1.1 Health consumer rights are ethical and legal entitlements that consumers may reasonably expect to be afforded them with regard to health service provision;
- 1.2 Consumer responsibilities provide a guide for the role of a consumer to ensure they receive a quality service.

2. PURPOSE AND SCOPE

- 2.1 The purpose of this policy is to establish the rights and responsibilities of people accessing the service and ensure that they are upheld and supported;
- 2.2 This policy applies to all consumers accessing the service, including drug users and significant others. Significant others refers to anyone accessing the service as a result of another person's drug use. The service displays a statement/brochures/pamphlets in an appropriate range of languages and formats about consumers' rights and responsibilities to ensure consumers have the opportunity to view their rights and responsibilities;
- 2.3 All staff of the service will be made aware of the Consumer Rights and Responsibilities Policy, and contribute to any review of the policy based on its applicability to practice.

3. RATIONALE

Consumers are the focus of the service and it is important that their rights are respected, acknowledged and promoted at every opportunity, and that they are made aware of their responsibilities to the service.

4. GENERAL PRINCIPLES

- 4.1 The service has a responsibility to treat its consumers with dignity and respect;
- 4.2 Consumers are entitled to be informed of their rights and responsibilities;
- 4.3 The failure of a service to fulfil its responsibilities may be evidence of negligence.

5. POLICY STATEMENT

The service has a responsibility to treat its consumers with dignity, and respect their legal rights to:

- Give or withhold informed consent to treatment before any treatment commences; and
- Receive competent care from the service.

6. PROCEDURES

6.1 Informing consumers of their rights and responsibilities

To ensure as many consumers as possible are made aware of their rights and responsibilities while accessing this service the following practices will be undertaken:

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RIGHTS AND RESPONSIBILITIES PRACTICE OPTIONS*

- Accessible information in reception and/or waiting rooms advertising services provided to drug users and significant others;
- Placing a permanent copy of the consumer rights and responsibilities statement in a prominent place in the waiting/common room;
- Placing copies in a brochure format for consumers to pick up, read and/or take away;
- Provide copies together with any other induction material;
- Have staff discuss rights and responsibilities with the consumers, especially those with poor literacy skills, on assessment or early in service provision.

6.2 Consumers giving or withholding consent to treatment

Consent given while intoxicated cannot be regarded as “informed consent”

With the right to give or withhold consent to treatment the consumer is entitled to:

- Be involved in any treatment planning and decision making process regarding their treatment. As such the consumer will be informed of what the service provides and be given clear and understandable information and explanations of the service they will receive if they engage, what will be involved, any advantages or disadvantages/consequences and possible side effects of the approach suggested, and any alternatives and treatment options they may wish to consider;
- Be provided with the opportunity to ask questions about what they are consenting to and time to understand the information provided;
- Be informed of any costs associated with the service and any means of exacting payment;
- Be informed of any religious or other affiliation that the service has and how/if this plays any role in the service that is provided;
- Be informed of any drug use policy (e.g. abstinence or drug free environment) requirements to participate in the service;
- Be offered an interpreter service if there are any communication barriers as a result of culture, language, or disability;
- Be informed if the treatment is in any way experimental or related to any research;
- Withdraw consent and refuse treatment at any time;
- Appoint someone to assist them in the decision making process;
- Be informed of any exchange of information that will be shared with any person including family/significant others, and other services, such as with the Court Assessment and Treatment Service (CATS) or other case managers;
- Be informed of any post-service support options;
- Be informed of any intention to register the consumer as drug dependent with the WA Department of Health through lodgement of a “Notification of Addiction to Drugs” form, the consequence of any registration, and processes for removing themselves from the register if registration is made by the service; and
- Leave at any time.

* This list of options is offered as suggestions only, and is not meant to prescribe or limit the approach services take.

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6.3 Receiving competent care

In order that competent care is received from the service, the consumer is entitled to:

- Be treated with care, consideration, dignity and in a non-discriminatory manner;
- Ask, and be informed of, the credentials of the staff/volunteers/students involved in the proposed service and ask to be referred to a more senior person if they are not happy with the quality of service provided;
- Ask for a second opinion;
- A quality service informed by evidence based practice principles;
- Confidentiality (unless their records are subpoenaed for police or court purposes);
- Privacy as per the *Privacy Amendment (Private Sector) Act 2000* of the *Privacy Act 1988*;
- Access to the service Privacy Policy on request;
- Provide feedback, including evaluation that is used to improve the service, and making complaints without experiencing any adverse consequences for making the complaint;
- Access to the service Consumer Complaints Policy on request;
- Seek legal advice if they feel that the way they have been treated is in any way against the law or that they have suffered harm as a result of the way they have been treated;
- Access to their personal records as per the Privacy Policy;
- Be advised of the minimum requirements to remain on any program;
- Know that any personal records are well maintained and securely stored;
- Ask, and be informed of, any consumer participation processes the service has in place, including consumer participation in the development and formation of the service policies and programs.

In addition, as a significant other, the consumer is entitled to:

- Access assistance with issues generated by the drug use of another;
- Access to information, support, referral and counselling as required.

Diversion consumers are also entitled to:

- Information on their obligations to both the treatment agency and referring body i.e. police, Department of Justice and/or the courts, including information relating to:
 - Time frames for the completion of the program/intervention;
 - Attendance obligations; and
 - Consequences of non-compliance.

6.4 Consumer responsibilities

The consumer will be informed of their responsibilities to ensure a quality service can be provided, including:

- Treating staff with care, consideration and dignity;
- Asking questions of the service if not fully understanding the issues/process;
- Answering questions and informing staff of relevant health and drug use issues as accurately as possible to enable best care;
- Informing staff of intentions to follow the treatment plan and any experienced barriers;
- Keeping appointments and paying any relevant fees promptly;
- Conducting themselves in such a way so as not to interfere with the wellbeing of other consumers of the service.

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7. STANDARDS MONITORING

- 7.1 The service monitors its standards in relation to this policy and will review it, with consumer input, at regular intervals;
- 7.2 In order to measure consumer awareness of their rights and responsibilities the service will:

RIGHTS AND RESPONSIBILITIES MEASUREMENT OPTIONS*

- Request feedback from consumers of their awareness of their rights and responsibilities;
- Record the number of rights and responsibilities brochures consumers have picked up;
- Record the number of drug users and significant others staff have discussed rights and responsibilities with (possibly via a checklist);
- Record the number of drug users and significant others accessing the service.

8. REVIEW OF THE POLICY

This policy will be routinely reviewed as needed, based on feedback from consumers and suitability with practice.

RELEVANT LEGISLATION, POLICIES, RESOURCES AND LITERATURE

Relevant Legislation:

- *Disability Discrimination Act 1992* (Cwlth)
- *Disability Services Act 1993* (WA)
- *Equal Opportunity Act 1984* (WA)
- *Freedom of Information Act 1992* (WA)
- *Guardianship Administration Act 1990* (WA)
- *Privacy Act 1988* (Cwlth)
- *Privacy Amendment (Private Sector) Act 2000* of the *Privacy Act 1988* (Cwlth)
- *Sex Discrimination Act 1984* (Cwlth)
- *Trade Practices Act 1974* (Cwlth)

Relevant Policies:

- *The Western Australian Drug and Alcohol Strategy 2002 – 2005*

Relevant Resources:

- Samples of policies and statements in Clearing House

* This list of options is offered as suggestions only, and is not meant to prescribe or limit the approach services take.

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Relevant Literature:

- Best Practice in Alcohol and Other Drug Interventions Working Group 2000, *A Guide for Counsellors Working with Alcohol and Other Drug Users: Core Counselling Skills*
- Best Practice in Alcohol and Other Drug Interventions Working Group 2000, *A Summary of the Evidence Based Practice Indicators for Alcohol and Other Drug Interventions*
- Best Practice in Alcohol and Other Drug Interventions Working Group 2000, *Evidence Based Practice Indicators for Alcohol and Other Drug Interventions: Literature Review*
- Drug and Health Protection Services Public Health Division, Victorian Government 2000, *Involving Families in Alcohol and Drug Treatment*, <<http://www.health.vic.gov.au/archive/archive2004/0006057>>
- Enduring Solutions 2001, *Consumer Participation in Accreditation: Resource Guide*
- Office of the Federal Privacy Commissioner 2001, *Guidelines on Privacy in the Private Health Sector*, <http://www.privacy.gov.au/publications/hg_01.html>

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[Letterhead/Name of Agency/Service]

CONSUMER RIGHTS AND RESPONSIBILITIES STATEMENT

(Template only)

You may wish to consider involving the service team and representative consumers in the development of a statement of rights and responsibilities, ensuring the language is appropriate to, and understandable by, the service consumers. The following statement is drawn from the template Consumer Rights and Responsibilities Policy.

A consumer is anyone who accesses the service, and includes people affected by their own or another's drug use.

RIGHTS

The service has a responsibility to treat its consumers with dignity, and respect their legal rights to:

- Give or withhold informed consent to treatment before any treatment commences; and
- Receive competent care from the service.

Consent given while intoxicated cannot be regarded as "informed consent"

As a consumer with the right to give or withhold consent to treatment, you are entitled to:

- Be involved in any treatment planning and decision making process that impacts on you. As such you will be informed of what the service provides and be given clear and understandable information and explanations of the service you will receive if you engage, what will be involved, any advantages or disadvantages/consequences and possible side effects of the approach suggested, and any alternatives and treatment options you may wish to consider;
- Be provided with the opportunity to ask questions about what you are consenting to, and time to understand the information provided;
- Be informed of any costs associated with the service and any means of exacting payment;
- Be informed of any religious or other affiliation that the service has and how/if this plays any role in the service that is provided;
- Be informed of any drug use policy (e.g. abstinence or drug free environment) requirements to participate in the service;
- Be offered an interpreter service if there are any communication barriers as a result of culture, language, or disability;
- Be informed if the treatment is in any way experimental or related to any research;
- Withdraw consent and refuse treatment at any time;
- Appoint someone to assist you in the decision making process;
- Be informed of any exchange of information that will be shared with any person including family/significant others, and other services, such as with the Court Assessment and Treatment Service (CATS) or other case managers;
- Be informed of any post-service support options;
- Be informed of any intention to register you as drug dependent with the Health Department of WA, the consequence of any registration, and processes of removing yourself from the register if registration is made by the service; and
- Leave at any time.

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As a consumer with the right to receive competent care, you are entitled to:

- Be treated with care, consideration, dignity and non-discrimination;
- Ask, and be informed of, the credentials of the staff/volunteers/students involved in the proposed service and ask to be referred to a more senior person if you are not happy with the quality of service provided;
- Ask for a second opinion;
- A quality service informed by evidence based practice principles;
- Confidentiality (unless your records are subpoenaed for police or court purposes);
- Privacy as per the service Privacy Policy;
- Access the service Privacy Policy on request;
- Provide feedback, including evaluation that is used to improve the service, and make complaints without experiencing any adverse consequences for making the complaint;
- Access the service Consumer Complaints Policy on request;
- Seek legal advice if you feel that the way you have been treated is in any way against the law or that you have suffered harm as a result of the way you have been treated;
- Access your personal records as per the Privacy Policy;
- Be advised of the minimum requirements to remain on any program;
- Know that any personal records are well maintained and securely stored;
- Ask, and be informed of, any consumer participation processes the service has in place, including consumer participation in the development and formation of the service policies and programs.

In addition, as a significant other, you are entitled to:

- Access assistance with issues generated by the drug use of another;
- Access to information, support, referral and counselling.

In addition, as a Diversion consumer, you are entitled to:

- Information on your obligations to both the treatment agency and the police or Department of Justice or the courts, including information relating to:
 - Time frame for the completion of the program;
 - Attendance obligations;
 - What happens if you do not comply.

In order to ensure a quality service can be provided you have the responsibility to:

- Treat staff with care, consideration and dignity;
- Ask questions of the service if you do not fully understand the issues/process;
- Answer questions and inform staff of relevant health and drug use issues as accurately as possible to enable best care;
- Inform staff of any intentions to follow the proposed treatment plan and any experienced barriers;
- Keep appointments and pay any relevant fees promptly;
- Conduct yourself in such a way so as not to interfere with the wellbeing of other consumers of the service.

Signed (Agency Representative): Date Adopted :/...../.....

Date last reviewed:/...../.....

Date to be revised:/...../.....

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[Letterhead/Name of Agency/Service]

PRIVACY AND CONFIDENTIALITY POLICY

(Template Only)

Signed:

.....
Agency Representative

Date Adopted:/...../.....

Review By:/...../.....

Date Revised:/...../.....

It is recommended that policies and procedures that cover privacy and confidentiality are developed by agencies providing alcohol and other drug treatment and support services. The following basic template provides issues that services could consider in developing or reviewing their own policies and procedures in this area. Services can adopt, modify to make more specific, add to or delete parts of this template, or develop their own completely different policies and procedures.

It is essential that the service's policies and procedures abide by any relevant legislation and are applicable to the specific practice of the service.

Consideration should be given to involving the service team, representative consumers and/or other stakeholders in the development of your service's privacy and confidentiality policy, ensuring the language is appropriate to, and understandable by, the service staff and consumers where appropriate.

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PRIVACY AND CONFIDENTIALITY POLICY

(Template Only)

1. DEFINITIONS

1.1 Privacy protects consumers from unfair or unauthorised use of personal or sensitive information. Personal information is any information that can lead to an individual being identified or reasonably ascertained. Sensitive information is any information about an individual's racial or ethnic origin, sexuality, health, religious/philosophical/political beliefs, criminal record, professional/union and like membership. Health information includes any information collected by a health service provider during the course of providing treatment and care to an individual, including: medical information; personal details, such as a name, address, admission and discharge dates, billing information and Medicare number; information generated by a health service provider, such as notes and opinions about an individual and their health and information about physical or biological samples, where it can be linked to an individual (for example, where they have a name or identifier attached).

Higher privacy standards apply to all personal information collected by health service providers in the course of providing a health service. The service is obliged to meet the standards required in the *Privacy Amendment (Private Sector) Act 2000* of the *Privacy Act 1988*.

1.2 Confidentiality relates to how information that has been disclosed in the course of a professional relationship is treated. The service and its staff have an obligation to take all reasonable measures to ensure all information disclosed in confidence, whether to a staff member or in a service group setting, is not disclosed without consumer consent or otherwise unfairly or inappropriately.

2. PURPOSE AND SCOPE

2.1 The purpose of this policy is to establish standards of privacy and confidentiality for all aspects of the service's dealings with all consumers (including family members) of the service;

2.2 The Privacy and Confidentiality Policy applies to all consumers. The agency displays brochures and/or pamphlets in an appropriate range of languages and formats about consumers' and carers' rights to privacy and confidentiality. The Privacy and Confidentiality Policy is to be provided to consumers on request;

2.3 All staff of the service will be made aware of the Privacy and Confidentiality Policy, and contribute to any review of the policy based on its applicability to practice.

3. RATIONALE

3.1 The agency is bound by the *Privacy Amendment (Private Sector) Act 2000* of the *Privacy Act 1988* to ensure the privacy rights of consumers;

3.2 Protecting the privacy of consumers and ensuring confidentiality is important in engendering trust required in a therapeutic relationship.

4. GENERAL PRINCIPLES

4.1 Consumers are to be informed of the purpose for collecting any information;

4.2 Information will be collected in a non-intrusive, non-coerced manner following the expressed or implied consent, as appropriate;

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- 4.3 The only information about a consumer held by the service will be information necessary to provide the service;
- 4.4 Information about consumers will be held securely;
- 4.5 Details about consumers are kept confidential, and only disclosed with the consumer's consent for the purpose of ensuring that consumers receive the service they need;
- 4.6 The consumer will be made aware of, and be required to consent to, any exchange of information about the consumer made with another person, including family/significant others, and with another service, such as the Court Assessment and Treatment Service (CATS) or other case manager.

5. POLICY STATEMENT

The agency has a responsibility to treat its consumers with dignity, and respect their right to privacy and confidentiality by protecting consumers from unfair or unauthorised use of personal/sensitive information and applying standards on how information is collected, used, secured and disclosed.

6. PROCEDURES

6.1 Data collection

6.1.1 At the time of collecting personal and/or sensitive information, or as soon as practicable afterwards if circumstances do not permit (such as in an emergency/crisis situation), the service will ensure the consumer is made aware of:

- The identity of the service and how to contact it;
- The primary purposes for which the personal information is collected;
- Other bodies, including types of service providers to which the service would usually disclose personal information; for what reason and under what circumstances;
- Any law requiring particular personal information to be collected;
- The consequences (if any) if part of the information is not provided;
- The right of the consumer to access the personal information collected;
- Their option of not having to reveal their identity without having to provide an explanation as to why anonymity is requested unless lawfully required.

6.1.2 The personal information collected:

- Will be collected in a non-intrusive, non-coerced manner;
- Will be collected with consent, except in specified circumstances such as emergencies (see below);
- Will be collected directly from the consumer, or confirmed by the consumer;
- Will be limited to what is necessary for the function of the service.

6.1.3 Any consent given to collect personal information will be:

- Provided voluntarily after a consumer has been adequately informed, in a manner appropriate for the consumer to understand what is being consented to either:
 - Expressed/stated either in writing, verbally or in any other form where consent is unmistakably communicated;

OR

- Implied through discussion directly with the consumer during consultation on how the personal information may be used.

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6.2 Use and disclosure

6.2.1 The service may wish to consider discussing the types of information that will be shared between agencies and the service's limits to confidentiality (e.g. harm to self and/or others, child protection and planned criminal activity) with the referring worker/body prior to consumer engagement, which may subsequently be discussed and agreed upon with the consumer.

Where personal information is to be disclosed to/shared with another service provider:

- Written consent of the consumer will be sought;

UNLESS

Professional and ethical practice obligations apply, e.g. where there is a serious or imminent threat to life, health or safety, or as a requirement by law, consent does not need to be sought.

6.2.2 Consent of a consumer is required:

- If personal information is to be used as a case study for training or education purposes – even when de-identified;
- If personal information is sought by the media – even offered as generic statements;
- For the purposes of fundraising or direct marketing;
- If transferring records to another service organisation for the purposes of informing the consumer's case manager or for shared/through care;
- For research or statistics not related to public health or safety unless the personal information is de-identified;
- If reporting a suspected unlawful activity within an organisation, such as assault or professional misconduct of a staff member;
- If disclosure of personal information is to be made to a responsible person (e.g. parent, spouse, guardian etc.) unless the consumer is a child/young person who is not capable of making their own decisions regarding their privacy (on the basis of maturity, degree of autonomy, ability to understand the issues). Where a child/young person is not capable of making their own privacy decisions, their views should still be considered, including the risks and benefits of disclosure. Disclosure does not entitle the responsible person to make health care decisions for the consumer. (If necessary the service will seek guidance from existing laws covering obligations in relation to children/young people and their confidentiality).

6.3 Integrity and security

6.3.1 The service will take reasonable steps to secure the integrity of personal information collected, used or disclosed, ensuring:

- That any incompleteness and lack of currency of personal information does not detrimentally affect the consumer.
- That personal information received from another source is confirmed with the consumer;

6.3.2 Agency staff ensure personal names and appointment times are not publicly observable, e.g. booking diaries, journals, notice boards and agency diaries, and that any case discussion is for clinical support purposes only and held in locations where the discussion cannot be overheard;

6.3.3 Access to records is restricted to appropriate staff, with confidentiality agreements signed by all persons who may otherwise have access, e.g. for IT support;

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6.3.4 The service offers opportunities for privacy and confidentiality using physical considerations. These include:

PHYSICAL CONSIDERATIONS OPTIONS

- Private counselling rooms (rooms which ensure that the consumer cannot be seen from outside the room, and the consumer and counsellor cannot be heard while in private consultations);
- Home visiting;
- Adequate space for visitors;
- Convenient visiting times;
- Private waiting space;
- Policies regarding the discussion of consumer issues with other work colleagues especially in relation to in person or telephone conversations being held in less than private areas, such as in reception areas;
- Ability for consumers and carers to exercise control over their personal space and personal effects in residential settings;
- Accommodation arrangements in residential settings.

6.3.5 The service has structures in place for collecting consumer satisfaction feedback about the agency and any breaches of privacy and confidentiality;

6.3.6 Security safeguards are in place to protect personal information held in paper form, electronically, photographs, audio/videtape etc., against:

- Accidental loss;
- Misuse;
- Unauthorised access;
- Modification;
- Unauthorised disclosure;

In addition:

- Personal information no longer required will be de-identified and archived in a secure manner for the legal time requirement. An identifier such as any number assigned by the service to identify uniquely the individual for the purposes of the organisation's operations, may be retained for file retrieval purposes. The service cannot adopt a Commonwealth identifier, such as a Medicare number, for its own identification process (National Privacy Principle 7).

6.3.7 The safeguards that the service will take include:

SECURITY OPTIONS

- Password protection, which regularly changes, implemented to computer systems;
- Lockable filing cabinets, with limited access to keys;
- Non-transmission of personal information via non-secure email;
- Controls on who can access personal information.

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6.4 Consumer access to personal records

6.4.1 Consumers are entitled to access personal information held about them with a staff member present to talk through the contents when inspection occurs to limit any information being taken out of context, misunderstood, or distressing the consumer if potentially upsetting;

6.4.2 Consumers are entitled to correct personal information believed to be inaccurate, incomplete or out of date. If there is any disagreement between the consumer and the service staff about the accuracy of the information, a statement outlining the consumer's claims about the incorrectness of the personal information will be recorded;

6.4.3 Any request to access personal information shall be met within a 30 day period, following:

- Verification of the consumer's identity;
- A check for details that should be withheld before release, i.e. any personal information that could pose a serious threat to life or health of a consumer, unreasonably impact upon the privacy of another individual, is authorised by law, will prejudice an investigation of a possible unlawful activity, or is subject to existing or anticipated legal proceedings;
- Reasons, discussed with the consumer in person, will be given as to why any personal information is withheld;
- If a copy of personal information is requested during consultation a note will be made on the file recording what information was provided;

6.4.4 A record of the request by a consumer to access their personal information will be kept, indicating the date the request was made, the basis of an identity verification, the date that access was provided, and the information provided;

6.4.5 Access to personal information by an individual acting on behalf of the consumer requires a legal authority to act on behalf of the consumer, as well as verification of the identity of the individual acting for the consumer. Information provided to an individual acting on behalf of the consumer will be limited to personal information that is reasonable and necessary to achieve either the provision of appropriate care or treatment to the consumer or for compassionate reasons, and will be considerate of any known wishes of the consumer.

6.5 Complaints of privacy breaches

See Consumer Complaints Policy and Procedure

7. STANDARDS MONITORING

The service monitors its standards in relation to this policy and will review it, with consumer input, at regular intervals.

8. REVIEW OF THE POLICY

This policy will be routinely reviewed as needed, based on amendments to the legislation, feedback from consumers and application to practice.

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RELEVANT LEGISLATION, POLICIES, RESOURCES AND LITERATURE

Relevant Legislation:

- *Fair Trading Act 1987* (WA)
- *Freedom of Information Act 1992* (WA)
- *Privacy Act 1988* (Cwlth) <<http://www.privacy.gov.au/publications>>
- *Privacy Amendment (Private Sector) Act 2000* of the *Privacy Act 1988* (Cwlth)

Relevant Literature:

- Office of the Federal Privacy Commissioner 2001, *Guidelines on Privacy in the Private Health Sector* <http://www.privacy.gov.au/publications/hg_01.html>

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[Letterhead/Name of Agency/Service]

CONSUMER COMPLAINTS POLICY

(Template Only)

Signed:

.....
Agency Representative

Date Adopted:/...../.....

Review By:/...../.....

Date Revised:/...../.....

It is recommended that policies and procedures that cover consumer complaints developed by agencies providing alcohol and other drug treatment and support services. The following basic template provides issues that services could consider in developing or reviewing their own policies and procedures in this area. Services can adopt, modify to make more specific, add to or delete parts of this template, or develop their own completely different policies and procedures.

It is essential that the service's policies and procedures abide by any relevant legislation and are applicable to the specific practice of the service.

Consideration should be given to involving the service team, representative consumers and/or other stakeholders in the development of your service's consumer complaints policy, ensuring the language is appropriate to, and understandable by, the service staff and consumers where appropriate.

The Western Australian Alcohol and Other Drug Sector Quality Framework

CONSUMER COMPLAINTS POLICY

(Template Only)

1. DEFINITION

A consumer complaint is any expression of dissatisfaction, made by or on behalf of a consumer, regarding the service provided.

2. PURPOSE AND SCOPE

- 2.1 The purpose of this policy is to ensure the service is guided in a fair and equitable process to resolve consumer complaints;
- 2.2 This policy applies to all consumers accessing the service, including drug users and significant others. Consumers have access to this policy on request and will be supported in understanding the policy and any complaint procedure;
- 2.3 All staff of the service will be made aware of the Consumer Complaints Policy, and contribute to any review of the policy based on its applicability to practice.

3. RATIONALE

Feedback from consumers is important in ensuring the service is continuing to meet consumers' needs. Such feedback is relevant in informing the organisation's planning process. Consumer complaints are an important source of feedback, and should be welcomed and dealt with in a transparent, fair and timely manner.

4. GENERAL PRINCIPLES

- 4.1 Management and staff are committed to providing a fair complaints process and efficient resolution of complaints regarding the service and/or staff at all levels;
- 4.2 Management and staff consider complaints resolution as a learning opportunity for all participants;
- 4.3 The procedure for handling complaints and grievances will be fair for both the complainant and respondent and dealt with in a timely manner;
- 4.4 All consumers will be made aware of their right to complain, and supported in their understanding of the complaints procedure and the use of available advocates;
- 4.5 Consumers have the right to complain about the service without fear of retribution, and can expect complaints to be dealt with promptly.

5. POLICY STATEMENT

- 5.1 Consumers will be encouraged to voice any concerns or complaints with the service as soon as they feel unhappy, in order that the matter can be resolved without delay;
- 5.2 The service manager/coordinator is responsible for ensuring consumers feel comfortable to continue accessing the service after making a complaint. To ensure the consumer is comfortable continuing to access the service the coordinator may arrange an alternative staff member to provide the service;
- 5.3 The consumer has the right to use an advocate of their choice to negotiate on their behalf with the staff and/or management of the service. This may be a family member, friend, staff member, or an agency representative from another service including the Office of Health Review;

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- 5.4 All complaints are to be recorded on the Consumer Complaints Record Form, which is to be completed by the manager/coordinator;
- 5.5 Non-identifying data on the consumer complaint will be collected and used to identify the underlying causes of the consumer's problem in order that the problem can be corrected and the quality of the service improved;
- 5.6 All persons affected by the complaint should be fully informed of relevant facts and given the opportunity to put their case;
- 5.7 As far as possible, the fact that a consumer has lodged a complaint and the details of that complaint should be kept confidential amongst staff directly concerned with the resolution. The consumer's permission should be obtained prior to any information being given to other parties, whom it may be desirable to involve in order to satisfactorily resolve the complaint.

6. PROCEDURES

- 6.1 All staff are empowered to handle consumer service complaints, following the approved procedure. Any unresolved complaints are to be passed on to the Director/Manager for review. Any complaints of a serious nature (including alleged assault or abuse by a staff member) will be passed on immediately to the Director/Manager;
- 6.2 A record of the consumer's complaint and actions taken and/or to be taken will be held in a designated secure location with the management of the complaint monitored by the Director/Manager;
- 6.3 The process for handling complaints will be:
 - Step 1. The consumer is encouraged to raise their complaint with the staff member concerned in the first instance
 - Step 2. If the consumer is not satisfied with the outcome, or not happy to discuss the issue with the staff member concerned, the consumer should be encouraged to contact the coordinator/manager, or use an advocate on their behalf
 - Step 3. If the issue is still not satisfactorily resolved, the consumer should be encouraged to raise the issue with a member of the management committee
 - Step 4. If, after approaching the above people, the issue is still not satisfactorily resolved, the consumer can complain to:

Office of Health Review

Level 17, St Martins Tower
44 St George's Terrace, PERTH WA 6000
Phone: 9323 0600, Freecall 1800 813 583

Information about the Office of Health Review and its role in consumer complaints will be made available to the consumer.

- 6.4 As required by the Western Australian Complaints Management Policy (Section 5), the complainant will receive:
 - Acknowledgment of the receipt of the complaint within 5 working days with:
 - Information on the investigation process; and
 - Direct contact information.
 - Feedback within 15 working days from the receipt of the complaint advising:
 - The outcome of the complaint investigation procedure; or
 - The status of the continuing investigation with a negotiated timeframe for the final report.

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- A final response to their complaint within 30 working days of receipt of the complaint, including:
 - Information relevant to the complaint;
 - Explanation of the event(s);
 - Adequate reasons for any decision made;
 - Any changes that have resulted from the complaint;
 - Providing an apology as appropriate;
 - Information on where to seek an independent review of complaints;
 - An acknowledgment of thanks for their feedback.
- Feedback from the consumer on the complaint procedure may also be sought to inform any review of complaints procedures.
- As general feedback, consumer complaints are to be analysed and considered in any service planning or review in order that incidents that have generated complaints are minimised in future.

7. STANDARDS MONITORING

The service monitors relevant standards in relation to this policy, ensuring the policy is able to be applied in practice.

8. REVIEW OF THE POLICY

This policy will be routinely reviewed as needed, based on its application to practice at the service, any relevant amendments to the legislation, and feedback from stakeholders.

RELEVANT LEGISLATION, POLICIES, RESOURCES AND LITERATURE

Relevant Legislation:

- *Health Services (Conciliation And Review) Act 1995 (WA)*,
<<http://www.healthreview.wa.gov.au/legislation.html>>

Relevant Policies:

- *Western Australian Complaint Management Policy: Driving Quality Improvement By Effective Complaints Management 2001*,
<<http://www.health.wa.gov.au/safetyandquality/publications/index.cfm>>

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CONSUMER COMPLAINTS RECORD FORM

(Template Only)

Date of complaint:/...../..... Complaint received by (staff member):

Complaint made via (please circle) Telephone
Letter (attached)
In person
Other (please specify)

Name of complainant:

Address and/or contact details:

Name of Consumer (if different to complainant):

Details of Complaint:

.....
.....
.....
.....
.....

Comments, including desired outcomes from the consumer's perspective:

.....
.....

Action to be taken:

.....
.....

Is the complainant happy with the proposed action to be taken?

Outcome:

.....
.....
.....

Date of resolution (if relevant):/...../.....

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Follow-up:

.....

.....

CHECKLIST

- The complainant has been informed that the complaint will be treated confidentially and that they will suffer no retribution or loss of service as a result of making a complaint;
- The complainant has been informed of the complaints procedure;
- The complainant has been reminded that they have the right to use an advocate of their choice, and be referred to an appropriate consumer advocacy service;
- The complainant has been informed of the record made of the complaint, with the details confirmed;
- The complainant has been informed that it may be necessary to use their name and/or record during any investigation of the complaint;
- The complainant has been thanked for their complaint, informed that it is valuable in helping maintain and improve the service;
- The complainant has received a final report on the complaint and has been asked for feedback on the complaint procedure;
- The complainant received acknowledgment of the receipt of the complaint within 5 working days;
- The complainant received feedback of the progress of the complaint procedure within 15 working days from the receipt of the complaint;
- The complainant received a final response to their complaint within 30 working days of receipt of the complaint;
- The complainant was invited to provide feedback on the complaint procedure to inform any review of complaints procedures;
- A record of the complaint and the actions and feedback provided and received has been made and stored in a secure location.

Signed (Coordinator/Manager)

Date: / /

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[Letterhead/Name of Agency/Service]

ADVOCACY POLICY

(Template Only)

Signed:

.....
Agency Representative

Date Adopted:/...../.....

Review By:/...../.....

Date Revised:/...../.....

It is recommended that policies and procedures that cover advocacy are developed by agencies providing alcohol and other drug treatment and support services. The following basic template provides issues that services could consider in developing or reviewing their own policies and procedures in this area. Services can adopt, modify to make more specific, add to or delete parts of this template, or develop their own completely different policies and procedures.

It is essential that the service's policies and procedures abide by any relevant legislation and are applicable to the specific practice of the service.

Consideration should be given to involving the service team, representative consumers and/or other stakeholders in the development of your service's advocacy policy, ensuring the language is appropriate to, and understandable by, the service staff and consumers where appropriate.

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ADVOCACY POLICY

(Template Only)

1. DEFINITIONS

An advocate is a person who, with the authority of the consumer, represents the consumer's interests.

2. PURPOSE AND SCOPE

- 2.1 The purpose of this policy is to provide guidelines for the circumstances under which advocacy will be undertaken by the service;
- 2.2 This policy ensures the service is guided in receiving advocates and in providing an advocacy service for its consumers;
- 2.3 This policy applies to all consumers accessing the service, including drug users and significant others;
- 2.4 All staff of the service will be made aware of the Advocacy Policy, and contribute to any review of the policy based on its applicability to practice.

3. RATIONALE

The benefits of advocacy for consumers include:

- Consumers can be supported and empowered by having a voice where they may otherwise be unable to communicate their needs or concerns;
- It enables raised awareness of the consumer needs and issues; and
- Promotes better outcomes.

4. GENERAL PRINCIPLES

Appropriate advocacy promotes understanding, engenders harmonious relationships, raises awareness, and provides solution-focused strategies to promote better outcomes for consumers.

5. POLICY STATEMENT

- 5.1 Consumers may use an advocate of their choice, including a family member, friend, staff member, representative from another agency, or advocacy service, to negotiate on their behalf;
- 5.2 Notice of the wish to use an advocate is to be signed by the consumer (see Advocate Authority Form);
- 5.3 The consumer has the right to revoke authority and/or change their advocate at any time, with signed and dated authority overriding any previous advocacy authority;
- 5.4 A consumer may choose to have an advocate represent their interests during:
 - Assessment;
 - Reviews of the consumer's situation;
 - Complaints; and
 - Any negotiation or communication between the consumer and the service.

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6. PROCEDURES

6.1 This service recognises a consumer's choice of advocate when notice is received in writing (see the Advocate Authority Form);

6.2 This service provides advocacy for consumers when:

- The coordinator/manager has approved the advocacy role after:
 - Considering the possible consequences for the consumer, the staff member, the organisation, and other stakeholders;
 - Ensuring that the advocacy is solution-focused; and
 - Identifying that it fits with the service's mission and vision.
- The consumer has provided written, signed and dated authority for the service and/or a particular staff member to act as advocate (see the Advocate Authority Form);
- The service is satisfied that it has been informed of all of the relevant contextual issues for the consumer;
- The consumer identifies that it is in their best interests;
- The consumer is fully aware of the potential consequences of pursuing an issue and using the service as an advocate;
- The consumer is kept up to date on any issues and developments resulting from the advocacy and is invited to provide feedback on the process, any changes in their circumstances, and any concerns they have about these changes;

The service is prepared to relinquish the role of advocate should the consumer wish this.

6.2.1 The service will act as advocate, representing the interests of a consumer to an external service when:

- The conditions of 6.2 apply;
- The consumer has difficulty communicating their needs or issues;
- The consumer's general state of health or situation would make it difficult or impossible for the consumer to represent themselves; or
- The consumer's concerns about another service are of a serious nature, such as a breach of human rights.

The advocacy role of the service, in representing the interests of a consumer to an external service, may simply be to negotiate the passing on of the consumer's concerns to a more appropriate advocacy service. Information about the Health Consumer's Council and its role in health consumer advocacy will be made available to the consumer.

Health Consumers' Council

Unit 13/14 Wellington Fair
4 Lord Street, PERTH WA 6000

Phone: (08) 9221 3422, Freecall 1800 620 780, Fax: (08) 9221 5435

6.2.2 A staff member may act as advocate in internal cases, such as a complaint against another staff member, when:

- The conditions of 6.2 apply;
- The consumer has difficulty relating their concerns or complaints;

If the internal advocacy role is in relation to a complaint from a consumer, the service Consumer Complaint Policy applies.

The Western Australian Alcohol and Other Drug Sector Quality Framework

6.2.3 A staff member may act as an advocate in a systemic advocacy case, such as when a significant number of consumers have raised concerns about a particular issue, when:

- The conditions of 6.2 apply;
- There is a sound evidence base to the issue, i.e. that a clear recording process on the issue of concern reported by consumers;
- Permission has been sought from consumers reporting their concerns for an issue;
- A report on the issue, with de-identified information has been prepared; and
- Systemic advocacy then requires the report findings being presented to the relevant governmental and/or controlling bodies (e.g. politician, government bodies, peak bodies, funding body, local government, community groups, specific services, etc.).

7. STANDARDS MONITORING

The service monitors relevant standards in relation to this policy, ensuring the policy is able to be applied in practice.

8. REVIEW OF THE POLICY

This policy will be routinely reviewed as needed, based on its application to practice at the service, any relevant amendments to legislation, and feedback from stakeholders.

RELEVANT LEGISLATION, POLICIES, RESOURCES AND LITERATURE

Relevant Legislation:

- *Health Services (Conciliation and Review) Act 1995 (WA)*,
<<http://www.healthreview.wa.gov.au/legislation.html>>

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ADVOCACY AUTHORITY FORM

(Template Only)

CONSUMER DETAILS

NAME

ADDRESS

CONTACT DETAILS

The person named below is authorised to act as an advocate representing my interests in discussions with
..... (person and/or service name) in relation to
..... (issue and/or circumstance).

- I have informed the advocate named below of all relevant contextual issues
- I understand that the advocate will be discussing relevant issues and/or my circumstances
- I have been informed of any potential consequences of pursuing the issue and using the advocate to represent my interests
- I understand that I can revoke this authority and/or change my choice of advocate at any time and will advise the advocate of any such changes in writing

Consumer's Signature

Date authority takes effect from/...../.....

Date authority is revoked unless I inform the service otherwise/...../.....

ADVOCATE DETAILS

NAME

SERVICE ADDRESS

CONTACT DETAILS

I have read the service Advocacy Policy and agree to act as advocate for the consumer in relation to the issue and/or circumstance named above

- My intention as advocate is to act in the best interests of the consumer
- I will inform the consumer of any issues and developments resulting from the advocacy
- I will relinquish the role of advocate should the consumer wish this

Advocate's Signature

Date/...../.....

The Western Australian Alcohol and Other Drug Sector Quality Framework

CONSUMER FOCUSED PRACTICE

PERFORMANCE EXPECTATION 2:

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

PRACTICES:

2.1 POLICIES, PROCEDURES AND STRUCTURES TO SUPPORT CONSUMER INVOLVEMENT AT ALL LEVELS OF THE ORGANISATION

The service has written and regularly reviewed policies, procedures and structures/activities in place that encourage and enable the active involvement of consumers in service planning, delivery and evaluation for quality improvement

2.2 DEVELOPMENT, UTILISATION AND REVIEW OF A CONSUMER NEEDS AND SATISFACTION SURVEY TOOL AND CONSULTATION PROCESSES

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

2.3 INTERACTION QUALITIES

The service has written and regularly reviewed policies and procedures to inform respectful, sensitive and non-judgmental work practices

2.4 NON-DISCRIMINATORY PRACTICE AND EQUITABLE ACCESS

The service is structured to maximise access, with particular emphasis on reviewing ready and appropriate access to services by Australian Indigenous people, people from culturally and linguistically diverse backgrounds, parents with under school-aged children, young people, families and significant others, people with disabilities, people with co-occurring conditions, and people of different genders and sexual orientation. Within this, the service:

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

2.5 CLIENT NUMBER MANAGEMENT AND REFERRAL

The service has written and regularly reviewed policies, procedures and strategies to maximise access, supporting consumers to either access the service in an acceptable timeframe or be referred to another organisation

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[Letterhead/Name of Agency/Service]

CONSUMER PARTICIPATION POLICY

(Template Only)

Signed:

.....
Agency Representative

Date Adopted: Date/...../.....

Review By: Date/...../.....

Date Revised: Date/...../.....

It is recommended that policies and procedures that cover consumer participation are developed by agencies providing alcohol and other drug treatment and support services. The following basic template provides issues that services could consider in developing or reviewing their own policies and procedures in this area. Services can adopt, modify to make more specific, add to or delete parts of this template, or develop their own completely different policies and procedures.

It is essential that the service's policies and procedures abide by any relevant legislation and are applicable to the specific practice of the service.

Consideration should be given to involving the service team, representative consumers and/or other stakeholders in the development of your service's consumer participation policy, ensuring the language is appropriate to, and understandable by, the service staff and consumers where appropriate.

The Western Australian Alcohol and Other Drug Sector Quality Framework

CONSUMER PARTICIPATION POLICY

(Template Only)

1. DEFINITIONS

- 1.1 'Consumer' refers to anyone who either directly or indirectly utilises the service, and anyone who may use the service in the future;
- 1.2 Consumer participation is about supporting consumer empowerment in health care for improved health and well-being. It may include involving consumers in decision making, planning, implementation, monitoring, evaluation and review of a service.

2. PURPOSE AND SCOPE

- 2.1 The purpose of this policy is to ensure the service is guided in developing consumer participation for improved outcomes for consumers;
- 2.2 All staff of the service will be made aware of the service's consumer participation policy, and contribute to any review of the policy and procedures based on their applicability to practice.

3. RATIONALE

- 3.1 'Building a safe, high quality health care system' means that people managing and working in the system need to work together with consumers and the community to achieve sustainable improvements and maintain public confidence in the system;¹
- 3.2 A resource guide commissioned by the Commonwealth Department of Health and Aged Care² identified 'four reasons why health care organisations should have a strong consumer focus and be involved in enhancing and responding to consumer participation.' These included:
 - Participation is an ethical and democratic right;
 - Participation improves service quality and safety and helps gain health service accreditation;
 - Participation improves health outcomes;
 - Participation makes services more responsive to the needs of consumers.
- 3.3 Not only is participation likely to lead to more appropriate and better quality treatment with better outcomes, but the very act of participating in health care decisions has been shown to improve outcomes, irrespective of the treatment chosen.³

4. GENERAL PRINCIPLES

- 4.1 Effective consumer participation includes:
 - Consumers commenting and making assessments on all aspects of their care either through:
 - Having choice of service provision, once presented with a range of available options;
 - Providing direct feedback to staff;

¹ Commonwealth of Australia 2001, *Consumer Participation in Accreditation: Resource Guide*, prepared by Enduring Solutions p.3

² Commonwealth of Australia 2000, *Improving Health Services Through Consumer Participation: A Resource Guide for Organisations*, produced by the Department of Public Health, Flinders University and the South Australian Community Health Research Unit, p. 1

³ Ibid p.2

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- Being involved in surveys;
- Participating in focus groups;
- Using the complaints process;
- Involvement in planning, delivery and evaluation of the service;
- Selecting a consumer representative(s), who voices the consumer perspective, is able to refer back and receive guidance from their constituency, and is able to participate on:
 - A management committee; or
 - Other decision making processes on behalf of consumers.

4.2 Consumer participation may apply to consumers negotiating the service that they receive, or involvement in any organisational planning situation. It may fall within the continuum of:

- Informing consumer(s) of plans and decisions made;
- Seeking feedback/consulting with consumer(s) to sanction the plans or decisions made;
- Making changes to plans and decisions made on the basis of consultation/feedback received from the consumer(s);
- Jointly planning and making decisions with consumer(s);
- Identifying a problem and any limitations of any approach, and having consumer(s) plan and make decisions to address the problem;
- Asking consumer(s) to identify the problem and supporting them to plan/make any decisions to address the problem.

4.3 Consumer participation may require:

- The service acknowledging the potential fears and power imbalances in the relationship between consumers and providers and striving towards a change in culture towards a more collaborative approach;
- Commitment from all staff, and a willingness and/or preparedness by the service and staff to be responsive to consumer needs and make appropriate change;
- Training for staff and consumer representatives on maximising participation;
- Assessment, and possible change, of the existing service structure;
- Accessible information and information sharing to enhance any participation;
- Multiple strategies, reflecting the complex variation of the consumers accessing the service;
- Consumer engagement in deciding the most appropriate participation model(s) to adopt;
- Clarity about the service's capacity to inform consumer involvement and respond to consumer concerns.

5. POLICY STATEMENT

- 5.1** Management and staff are committed to actively encouraging effective consumer participation for improved outcomes for consumers;
- 5.2** Consumer comments and feedback will be sought (guided by consumer focused policies), recorded, and reviewed for organisational planning processes;
- 5.3** Consumer representatives will be selected on the basis of their representativeness with the overall consumer group or specific population group, ability to voice the consumer perspective, ability to refer back and receive guidance from their constituency, and availability to participate.

The Western Australian Alcohol and Other Drug Sector Quality Framework

6. PROCEDURES

- 6.1 Establish who the service consumers are;
- 6.2 Identify the purpose and mechanisms for any consumer participation;
- 6.3 Identify resources required for the incorporation of consumer participation;
- 6.4 Identify training/support needs of staff and consumer representatives to maximise consumer participation including enacting consumer focused policies and procedures;
- 6.5 Evaluate any consumer participation, determining the service's responsiveness to consumer feedback on needs or evaluation, recording any changes resulting from the participation and the extent to which consumer input has informed key organisational decision making processes;
- 6.6 Consider the appropriateness of incorporating the principles of consumer participation in the service vision, values or philosophical statements;
- 6.7 Consider incorporating consumer participation principles into staff job descriptions, and staff appraisal processes determining staff attitudes to consumer participation, processes of staff determining consumer issues, and any means of addressing those issues;
- 6.8 Consider informing stakeholders of the consumer participation incorporated into the service and any implications in regards to service delivery.

7. STANDARDS MONITORING

The service monitors relevant standards in relation to this policy, ensuring the policy is able to be applied in practice.

8. REVIEW OF THE POLICY

This policy will be routinely reviewed as needed, based on its application to practice at the service, any amendments to relevant legislation, and feedback from consumers.

RELEVANT LEGISLATION, POLICIES, RESOURCES AND LITERATURE

Relevant Legislation:

- *Equal Opportunity Act 1984 (WA)*
- *Trade Practices Act 1974 (Cwlth)*

Relevant Policies:

- Drug and Alcohol Office 2002, *Model for Drug and Alcohol Prevention and Early Intervention Programs and Services*
- Drug and Alcohol Office 2002, *Model for Drug and Alcohol Treatment and Support Services*
- *The Western Australian Drug and Alcohol Strategy 2002 – 2005*

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Relevant Resources:

- <<http://www.participateinhealth.org.au/>> National Resource Centre for Consumer Participation in Health (a clearing house for consumer participation information and resources)
- <<http://www.chf.org.au>> Consumers' Health Forum (an Australian national health consumers peak organisation with developed material to assist participation)
- <<http://www.hcc-wa.asn.au>> Health Consumers' Council WA (a state wide health consumer advocacy organisation providing information on consumer participation)

Relevant Literature:

- Consumer Focus Collaboration 2001, *The Evidence Supporting Consumer Participation in Health*
- Drug and Health Protection Services Public Health Division, Victorian Government 2000, *Involving Families in Alcohol and Drug Treatment*, <<http://www.dhs.vic.gov.au/archive/archive2004/0006057>>
- Enduring Solutions 2001, *Consumer Participation in Accreditation: Resource Guide*
- Ooms, T & Snyder, W (no date), *Steps Toward Family-Centered Adolescent Treatment: A Program Self-Assessment Checklist*. <<http://www.uwex.edu/ces/familyimpact/fcatcheck.pdf>>

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[Letterhead/Name of Agency/Service]

INTERACTION AND NON-DISCRIMINATORY PRACTICE POLICY

(Template Only)

Signed:

.....
Agency Representative

Date Adopted: Date/...../.....

Review By: Date/...../.....

Date Revised: Date/...../.....

It is recommended that policies and procedures that cover interaction and non-discriminatory practice are developed by agencies providing alcohol and other drug treatment and support services. The following basic template provides issues that services could consider in developing or reviewing their own policies and procedures in this area. Services can adopt, modify to make more specific, add to or delete parts of this template, or develop their own completely different policies and procedures.

It is essential that the service's policies and procedures abide by any relevant legislation and are applicable to the specific practice of the service.

Consideration should be given to involving the service team, representative consumers and/or other stakeholders in the development of your service's interaction and non-discriminatory practice policy(ies), ensuring the language is appropriate to, and understandable by, the service staff and consumers where appropriate.

The Western Australian Alcohol and Other Drug Sector Quality Framework

INTERACTION AND NON-DISCRIMINATORY PRACTICE POLICY

(Template Only)

1. DEFINITIONS

- 1.1 "Interaction" refers to any form of communication between the service staff and consumers. Appropriate interaction is seen as that which affords the consumer respect and dignity and supports consumer rights;
- 1.2 Discrimination is any distinction, exclusion or preference, for example those made on the basis of race, colour, sex, religion, political opinion, national extraction, mandated status or social origin, that has the effect of nullifying or impairing equality of opportunity¹. Non-discriminatory practice ensures any person from a minority or marginalised population group has equal access to the service without fear of discrimination, and is provided with adequate support to ensure they can benefit equally from the service. Non-discriminatory practice may involve positive discrimination in order to ensure equity of access to population groups that may otherwise experience barriers to accessing services.

2. PURPOSE AND SCOPE

- 2.1 The purpose of this policy is to ensure the service staff are guided in their interactions with consumers, and that the service develops and maintains appropriate support to people from different population groups to enhance equal access and outcomes for consumers;
- 2.2 The policy applies to all consumers accessing the service, including drug users and significant others;
- 2.3 All staff of the service will be made aware of the service's interaction and non-discrimination policy, and contribute to any review of the policy and procedures based on their applicability to practice.

3. RATIONALE

- 3.1 Feedback from consumers informing the development of the WA AOD Sector Quality Framework was almost unanimous in identifying interaction qualities including respect, sensitivity, non-judgmental attitudes, and understanding, as key factors contributing to a quality alcohol and other drug service;
- 3.2 Overall, available statistics from the AOD treatment and support sector on access by consumers indicate that Aboriginal people and those from culturally and linguistically diverse backgrounds are under-represented;
- 3.3 There are many barriers to accessing alcohol and other drug services for Aboriginal people, other people from culturally and linguistically diverse backgrounds, people who are mandated to access services, people with co-occurring mental health and AOD issues, the homeless, and other people with low socio-economic status, young people, people of different sexual orientations, women with young children, perpetrators and victims of domestic violence, disabled people and people from rural and remote locations, etc. Continually reviewed guidelines and strategies enable the service to refine its approach to reducing the barriers experienced by one or more of these population groups.

¹ Human Rights and Equal Opportunity Commission Act 1986 (Cwlth) p.4

The Western Australian Alcohol and Other Drug Sector Quality Framework

4. GENERAL PRINCIPLES

- 4.1 Respect, dignity and non-discriminatory practice is to be afforded to all consumers accessing the service and demonstrated through all interactions by staff including reception staff;
- 4.2 Interactions can be monitored through feedback from consumers;
- 4.3 Strategies for improving access by population groups that often experience barriers to services will be implemented;
- 4.4 Effectiveness of strategies can be measured through recording numbers of participants from different population groups and feedback from consumers.

5. POLICY STATEMENT

- 5.1 The service treats all consumers with respect and dignity;
- 5.2 The service is consumer focused and does not judge or discriminate against members of the community on the basis of socio-economic status, religious beliefs, culture, gender, sexuality, or disability;
- 5.3 The service actively adopts positive discrimination strategies to ensure the needs of different population groups are catered for to ensure equity of access;
- 5.4 The service staff and management maintain firm worker/consumer boundaries and role model effective behaviours.

6. PROCEDURES

- 6.1 The service has established mechanisms to measure consumer satisfaction with the interactions they have with staff of the service;
- 6.2 The service has established mechanisms to measure numbers of people from a defined population group accessing the service, and their needs and satisfaction with the service they have received;
- 6.3 The service continually reviews strategies for improving access of any defined population group, considering needs and best match with available service resources.

IMPROVED ACCESS STRATEGY OPTIONS

For improved access and working towards meeting specific needs of any population group the service may consider:

- Determining what resources are needed (e.g. brochures in different languages, posters to demonstrate sensitivity to providing a service to a particular population group, etc.);
- Establishing and maintaining partnerships (e.g. partnerships with interpreter services or specialist population group specific services);
- Determining what skills/experience and training is required by staff (e.g. option to employ a person who identifies with a specific population group, cultural sensitivity training for all staff, general training for improved understanding of the issues for any population group, etc.);
- Determining any environmental or space requirements (e.g. larger room for family groups, outdoor space for comfort and reflection, etc.);
- Determining service restructure requirements (e.g. after hours appointment times, flexible/drop in appointment times, duty officer options to meet crisis needs, etc.);
- Ensuring information and contact details of the service are made known to the defined community;
- Establishing flexible pricing structure for services to ensure barriers of costs are minimised.

(Specific strategy options for different population groups attached see pp. 39 – 44)

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7. STANDARDS MONITORING

The service monitors relevant standards in relation to this policy, ensuring the policy is able to be applied in practice.

8. REVIEW OF THE POLICY

This policy will be routinely reviewed as needed, based on its application to practice at the service, any amendments to relevant legislation, and feedback from consumers.

RELEVANT LEGISLATION, POLICIES, RESOURCES AND LITERATURE

Relevant Legislation:

- *Disability Discrimination Act 1992* (Cwlth)
- *Disability Services Act 1993* (WA)
- *Equal Opportunity Act 1984* (WA)
- *Human Rights and Equal Opportunity Commission Act 1986* (Cwlth) <<http://www.comlaw.gov.au>>
- *Racial Discrimination Act 1975* (Cwlth) <<http://www.racismnoway.com.au/library/legislation>>
- *Sex Discrimination Act 1984* (Cwlth)

Relevant Policies:

- Drug and Alcohol Office 2002, *Model for Drug and Alcohol Prevention and Early Intervention Programs and Services*
- Drug and Alcohol Office 2002, *Model for Drug and Alcohol Treatment and Support Services*
- *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2006*
- *The Western Australian Drug and Alcohol Strategy 2002 – 2005*

Relevant Literature:

- Department of Health, Western Australia 2003, *Aboriginal Cultural Security: A Background Paper*
- Drug and Alcohol Office 2003, *Drug and Alcohol Service Initiatives for Culturally and Linguistically Diverse People*
- Government of Western Australia 2001, *Statement of Commitment to a New and Just Relationship: Between the Government of Western Australia and Aboriginal Western Australians*
- Slattery, G 1987, 'Transcultural Therapy with Aboriginal Families: Working with the Belief System', *ANZ Journal of Family Therapy*, vol. 8, no. 2, pp. 61 – 70

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THE CODE OF ETHICS – AN AFFIRMATION

Alcohol and other Drugs Council of Australia (ADCA)

As an alcohol and other drug worker, I affirm that:

1. I owe a duty of care to my clients, that is, I will take reasonable care in exercising my professional responsibilities and skills when working with, and for, my clients.

This means I will do what I can to:

- Achieve and maintain appropriate standards of proficiency in my work – for example, through attendance at relevant courses
 - Ensure that my clients have relevant and sufficient information about the programs in which they are participating so that their participation is on the basis of informed consent
 - Maintain appropriate client confidentiality at all times.
2. I will apply my skills toward assisting with the identification, early intervention, treatment, rehabilitation and social integration of my clients, and I will work towards prevention of drug problems.
 3. Where appropriate, I will commit myself to work with others who are involved in assisting in the recovery of my clients, particularly health and related welfare workers. By doing this, I recognise that I will be able to participate in a holistic approach to care and support.
 4. I will take steps to ensure that my clients are referred to more appropriate care as soon as it becomes apparent that such referral is necessary in the interests of providing optimum standards of care.
 5. I will respect the human and legal rights of my clients, including their right to make decisions on their own behalf and participate in planning for their treatment or rehabilitation.
 6. At all times I will carry out my duties and responsibilities to my client without prejudice in regard to gender, age, ethnicity, religious or political affiliation, any disability, sexual preference, or socio-economic and cultural background.
 7. I will do my utmost to preserve the dignity, respect, health and safety of my clients, and will not enter into a sexual relationship of any kind with any of my clients.
 8. I will participate in any reasonable review of my professional standards or skills, and in any processes that relate to the resolution of conflicts with my clients, or the handling of complaints made by, or on behalf of my clients.
 9. I will endeavour to conduct myself as a positive role model for my clients and colleagues.

Approved by the ADCA Board of Directors, 11th October, 1993. Used with permission. Currently in revision.

The Western Australian Alcohol and Other Drug Sector Quality Framework

IMPROVED ACCESS STRATEGY OPTIONS FOR CULTURALLY AND LINGUISTICALLY DIVERSE POPULATION GROUPS

- RATIONALE:** In a multicultural society we are all collectively culturally and linguistically diverse (CALD). For the purposes of improving access to alcohol and other drug services, however, CALD refers to people who experience language or cultural barriers to accessing treatment and support services.
- These issues present for migrant and established groups who share very little similarities in language and cultural norms with the majority of the community. Language and culture can be mutually exclusive, for example someone may communicate extremely well in English, yet have a completely different cultural frame of reference.
- RESOURCES:** Different language information on alcohol and other drugs is available (contact ADIS on 9442 5000 for details of available information);
- PARTNERSHIPS:** WANADA members have access to an interpreter service;
- Contact multi-cultural/culturally specific services in your region, determining if a partnership arrangement would be of benefit to the population group, and what would be required to ensure an appropriate/culturally sensitive service;
- Determine, and establish partnerships with, alternative health/remedies services that attract CALD population groups;
- STAFF SUPPORT:** Are there skills and experiences currently in the workforce that could be used to improve access by CALD population groups?
- Training and refresher courses in cultural sensitivity, requiring adaptability of staff;
- ENVIRONMENT:** Appropriate facilities, e.g. wash rooms, separate gender requirements etc.;
- STRUCTURE:** Policies and protocols developed/in place for appropriately identifying, assessing, treating and supporting specific population groups;
- A designated counsellor to maintain partnership with particular population community and multi-cultural/culturally specific services;
- Appropriate client/counsellor allocation based on counsellor skills and training, gender, etc.;
- Referral network and protocols established with multi-cultural/culturally specific services;
- PROMOTION:** Determine relevant ethnic media (newsletters, radio, television, etc.) to promote the service;
- Present clear entry criteria and service delivery information that is also welcoming of CALD population groups.

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IMPROVED ACCESS STRATEGY OPTIONS FOR GAY, LESBIAN, TRANSGENDER AND QUEER POPULATION GROUPS

RATIONALE: Gay, lesbian, transgender and queer population groups are often stigmatised in the general community as a result of their sexual orientation. These population groups have diverse needs. They also have a higher than average percentage of people with alcohol and other drug issues and yet experience several barriers to accessing treatment and support.

In order to reduce some of these barriers a service needs to be aware of the specific issues of these population groups and present as understanding and willing to explore how stigmatisation in relation to sexual orientation impacts on their social interactions and behaviour.

Discrimination against these population groups, on the basis of their sexual orientation and/or preference, at a time when they are seeking support can be extremely damaging. Services need to ensure against any form of moral/attitudinal judgement against these and other marginalised population groups.

RESOURCES: Posters in waiting rooms, may demonstrate at first glance that the service is friendly to these population groups. Such posters and brochures highlighting specific issues these population groups may need to consider are available through some of the services listed below.

PARTNERSHIPS: You may wish to contact gay/lesbian/transgender/queer specific services in your region, determining if a partnership arrangement would be of benefit to the population group, and what would be required to ensure an appropriate alternative sexual orientation sensitive service. Some of these specific services include:

- The WA AIDS Council (While the central office is in West Perth, needle and syringe exchange vans are in several locations in the metropolitan region.)
- Gay/Lesbian Community Services (Offering a wide range of services including telephone counselling, accommodation services, coming out and support groups, and volunteer training.)
- PRIDE WA (Providing social events for the community, promoting awareness, access and equity – offering opportunities for seminars and the promotion of AOD services.)
- Gay and Lesbian Counselling Service (Offers counselling services as well as training and workshops.)
- Sexual Assault Resource Centre (SARC) (Offers counselling and support.)
- Magenta (Offers support to male and female street workers.)
- Street Workers Outreach Project WA (SWOPWA) (Offers support to street workers, families and friends.)
- Gay and Lesbian Equality (GALE) (Works for the legal rights of gays and lesbians.)

STAFF SUPPORT: Are there skills and experiences currently in the workforce that could be used to improve access by alternative sexually oriented population groups?
Training and refresher courses in providing appropriate services to these population groups may require adaptability and attitudinal changes from staff. Such training is offered by some of the services listed above.

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ENVIRONMENT: Some people from these population groups may prefer specific gender workers. Appropriate client/counsellor allocation based on counsellor skills and training, gender, etc. should be considered;

STRUCTURE: Services may wish to develop specific policies for ensuring a non-discriminatory service is offered to gay, lesbian, transgender and queer population groups;

The service may wish to designate staff to maintain partnership and referral networks with particular population communities and specific gay, lesbian, transgender and queer services;

- The Also Foundation, based in Victoria, conducts research with these population groups and provides an opportunity for grants.

PROMOTION: Relevant media contacts could be made to promote the service as appropriate and welcoming of these population groups, and to inform the community of the entry criteria and service delivery offered.

Such publications that advertise support and social groups for further links and/or partnership contacts, and offer opportunities to promote your service, include:

- Out in Perth;
- Women Out West (WOW);
- Q pages;
- Fruits in Suits.

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IMPROVED ACCESS STRATEGY OPTIONS FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

RATIONALE:

The pattern of drug use by Aboriginal and Torres Strait Islander peoples has been shaped by a history of, among other things, dispossession and alienation from their land, continual alienation from mainstream society, institutionalised racism and oppression, tobacco rations and alcohol prohibition (National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003 – 2006: Summary p. 2).

“National data collections have consistently shown that, although the proportion of Aboriginal and Torres Strait Islander people who drink alcohol is lower than among non-Indigenous people, Indigenous people who do consume alcohol are more likely to do so at hazardous levels” (National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003 – 2006: Background Paper p. 7).

“The National Drug Strategy Household Survey 1994 found a higher prevalence of lifetime and past year illicit drug use among urban Aboriginal (sic) compared with the general population” (National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003 – 2006: Background Paper, p. 10).

Access by Aboriginal and Torres Strait Islander peoples to the appropriate range of health and wellbeing services is affected by “discrimination, stigma and disadvantage particularly for problems such as injecting drug use and inhalants” and for those incarcerated (National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003 – 2006: Summary, p. 5).

In order to reduce some of these barriers to accessing services:

- “Mainstream workers need to understand the needs of Aboriginal and Torres Strait Islander people” (NDS Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003 – 2006: Summary, p. 7);
- “Aboriginal and Torres Strait Islander workers need to be able to provide the necessary primary care” (NDS Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003 – 2006: Summary, p. 7);
- Intervention “needs to take account of cultural, spiritual, language and traditional aspects of the community” (NDS Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003 – 2006: Summary, p. 6);
- “People need to be aware of the range of services that are available and to understand how to access them” (NDS Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003 – 2006: Summary, p. 5);
- Services need to be aware that while the “problems encountered” as a result of alcohol and other drug use by Indigenous and non-Indigenous groups are similar, “the way each addresses those problems may be quite different” (NDS Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003 – 2006: Summary, p. 1);
- A service offered to Aboriginal peoples needs to be culturally secure.

DEFINITIONS:

Cultural security is accepted to mean that deliberations, planning and application of policies, strategies, and programs consider, acknowledge and incorporate the history, traditions, diversity and circumstances, of the particular Aboriginal peoples, to which meaningful benefit is the intended outcome.

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Cultural competence is reliant on an organisation ensuring structures are in place to support the flexibility of its staff in order to meet the needs of Aboriginal peoples.

The service needs to consider:

- Incorporating a family sensitive approach for extended family members and significant others;
- Demonstrating an awareness of cultural communication processes and cultural practices;
- Developing strategies around issues of time; and
- Supporting staff to provide a service to Aboriginal peoples in alternative/outreach/home/community environments.

RESOURCES:

There are brochures and posters that provide information on Aboriginal specific issues. Having such resources available may help mainstream services demonstrate their willingness to understand these specific issues. Such resources are available from the Aboriginal Alcohol and Other Drug Program, DAO.

Strong Spirit, Strong Mind: Aboriginal ways to reduce harm from alcohol and other drugs is a series of culturally secure resources that include brochures, booklets and videos. Titles in this series are: *Mixing Drugs is Dangerous*, *Injecting Drug Use - Never Share*, *Making Changes*, *Strong Babies*, *Speed*, *Gunja*, and *Making Sense and Supporting Change - a Guide for Our People*. Video titles include: *Culturally secure counselling*, *What our people need to know about Gunja* and *Working with the Story Telling Board*.

The Office of Aboriginal Health also has service standards developed for Aboriginal Community Controlled Health Services, and information on the provision of culturally secure services.

PARTNERSHIPS:

You may wish to contact Aboriginal specific services in your region, to determine whether a partnership arrangement would be of benefit to the Aboriginal community and what would be required to ensure an appropriate culturally secure and competent service. Agencies that share a common Aboriginal client base might consider a partnership agreement to ensure quality and continuity of care.

Personal contact with Aboriginal community representatives may be required to maintain an awareness of the service, its entry criteria, how to access it, and the commitment to the partnership arrangement.

STAFF SUPPORT:

If you are providing a service to Aboriginal peoples it is recommended that your service's non-Aboriginal and Aboriginal staff receive cross-cultural training. What training, skills and experience do the current staff at your service have in providing a culturally secure service to Aboriginal peoples?

Training for non-Aboriginal workers in providing culturally secure alcohol and other drug services can be coordinated or made available through the Drug and Alcohol Office. Providing an accessible service to Aboriginal peoples may require attitudinal changes from staff and increased flexibility and adaptability of services.

Training for Aboriginal alcohol and other drug workers is also offered through the Drug and Alcohol Office (contact the Aboriginal Alcohol and Other Drug Program, DAO).

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If your service employs mainly non-Aboriginal workers, are appropriate mechanisms in place to adequately support and retain the Aboriginal employees? You may wish to consider assisting an Aboriginal worker to develop a mentor network, to receive external supervision from another Aboriginal professional and be supported to fulfill cultural and social obligations to family and community. Non-Aboriginal staff may also be assisted through access to cultural supervision by an experienced Aboriginal worker, internal or external to the organisation.

ENVIRONMENT: Aboriginal consumers may prefer specific gender workers, and may prefer an Aboriginal worker. Appropriate client/counsellor allocation based on counsellor skills and training, gender, etc., should be considered. If your service is not able to meet these needs, pre-established referral links with appropriate services would assist in any transition between services.

Where there are significant barriers for Aboriginal people in accessing mainstream services it may be appropriate to take the service to the people, i.e. offering outreach such as a service through another more accessed agency, home visits, etc.

STRUCTURE: Services may wish to develop specific policies for ensuring a non-discriminatory service is offered to Aboriginal peoples.

The service may wish to designate staff to maintain partnership and referral networks with particular communities and specific Aboriginal services;
The service may wish to consider more flexibility of appointment times and lengths when engaging Aboriginal consumers.

The service may wish to consider incorporating an outreach component.

PROMOTION: Relevant media contacts could be made to promote the service as appropriate and welcoming of Aboriginal peoples, and to inform the community of the entry criteria, service offered and access.

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EVIDENCE BASED PRACTICE

PERFORMANCE EXPECTATION 3:

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

PRACTICES:

3.1 ENTRY CRITERIA

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

3.2 DELIVERY OF SERVICE

The service has regularly reviewed policies and procedures for assessment, engagement, case management, clinical pathways planning, referral when entry is denied, and engagement requirements of diverse population groups including significant others.

3.3 ASSESSMENT AND SERVICE MATCHING

The service conducts adequate assessment to determine if engagement of a consumer with the service is appropriate (based on individual needs, considering support and treatment requirements and whether voluntary, coerced, or from a specific population group). The service provides the consumer with a comprehensive range of treatment options available in the sector to ensure they are able to make an informed choice of service based on appropriate treatment matching and their needs.

3.4 INTER-AGENCY REFERRAL

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

3.5 CLINICAL PATHWAYS PLANNING

As appropriate, the service negotiates a clinical pathway plan with the consumer to ensure an holistic therapeutic approach is offered, including case management, shared care and through care.

3.6 SERVICE APPROACH

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

3.7 HARM REDUCTION INFORMATION

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

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3.8 OUTCOME REVIEW

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

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[Letterhead/Name of Agency/Service]

DELIVERY OF SERVICE POLICY

(Template Only)

Signed:

.....
Agency Representative

Date Adopted:/...../.....

Review By:/...../.....

Date Revised:/...../.....

It is recommended that policies and procedures that cover delivery of service are developed by agencies providing alcohol and other drug treatment and support services. The following basic template provides issues that services could consider in developing or reviewing their own policies and procedures in this area. Services can adopt, modify to make more specific, add to or delete parts of this template, or develop their own completely different policies and procedures.

It is essential that the service's policies and procedures abide by any relevant legislation and are applicable to the specific practice of the service.

Consideration should be given to involving the service team, representative consumers and/or other stakeholders in the development of your service's delivery of service policy, ensuring the language is appropriate to, and understandable by, the service staff and consumers where appropriate.

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DELIVERY OF SERVICE POLICY

(Template Only)

1. DEFINITIONS

- 1.1 Delivery of service is to be informed by evidence based practice principles, ensuring fair and equitable access for improved outcomes for consumers;
- 1.2 Evidence based practice, as presented in the series of evidence based practice indicator documents¹, is derived from 'a review of the literature and consultation with professionals in the alcohol and drug field. As such, the term evidence based practice encompasses best practice' as informed by practice wisdom.

2. PURPOSE AND SCOPE

- 2.1 The purpose of this policy is to ensure the services provided by staff are guided by principles of evidence based practice for improved outcomes for consumers, and that the service supports this by ensuring appropriate waiting list and staff/client load strategies are implemented;
- 2.2 All staff of the service will be made aware of the service delivery policy(ies), and contribute to any review of the policy(ies) and procedures based on their applicability to practice.

3. RATIONALE

Evidence based practice, together with the experience of staff having worked within the field, informing the delivery of service ensures improved outcomes for consumers. A systemic approach to the delivery of service requires consideration of the development of service pathways (see also Partnership and Enhanced Integration), and the support offered to staff (see Occupational Safety and Health Policy(ies)).

4. GENERAL PRINCIPLES

- 4.1 Staff need to be aware of, and keep up to date with, available evidence based practice literature. Evidence based practice principles include²:
 - Appropriate informal and/or standardised assessment, determining drug use and other issues, and readiness to change. Standardised assessments instruments recommended as appropriate for adults in Evidence Based Practice Indicators for Alcohol and Other Drug Interventions: Literature Review³ include:
 - Severity of Dependence Scale⁴;
 - Opiate Treatment Index⁵;
 - Severity of Alcohol Dependence Questionnaire – Community Version⁶;
 - Benzodiazepine Withdrawal Symptom Questionnaire⁷;
 - Client Satisfaction Scale⁸;
 - Service matching, based on the assessment and the consumer's choice given a range of options, to best meet individual needs;
 - Service planning, negotiated between staff, consumer and/or the case manager and directed by the consumer;

¹ See Best Practice in Alcohol and Other Drug Interventions Working Group 2000, *Evidence Based Practice Indicators for Alcohol and Other Drug Interventions: Literature Review* p. iv

² *Evidence Based Practice indicators for Alcohol and Other Drug Interventions: Literature Review*

³ Ibid p.5

⁴ Best Practice in Alcohol and Other Drug Interventions Working Group 2000, *A Guide for Counsellors Working with Alcohol and Other Drug Users: Core Counselling Skills* p.129

⁵ Ibid pp. 103 – 125

⁶ Ibid pp. 133 – 135

⁷ Ibid p. 139

⁸ Ibid pp. 143 – 144

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- 4.2 Staff credentials and reasonable staff client loads based on the needs of individual clients, the service provided, and available resources, need to be considered to ensure improved outcomes for each individual consumer (see Occupational Safety and Health and Human Resource Management Policies);
- 4.3 Waiting lists need to be managed to maximise outcomes for consumers. Referral to like services, that are currently more accessible, may be a preferred option to maintaining people on waiting lists;
- 4.4 Police and court diversion consumers require priority on any waiting list in line with service agreements.

5. POLICY STATEMENT

- 5.1 All delivery of service to consumers will be informed by evidence based practice principles;
- 5.2 The waiting list procedure will be clear and transparent to staff in order that they can inform consumers;
- 5.3 Police and court diversion consumers will have priority on any waiting list in line with service agreements.

6. PROCEDURES

6.1 Entry criteria

- Through consultation with the staff, consumers and/or stakeholders the service's consumer entry criteria will be established and regularly reviewed;

6.2 Evidence based practice

- The assessment process will be reviewed for appropriateness in:
 - Determining a range of issues and needs that a consumer may present with;
 - Determining the consumer's suitability to the service in terms of meeting entry criteria;
 - Providing adequate information on what a consumer can expect from the service once engaged;
 - Providing information on the specific role of the service in relation to other services if the consumer has a case manager, such as by the Court Assessment and Treatment Service (CATS), or is engaged in shared care;
 - Providing options of suitable services to address the range of different issues that the consumer may have; and
 - Informing an individually tailored service plan negotiated with the consumer;
- Consumers who, as a result of the assessment process, do not fit within the entry criteria or are assessed as requiring more specialist care, will be referred to a more suitable service or a shared care plan will be developed with another service in consultation with the consumer. Where the consumer has a case manager, the case manager will be informed of the results of the assessment with recommendations made for a more appropriate service or shared care arrangement;
- For consumers engaging in the service, a well developed, written, detailed and clear service plan is to be jointly negotiated between the staff member and the consumer including:
 - Any mandatory requirements, as for diversion consumers;
 - Practical and realistic goals and strategies for achieving those goals established;

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- Harm reduction information and strategies that the consumer is willing to implement negotiated where appropriate;
- Case management/shared care needs identified and coordinated, with advocacy offered where necessary;
- Dissemination of relevant information and resources that are up to date and objective;
- Continual review of consumer needs and service plan;
- Opportunities for involvement of significant others;
- A clear outline of costs involved for receiving the service, negotiated where necessary and practicable, in order to assist in access, and/or in line with relevant service agreements (such as free outpatient service for diversion consumers); and
- Referral (see partnership and enhanced integration policy(ies)) and
- Voluntary informed consent obtained for follow-up should the consumer be amenable.

6.3 Waiting list management

- Establish an appropriate maximum waiting time and number to ensure improved outcomes for consumers;
- Establish and implement strategies to reduce waiting list times and numbers, with police and court diversion consumers having priority on any waiting list in line with service agreements;

6.4 Staff client loads

- Negotiate client loads with each clinical/support staff member, considering staff hours and current consumer needs, ensuring sustainable quality care and manageability; and enabling administration of consumer and data records.

7. STANDARDS MONITORING

The service monitors relevant standards in relation to this policy, ensuring the policy is able to be applied in practice.

8. REVIEW OF THE POLICY

This policy will be routinely reviewed as needed, based on its application to practice at the service, any amendments to relevant legislation, and feedback from consumers.

RELEVANT LEGISLATION, POLICIES, RESOURCES AND LITERATURE

Relevant Legislation:

- *Disability Discrimination Act 1992* (Cwlth)
- *Disability Services Act 1993* (WA)
- *Guardianship and Administration Act 1990* (WA)
- *Equal Opportunity Act 1984* (WA)
- *Local Government Act 1995* (WA)
- *Mental Health Act 1996* (WA)
- *Residential Tenancies Act 1987* (WA)

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Relevant Policies:

- Drug and Alcohol Office 2002, *Model for Drug and Alcohol Prevention and Early Intervention Programs and Services*
- Drug and Alcohol Office 2002, *Model for Drug and Alcohol Treatment and Support Services*
- *The Western Australian Drug and Alcohol Strategy 2002 – 2005*

Relevant Literature:

- Baker, A, Kay-Lambkin, F, Lee, NK, Claire, M & Jenner, L 2003, *A Brief Cognitive Behavioural Intervention for Regular Amphetamine Users*, Australian Government Department of Health and Ageing
- Best Practice in Alcohol and Other Drug Interventions Working Group 2000, *A Guide for Counsellors Working with Alcohol and Other Drug Users: Core Counselling Skills*
- Best Practice in Alcohol and Other Drug Interventions Working Group 2000, *A Summary of the Evidence Based Practice Indicators for Alcohol and Other Drug Interventions*
- Best Practice in Alcohol and Other Drug Interventions Working Group 2000, *Evidence Based Practice Indicators for Alcohol and Other Drug Interventions: Literature Review*
- Commonwealth Department of Health and Ageing 2003, *Guidelines for the Treatment of Alcohol Problems*, prepared by National Drug and Alcohol Research Centre
- Dawe, S, Loxton, N, Hides, J, Kavanagh, D & Mattick R 2002, *Review of Diagnostic Screening Instruments for Alcohol and Other Drug Use and Other Psychiatric Disorders*, 2nd edn, Commonwealth Department of Health and Ageing
- South Australian Alcohol and Other Drug Nursing and Midwifery Statewide Action Group 2003, *Alcohol, Tobacco & Other Drugs, Guidelines for Nurses and Midwives, A Framework for Policy & Standards*, eds C Crespigny & L Cusack, Flinders University & Drug and Alcohol Services Council, South Australia.

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[Letterhead/Name of Agency/Service]

HARM REDUCTION POLICY

(Template Only)

Signed:

.....
Agency Representative

Date Adopted:/...../.....

Review By:/...../.....

Date Revised:/...../.....

It is recommended that policies and procedures that cover harm reduction are developed by agencies providing alcohol and other drug treatment and support services. The following basic template provides issues that services could consider in developing or reviewing their own policies and procedures in this area. Services can adopt, modify to make more specific, add to or delete parts of this template, or develop their own completely different policies and procedures.

It is essential that the service's policies and procedures abide by any relevant legislation and are applicable to the specific practice of the service.

Consideration should be given to involving the service team, representative consumers and/or other stakeholders in the development of your service's harm reduction policy, ensuring the language is appropriate to, and understandable by, the service staff and consumers where appropriate.

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HARM REDUCTION POLICY

(Template Only)

1. DEFINITIONS

Harm reduction is focused on decreasing problems associated with drug use and does not necessarily require any reduction in drug use itself¹.

2. PURPOSE AND SCOPE

- 2.1 Harm reduction information and support for consumers will be offered to reduce problems associated with alcohol and other drug use;
- 2.2 All staff of the service will be made aware of the service's harm reduction policy, and contribute to any review of the policy and procedures based on their applicability to practice.

3. RATIONALE

- 3.1 Harm reduction can be incorporated into abstinence based programs without compromising the program when placed in the context of potential relapse. Consequently any obligations of abstinence imposed on mandated clients do not reduce the need to consider harm reduction strategies;
- 3.2 Problems associated with continuing alcohol and other drug use or relapse that can be reduced include:
 - Overdose and vulnerability to overdose due to reduced tolerance and resumption of use;
 - Social and relationship problems, including violence and aggression, family violence, loss of friends, etc.;
 - Driving while under the influence of alcohol and other drugs;
 - Blood borne virus transmission;
 - General health issues including malnutrition, sleep apnoea, liver damage from hepatitis C and other sources, impact on respiratory and circulatory function, contamination and vein damage, etc.;
 - Psychiatric issues including the ability to make rational judgements, and drug/sleep deprivation/malnutrition induced psychosis;
 - Financial and occupational harm, including job loss, debt, work related accidents, etc.;
 - Legal problems².

4. GENERAL PRINCIPLES

- 4.1 Harm reduction strategies are appropriate for clients who continue to use alcohol or other drugs or who are likely to relapse;
- 4.2 Harm reduction approaches need to go beyond the simple dissemination of information, working with consumers to develop harm reduction strategies that they are willing to put into practice;

1. Heather, N, Wodak, A, Nadelmann, E & O'Hare, P (eds) 1993, *Psychoactive drugs and harm reduction: from faith to science*, Whurr Publishers, London, pp. v-ix
2. Best Practice in Alcohol and Other Drug Interventions Working Group 2000, *A Guide for Counsellors Working with Alcohol and Other Drug Users: Core Counselling Skills*, p.42

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- 4.3** In developing harm reduction strategies attention should be given to:
- Understanding the function of the consumer's drug use;
 - Understanding that potential harms may be physical, psychological or social; and
 - Potential risks of polydrug use and interactions of the different drugs.
- 4.4** Motivational interviewing is a useful technique for determining harm reduction strategies that the consumer will be willing to apply;
- 4.5** Harm reduction strategies may include:
- Abstinence;
 - Overdose prevention (not using alone, awareness of reduced tolerance, breathing awareness, awareness of resuscitation techniques, etc.);
 - Relaxation training;
 - Anger and aggression management;
 - Suicide prevention;
 - Grief and loss management;
 - Vein care, safer using and sexual practices awareness;
 - Information regarding the risk, during abstinence from one drug, of increasing dependency on another e.g. heroin and other opiates to amphetamines, methadone to alcohol.
- 4.6** For injecting drug users who choose to continue to use or who are at risk of relapse, it may be appropriate to inform the consumer of needle and syringe availability through selected pharmacies and/or refer them to a needle and syringe program/exchange services.

5. POLICY STATEMENT

- 5.1** The service is committed to ensuring consumers are informed of the potential harms associated with continuing alcohol and other drug use or relapse;
- 5.2** Mandated consumers, obliged to demonstrate abstinence from illicit substances, will be informed of the potential legal ramifications of continued use;
- 5.3** Wherever appropriate clinical/support staff will incorporate an exploration of the barriers to harm reduction, and acceptable and practicable strategies for reducing harm with the consumer.

6. PROCEDURES

- 6.1** Harm reduction information will be made accessible to all consumers, via information brochures and material;
- 6.2** All clinical/support staff will be trained or have an awareness of harm reduction principles, issues and strategies. With the continually changing issues arising for drug users this training/awareness will be updated on a regular basis;
- 6.3** Staff providing a service to mandated consumers will be aware of the requirements/obligations and the relevance of harm reduction strategies of this consumer group;
- 6.4** All clinical/support staff will negotiate harm reduction strategies with consumers wherever appropriate;
- 6.5** A record of the harm reduction strategies explored with consumers will be recorded in the consumer's personal file.

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7. STANDARDS MONITORING

The service monitors relevant standards in relation to this policy, ensuring the policy is able to be applied in practice.

8. REVIEW OF THE POLICY

This policy will be routinely reviewed as needed, based on its application to practice at the service, any amendments to relevant legislation, and feedback from consumers.

RELEVANT LEGISLATION, POLICIES, RESOURCES AND LITERATURE

Relevant Policies:

- Drug and Alcohol Office 2002, *Model for Drug and Alcohol Prevention and Early Intervention Programs and Services*
- Drug and Alcohol Office 2002, *Model for Drug and Alcohol Treatment and Support Services*
- *National Drug Strategy, Australia's Integrated Framework 2004-2009*
- *The Western Australian Drug and Alcohol Strategy 2002 – 2005*

Relevant Resources:

- AIVL Safer Injecting Guide <<http://www.aivl.org.au>>
- AIVL Guide to Cleaning Fits
- NSP Timetables available from the WA AIDS Council (WAAC) and the WA Substance Users' Association (WASUA)
- A range of resources available from WAAC, WASUA, the Hepatitis Council of Australia and the Hepatitis Council of WA
- Breathe Cards, available from DROPP, Drug and Alcohol Office

Relevant Literature

- Baker, A, Heather, N, Stallard, A, O'Neill, K & Wodak, A 1996, *A Manual of Cognitive Behavioural Techniques Aimed at Reducing HIV Risk-Taking Behaviour in Injecting Drug Users*, NDARC Monograph No. 28
- Best Practice in Alcohol and Other Drug Interventions Working Group 2000, *Evidence Based Practice Indicators for Alcohol and Other Drug Interventions: Core Counselling Skills*
- Heather, N, Wodak, A, Nadelmann, E & O'Hare, P (eds.) 1993, *Psychoactive drugs and harm reduction: from faith to science*, Whurr Publishers, London.

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[Letterhead/Name of Agency/Service]

CLINICAL/PRACTICE GOVERNANCE POLICY

(Template Only)

Signed:

.....
Agency Representative

Date Adopted:/...../.....

Review By:/...../.....

Date Revised:/...../.....

It is recommended that policies and procedures that cover clinical governance are developed by agencies providing alcohol and other drug treatment and support services. The following basic template provides issues that services could consider in developing or reviewing their own policies and procedures in this area. Services can adopt, modify to make more specific, add to or delete parts of this template, or develop their own completely different policies and procedures.

It is essential that the service's policies and procedures abide by any relevant legislation and are applicable to the specific practice of the service.

Consideration should be given to involving the service team, representative consumers and/or other stakeholders in the development of your service's clinical governance policy, ensuring the language is appropriate to, and understandable by, the service staff and consumers where appropriate.

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CLINICAL/PRACTICE GOVERNANCE POLICY

(Template Only)

1. DEFINITION

Clinical/practice governance is a systematic and integrated approach to assurance and review of clinical responsibility and accountability that improves quality and safety resulting in optimal consumer outcomes¹.

2. PURPOSE AND SCOPE

- 2.1 The purpose of this policy is to ensure the service is guided in defining duty of care and clinical/practice governance for improved physical, psychological and social safety and quality outcomes for consumers;
- 2.2 All staff of the service will be made aware of the service's clinical/practice governance and linked risk management policy, and contribute to any review of the policy and procedures based on their applicability to practice.

3. RATIONALE

Clinical/practice governance denotes an organisation's acceptance of responsibility and accountability for the quality of care it provides. It is a structured, organisation-wide approach to monitoring quality and resolving problems associated with service provision, and fosters a culture in which safety, compliance and effective risk management are promoted. Clinical/practice governance assures delivery of optimal consumer outcomes.

4. GENERAL PRINCIPLES

- 4.1 Clinical governance principles include:
 - Consumer outcomes need to be the primary focus in health service delivery decision making;
 - Consumer rights are valued and respected through participation and input;
 - Staff need to be committed to quality and safety of consumer management outcomes;
 - The continuous improvement of quality and safety needs to be led by clinical/support staff, with their involvement at all levels, and shared responsibility and cooperation across the service team;
 - Data and information need to have an assurance of integrity and relevancy, with a focus on understanding trends and comparative analysis while minimising variation;
 - Data requirements, interpretation, analysis and improvement needs are to be informed by clinical/support staff;
 - Resource allocation decisions need to ensure that professional and technical requirements are met;
 - A culture that supports, promotes and encourages continual learning in pursuit of excellence is to be supported;

1. Department of Health, Western Australia 2003, *Clinical Governance: Executive Summary*
<<http://www.health.wa.gov.au/safetyandquality/docs/executive%5Fsummary%5Fpaper.pdf>>

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- A safe environment with a 'no blame' culture (i.e. where the focus is on continually reviewing processes to reduce re-occurrence of incidents and future risks) which is open, transparent and encourages questioning is to be maintained;
 - Partnerships and alignments with other appropriate agencies are to be developed and maintained to maximise the effectiveness of service delivery.
- 4.2** A clinical/practice risk assessment for any new project, event or initiative is to be conducted, with existing projects, events or initiatives continually reviewed for minimising risk. (Please refer to Risk Management Policy.)

5. POLICY STATEMENT

The service will regularly conduct a clinical/practice review, which will inform any service change, planning or decision making processes.

6. PROCEDURES

- 6.1** A clinical/practice review will be conducted on a regular basis, evaluating:
- The service on the basis of fit with best practice;
 - Outcomes;
 - Consumer participation including feedback;
 - Relevant competencies and professional development undertaken by staff;
 - Feedback from staff, including staff satisfaction;
 - Feedback from stakeholders;
 - Incidents reported; and
 - An assessment of potential risks;
- 6.2** The clinical review will provide the basis for service planning for improvements to service delivery and practice;
- 6.3** A report on the clinical/practice review and its utilisation in service planning will be produced in the form of a self-assessment on continuous quality improvement.

7. STANDARDS MONITORING

The service monitors relevant standards in relation to this policy, ensuring the policy is able to be applied in practice.

8. REVIEW OF THE POLICY

This policy will be routinely reviewed as needed, based on its application to practice at the service, any amendments to relevant legislation, and feedback from consumers.

RELEVANT LEGISLATION, POLICIES, RESOURCES AND LITERATURE

Relevant Legislation:

- *Equal Opportunity Act 1984 (WA)*
- *Occupational Safety and Health Act 1994 (WA)*

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Relevant Policy:

- *Western Australian Strategic Plan for Safety and Quality in Health Care 2003 – 2008*, <<http://www.health.wa.gov.au/safetyandquality/publications/index.cfm>>

Relevant Literature:

- Buselich, K 2002, *An Outline of Current Thinking on Sustainability Assessment: A background paper prepared for the Western Australian State Sustainability Strategy*
- Department of Health, Western Australia 2003, *Clinical Governance: Executive Summary* <<http://www.health.wa.gov.au/safetyandquality/docs/executive%5Fsummary%5Fpaper.pdf>>
- Enduring Solutions 2001, *Consumer Participation in Accreditation: Resource Guide*
- Insurance Commission of WA 2003. *Can You Risk It?: An introduction to risk management for community organisations*, <<http://www.icwa.wa.gov.au/cif/cifcanyouriskit.pdf>>

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CONSUMER PERFORMANCE INDICATORS

Core performance indicators for treatment services are to be measured, allowing for a comparison of consumer scores for a number of key areas of consumer functioning from the beginning to the end of treatment and at follow up at between one to three months after treatment.

Service strategies are to be developed to ensure as many consumers as possible respond to these performance indicators at the beginning, end and at follow up. The numbers of responses received from consumers at the beginning, end and at follow up are to be recorded to enable an evaluation of the strategy. Also a comparison between time frames of the average scores on each functioning area will inform any organisational planning process.

The areas of functioning to be measured for drug users, as determined by the consumer include¹:

- Reduction in alcohol and/or other drug use;
- Reduction in overdose risk and blood borne disease risk behaviour;
- Improvement in social functioning;
- Improvement in physical health;
- Improvement in psychological adjustment;
- Reduction in criminal behaviour; and
- Client satisfaction assessment.

Different functioning may be measured for significant others/people attending the service as a result of someone else's drug use.

1. Best Practice in Alcohol and Other Drug Interventions Working Group 2000, *Evidence Based Practice Indicators for Alcohol and Other Drug Interventions: Literature Review*, p.55

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CONSUMER SATISFACTION ASSESSMENT

Consumer satisfaction assessment is potentially broad. Services are encouraged to consider the feedback that would be of most use in informing their planning processes. The “Client Satisfaction Questionnaire” is a standard assessment instrument that may be adapted to incorporate additional information or feedback required by the service¹.

Strategies for receiving responses from a wide range of consumers need to be implemented, utilising a range of information gathering techniques such as questionnaires, focus groups, etc. To maximise the range of responses a snap shot approach, collecting feedback from all engaged consumers over a two week period twice a year may adequately provide the information needed.

To inform the service of its effectiveness in meeting the performance expectations, feedback from consumers may include the following areas identified as potential feedback considerations:

- Awareness of the consumer rights and responsibilities;
- Access to the service’s consumer rights and responsibilities policies and procedures where needed;
- Specific satisfaction with the level of options of service delivery offered;
- Specific satisfaction with the level of involvement/participation in planning and informing the service;
- Specific satisfaction with, and view of the adequacy and of the service provided in terms of meeting needs;
- Specific satisfaction with the relevance and efficacy of program content;
- Specific satisfaction with the experience of case management;
- Specific satisfaction with WA Comprehensive Diversion Program service provided;
- Assessment of the quality of interaction at the service;
- Specific satisfaction with the waiting list times experienced;
- Specific satisfaction with the screening/assessment process in providing a suitable service plan;
- Specific satisfaction with the negotiation process to establish a service approach;
- Specific satisfaction with the harm reduction information received.

1. Best Practice in Alcohol and Other Drug Interventions Working Group 2000, *A Guide for Counsellors Working with Alcohol and Other Drug Users: Core Counselling Skills*.

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CONSUMER SERVICE CHECKLIST

(Template Only)

On Intake	Y	N	N/A
• Has an existing file been determined or new file created?			
• Has a thorough assessment been conducted to determine suitability for entry?			
• Has the consumer been informed of their service options for consideration?			
• Have the required data and information been collected?			
• Has the consumer been provided with any program induction information?			
• Has the consumer been informed of any costs associated with the service provision?			
• Has the consumer been informed of the service they can expect once engaged?			
• Has the consumer been informed of privacy issues, with signed consent obtained for any disclosure to another service?			
• Has the consumer been informed of any case management obligations in terms of disclosure?			
• Has the source of referral been established with relevant paperwork completed?			
• Has a response to the referral source been made informing them of the engagement or not of the consumer, and the suitability of the referral?			
• Has the consumer been informed of their rights and responsibilities?			
• Has it been determined if the consumer needs a GP contact?			
• Have the consumer's network of relevant professional support been established?			
• Has the consumer's support from family/significant others been established with relevant services offered to them?			
• Has the consumer been informed of their right to access their personal record with a staff member present? (see Privacy & Confidentiality Policy)			
• Has the consumer been provided with information on how to access 24 hour support in case of emergencies?			
During Service	Y	N	N/A
• Has a record of all service contacts been made?			
• Has the consumer received harm reduction information and with harm reduction strategies discussed?			
• Has the consumer's file been stored in a secure location at all times?			
• Has the consumer accessed their personal records?			

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On Exit	Y	N	N/A
• Will the consumer be continuing in another program offered by the service?			
• Has informed consent been obtained for any follow up procedures?			
• Has a referral to another service been arranged for the consumer?			
• Has all exit information been entered in the consumer's record and the file closed?			
• Has the consumer's file been stored in a secure location to be retained for the required length of time?			
• Have all requirements from the case manager been fulfilled?			

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STAFFING, DEVELOPMENT AND SUPPORT

PERFORMANCE EXPECTATION 4:

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

PRACTICES:

4.1 STAFF CREDENTIALS

The service ensures all staff have, or are in the process of attaining, AOD knowledge, up-to-date generic counselling skills, and/or cross-cultural training to support an empowerment framework, as appropriate for the service they provide

4.2 PERSONNEL AND TEAM DEVELOPMENT

The service has accessible written personnel and team development policies, procedures and strategies, which are periodically reviewed for maximum effectiveness

4.3 MANAGEMENT DEVELOPMENT AND SUPPORT

The service actively supports the professional development of managers

4.4 OCCUPATIONAL SAFETY AND HEALTH

The service is able to demonstrate its compliance with the requirements of the *Occupational Safety and Health Act 1984* and has regularly reviewed staff safety policies and procedures

4.5 EQUAL OPPORTUNITY

The service is able to demonstrate its compliance with the requirements of the *Equal Opportunity Act 1984* and has regularly reviewed policies and procedures pertinent to equal opportunity

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[Letterhead/Name of Agency/Service]

OCCUPATIONAL SAFETY AND HEALTH POLICY

(Template Only)

Signed:

.....
Agency Representative

Date Adopted:/...../.....

Review By:/...../.....

Date Revised:/...../.....

It is recommended that policies and procedures that cover occupational safety and health are developed by agencies providing alcohol and other drug treatment and support services. The following basic template provides issues that services could consider in developing or reviewing their own policies and procedures in this area. Services can adopt, modify to make more specific, add to or delete parts of this template, or develop their own completely different policies and procedures.

It is essential that the service's policies and procedures abide by any relevant legislation and are applicable to the specific practice of the service.

Consideration should be given to involving the service team, representative consumers and/or other stakeholders in the development of your service's occupational safety and health policy, ensuring the language is appropriate to, and understandable by, the service staff and consumers where appropriate.

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OCCUPATIONAL SAFETY AND HEALTH POLICY

(Template Only)

1. DEFINITIONS

1.1 Occupational Safety and Health relates to the promotion and improvement of standards of safety and health at work;

1.2 Occupational safety and health relates to a variety of work related “hazards,” including:

- Social and psychological factors;
- Physical and environmental factors; and
- General hazards.

1.2.1 Social and psychological factors

Where the psychological and social needs of an individual are not matched with the demands of work, stress may result. Stress is often beneficial and helps us to perform new, complex and challenging tasks. When the situations challenging us are too intense, continuous or repeated, then stress can become a negative experience. Factors that contribute to a person’s psychological health and satisfaction at work include:

Organisational considerations:

- Variety of tasks, work paces and mobility;
- Autonomy, including participation in decision making;
- Ownership and identity, with responsibility for completion of tasks;
- Feedback on the effectiveness of a person’s performance;
- Social contact with other people balanced with the person’s choice of privacy;
- Achievement;
- Opportunities for learning and development;
- Opportunities for professional development including supervision (internal or external as required professionally);
- A balanced and appropriate level of work determined through consultation;
- Introducing, and regularly reviewing, security measures;
- Providing an Employee Assistance Program (EAP);
- Debriefing/defusing opportunities;
- Offering flexibility, considering personal contextual situations e.g. child care responsibilities etc.;
- Sustainable workloads;
- Consistent quality supportive leadership;
- Confidential internal grievance/dispute resolution mechanisms between staff and between staff and management;

Individual considerations:

- Time management; and
- Stretching and relaxation.

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1.2.2 Physical and environmental factors

Different people have different needs, capacities and limits. Such physical abilities need to be matched to work environment designs. Clear guidelines exist to inform generic environment and office layout factors. Issues to consider include:

- Outreach/mobile staff safety strategies such as working in pairs, staff awareness of safety assessment, personal warning alarms, and/or mobile phone and emergency number access;
- In regional and remote areas; the provision of satellite phones to outreach staff, scheduling of travel times and spacing of work activities to ensure adequate rest periods, provision of safe accommodation for staff when working away from home, regular contact checks to ensure worker safety and the location of counselling venues in outlying areas that are safe for both consumers and staff;
- Policy and procedures relating to the use and regular maintenance of vehicles;
- Strategies for ensuring the safety of lone workers, for example overnight supervisors in residential settings. Strategies may include introducing safety areas, escape routes, emergency alarms/button connected to security, etc.;
- Reducing manual handling (lifting, pulling, pushing, carrying or otherwise moving animate or inanimate objects);
- Reducing the risk of musculoskeletal disorders such as Occupational Overuse Syndrome or Repetitive Strain Injuries;
- Ensuring appropriate lighting, and reducing glare and reflection;
- Reducing disturbing noise and ensuring some speech privacy;
- Ensuring air quality and thermal comfort, with airflow directed away from workstations;
- Adequate office and floor space;
- Ensuring appropriate workstation design, including chairs, to support posture and mobility;
- Ensuring all office equipment, from staplers, storage systems and computers, are regularly reviewed for safety.

1.2.3 General hazards

Specific policies may be developed and implemented for many workplace safety and health issues, including:

- Smoking in the workplace;
- Management of blood-borne diseases;
- Infection control procedures;
- Alcohol and other drug use and intoxication;
- Injuries and first aid, including needle stick injury;
- Fire and other emergencies;
- Critical incident management and post incident support;
- Personal assault emergencies;
- Harassment (including bullying, sexual etc.); and
- Early intervention and occupational rehabilitation.

Other general issues to consider include:

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- Hazardous substances, such as cleaning fluids, liquid paper, etc.;
- Housekeeping, waste disposal and hygiene;
- Electrical safety; and
- Ensuring regular reviews of the structural integrity of building and compliance with local council health and fire regulations.

2. PURPOSE AND SCOPE

- 2.1 The purpose of this policy is to ensure the service is guided in providing a safe and healthy working environment for all staff;
- 2.2 In order to give effect to this commitment, training will be provided as required, in accordance with the *Occupational Safety and Health Act 1984*; and
- 2.3 All staff of the service will be made aware of, and have ready access to, the service's occupational safety and health policy, and contribute to any review of the policy and procedures based on their applicability to practice.

3. RATIONALE

Preparing a health and safety policy is an important practical step towards providing and maintaining a work environment which is safe and without risks to health. Policy is required by legislation to be developed in consultation with employees, involved unions and other such persons considered appropriate such as senior management and health and safety representative¹.

4. GENERAL PRINCIPLES

- 4.1 The service has a legal obligation to provide a healthy and safe workplace;
- 4.2 The employer has a duty of care to provide a healthy and safe working environment under occupational health and safety legislation and common law, and will take all reasonable and practicable steps to protect the health and safety of employees and act on any reported hazards; and
- 4.3 Employees of the service shall report any potential or real hazards immediately following identification, take reasonable care to ensure their own safety and health at work and to avoid adversely affecting the safety and health of any other person through any act or omission at work.

5. POLICY STATEMENT

The service will adopt a regularly reviewed hazard management approach: identifying potential hazards, determining the risks associated with the potential hazards, and implementing appropriate measures to control the risks.

6. PROCEDURES

- 6.1 Ensure all staff are aware of and have access to the service occupational safety and health policy(ies) and the *Occupational Safety and Health Act 1984*;
- 6.2 Information and/or training on reducing workplace hazards will be provided to all staff;
- 6.3 Any elected safety and health representative will be supported to attend an accredited introductory and supplementary accredited workplace safety and health training;
- 6.4 A hazard identification checklist, suited to the specific needs of the work environment, will be developed and applied via a walk-through inspection on a regular basis;

1. Commonwealth of Australia 2002, *Officewise Office Safety: A guide to health and safety in the office*, p.9
<http://www.comcare.gov.au/pdf_files/OHS_1_officewise_v2.5_aug04.pdf>

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- 6.5** The likelihood of exposure leading to injury or disease, the frequency and duration of exposure, and identifying who is likely to be affected will be factors determining the risks associated with the potential hazards and the priority for implementing control;
- 6.6** An action is to be taken on any reported hazard, and wherever possible the identified hazard is to be eliminated or mitigated;
- 6.7** Any introduced changes will be evaluated to ensure risks have been reduced or controlled as far as is practicable; and
- 6.8** A record of injuries and incidents that occur at or near the workplace will be recorded. The information recorded will be used to inform the hazard identification process.

7. STANDARDS MONITORING

The service monitors relevant standards in relation to this policy, ensuring the policy is able to be applied in practice.

8. REVIEW OF THE POLICY

This policy will be routinely reviewed as needed, based on its application to practice at the service, any amendments to relevant legislation, and feedback from consumers.

RELEVANT LEGISLATION, POLICIES, RESOURCES AND LITERATURE

Relevant Legislation:

- *Disability Discrimination Act 1992* (Cwlth)
- *Disability Services Act 1993* (WA)
- *Equal Opportunity Act 1984* (WA)
- *Occupational Safety and Health Act 1984* (WA)
- *Occupational Safety and Health Regulations 1996* (WA)
- *Safety, Rehabilitation and Compensation Act 1988* (Cwlth)

Relevant Policies:

- *Organisational Risk Management Policy*

Relevant Resources:

- Commonwealth of Australia 2002, *Officewise Office Safety: A guide to health and safety in the office*, <http://www.comcare.gov.au/pdf_files/OHS_1_officewise_v2.5_aug04.pdf>
- Worksafe: <<http://www.safetyline.wa.gov.au>>.

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[Letterhead/Name of Agency/Service]

HUMAN RESOURCE MANAGEMENT POLICY

(Template Only)

Signed:

.....
Agency Representative

Date Adopted:/...../.....

Review By:/...../.....

Date Revised:/...../.....

It is recommended that policies and procedures that cover human resource management are developed by agencies providing alcohol and other drug treatment and support services. The following basic template provides issues that services could consider in developing or reviewing their own policies and procedures in this area. Services can adopt, modify to make more specific, add to or delete parts of this template, or develop their own completely different policies and procedures.

It is essential that the service's policies and procedures abide by any relevant legislation and are applicable to the specific practice of the service.

Consideration should be given to involving the service team, representative consumers and/or other stakeholders in the development of your service's human resource management policy, ensuring the language is appropriate to, and understandable by, the service staff and consumers where appropriate.

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HUMAN RESOURCE MANAGEMENT POLICY

(Template Only)

1. DEFINITIONS

- 1.1** Human resource management policies and processes are aimed at enhancing individual and organisational effectiveness. Human resource management encompasses, but is not limited to:
- Recruitment and selection of employees;
 - Conditions and benefits of employment;
 - Performance management of staff;
 - Staff grievances; and
 - Staff development.
- 1.2** Performance management is a continuous process of reflection, negotiation, development and review, with the aim of enhancing the performance of individual staff in working towards the common vision of the service. The process involves demonstrating accountability of staff, with performance assessed in order that staff receive acknowledgment for the work they are doing and to identify their development needs that will be supported by the service;
- 1.3** Staff grievances may include any complaint or protest regarding the perceived infliction of wrong, hardship, injury, oppression, harassment, discrimination, or other unethical practice; and
- 1.4** Staff development includes any support (e.g. training, networking, or supervision) that staff may receive to enhance their performance in meeting the service's current or future needs or obligations.

2. PURPOSE AND SCOPE

- 2.1** The purpose of this policy is to ensure the service is guided in providing equitable human resource processes; and
- 2.2** All staff of the service will be made aware of, and have ready access to, the service's human resources policy, and contribute to any review of the policy and procedures based on their applicability to practice.

3. RATIONALE

Human resource management policies ensure equitable and fair recruitment, selection, conditions and development of staff. They also ensure a transparent guided process for performance management and grievance resolution. Human resource management policies enhance staff empowerment in the development of their careers and job satisfaction.

4. GENERAL PRINCIPLES

- 4.1** The service is committed to a fair and equitable employment process and employing the most appropriate people to contribute to the continuous quality improvement of the service and outcomes for the consumers;
- 4.2** The service is committed to providing fair, equitable and practicable conditions and benefits that comply with the relevant award requirements and legislation;
- 4.3** The service is committed to undertaking regular performance management in order to provide a supportive work environment for all staff;

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- 4.4** The service is committed to providing a fair process and efficient resolution for all staff grievances. The principles of natural justice and equal employment opportunity will be applied to the resolution of any staff grievances to ensure resolution decisions are fair and unbiased. These include:
- Employees have the right to be fully informed of all the details surrounding complaints made against them, with discussion on how they will/may be affected as a result of the complaint;
 - Employees have the right to be provided with the opportunity to present their case and be heard before any decisions are made;
 - Employees have the right to obtain the advice of a suitably qualified person and be accompanied to meetings by a person of their choice;
 - Employees have the right to be treated with respect, fairness and equity, and to be protected against victimisation, harassment or discrimination as a result of making a complaint or having a complaint made against them;
 - Employees are to participate in the decision making process and comment on the possible bias of any person involved in the grievance resolution process.
- 4.5** The service is committed to assisting and supporting staff in improving their performance and developing a career pathway, as much as is practicable and informed by the staff duty statement, through reviewing performance and development objectives in consultation with the individual staff members.

5. POLICY STATEMENT

- 5.1** The service complies with Equal Employment Opportunity principles in selecting and recruiting staff;
- 5.2** The service complies with the relevant minimum award requirements in offering fair and equitable conditions for all staff;
- 5.3** The service will monitor and support all staff in meeting the service objectives and developing a career pathway as far as is practicable;
- 5.4** The service complies with Industrial Relations requirements in managing performance;
- 5.5** The service offers a fair and equitable conflict resolution process for staff grievances.

6. PROCEDURES

6.1 Recruitment and selection

- The need to fill a vacancy will be determined based on the service's human resource planning process identifying the service's current and future needs and obligations;
- The service seeks to attract the best available staff to meet the service's current and future needs and obligations;
- Applications for vacancies are strictly confidential and access is restricted to those directly involved in the selection process;
- All vacant positions, with limited exceptions such as where the position is short term, will be advertised (including circulating vacancy notices to maximise the diversity of applications). This is so that the most suitable person for the position can be selected;
- Selection criteria will be prepared for every vacant position. Selection criteria supply the means by which a selection committee can assess the relative merit of applicants and ensure that the assessment in shortlisting, interviewing and the reference checking stages is made on the same bases for all applicants and provides the basis for the selection decision. The selection criteria will:

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- Identify the main purpose of the position;
 - Identify the duties or responsibilities which must be performed to achieve this purpose;
 - Determine the indicators of successful performance of these duties; and
 - Determine the essential and desirable qualifications, skills, knowledge and experience required.
- The service management will determine the composition of the selection committee or alternative selection method such as trial placement, based on the appropriateness for the position. In general a committee shall be comprised of:
 - At least one member from both sexes to provide gender balance;
 - At least one member with knowledge of the expertise required in the position; and
 - At least one member from outside the immediate work area.
 - The selection committee will be responsible for developing the short listing and interview rating scale, conducting the selection interviews, and preparing a selection report;
 - The selection decision shall be based on the applicants meeting the selection criteria evident in their:
 - Written application;
 - Interview; and
 - Referees' reports. (It is advisable that one of these referees should include the applicant's immediate past Manager or Supervisor).
 - The selection report to be signed by all selection committee members will include:
 - The reason for the choice;
 - Direct evidence that the recommended applicant meets the selection criteria;
 - Names of referees contacted; and
 - A brief statement on all short listed applications referring explicitly to their competitiveness in relation to the selection criteria and the selected candidate.
 - Every effort should be made to complete the selection process in a timely fashion, informing successful and unsuccessful applicants as soon as possible once a decision has been made;
 - All internal applicants who were interviewed, but not successful, will be verbally advised of the outcome and offered the opportunity to obtain feedback; and
 - Feedback to other unsuccessful applicants will be provided if requested.
 - New staff will be offered an induction process in order that they can become familiar with the organisation, relevant policies and procedures, the service's code of conduct, and the requirements of the position via the job description;
 - A three month probation contract will be offered to the successful applicant. Before the three months probationary period is up a performance management review will be conducted to finally determine the suitability of the employee and any permanency of the employment contract;
 - A job description, to be used as a guide for performance management, will be developed and reviewed on a regular basis. The job description will be informed by the industrial awards requirements; and

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- Consider staff developing work plans with specific achievable actions to be discussed in supervision and to inform performance management.

6.2 Conditions and benefits of employment

- Specific policies shall be prepared where the conditions and benefits differ from the industrial award or have been negotiated with the staff;

CONDITIONS AND BENEFITS OPTIONS*

- Job rotation strategies;
- Flexible working hours/rostered days off;
- Shift work benefits;
- Overtime and time off in lieu of overtime;
- Private usage of company resources;
- Break periods;
- Staff parking and use of organisation vehicles;
- Security;
- External/additional employment with clear barriers between work at the service and any private practice;
- Working from home;
- Conditions for employment of previous consumers or other former AOD service consumers;
- Child care;
- Public relations;
- Suggestions/feedback schemes;
- Fringe benefits;
- Pay reviews and improved remuneration strategies;
- Incentives and bonus payments;
- Special duties and project work allowances;
- Travel, accommodation and business expenses;
- Staff loans;
- Employee Assistance Program;
- Journal subscriptions, professional membership;
- Training and development allowances;
- Staff support including professional/clinical supervision;
- Study leave;
- Maternity/paternity leave; and
- Superannuation schemes.

* This list of options is offered as suggestions only and is not meant to prescribe or limit the approach services take.

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6.3 Performance management

- After the three month probationary review, a performance management review will take place at least annually in the form of free, open and positive discussions. The discussion will relate to the duty statement, the performance of duties and outcomes over the past year, agreed performance parameters and future plans;
- Each staff member is responsible for carrying out the duties identified in his/her conditions of employment as stated in their job description;
- Once poor performance or misconduct is identified, the issue will be dealt with through a performance management process as soon as possible;

6.3.1 Breaches of discipline, including behaviour that breaches established standards or codes, and any improper conduct towards a consumer or fellow worker, will be performance managed in accordance with principles of natural justice, i.e. fairly, with a right of reply, and with no pre-judgement. Where a breach has been established appropriate disciplinary procedures will be followed. The employer has the right to summarily dismiss an employee for misconduct if:

- The misconduct is of a serious nature and is related to the duties of the employee and/or their abilities in relation to such duties;
- Principles of natural justice have been followed;
- The employer has been able to substantiate the case.

6.3.2 Management of poor performance, where the minimum requirements of the position as outlined in the job description/duty statement have not been met, or in the event of a misdemeanour, will involve:

- Maintaining a record of the issues, process followed, discussions held and any outcomes;
- A meeting between the manager and the employee, with the employee entitled to have a support person (a fellow employee, job delegate, or union official) attend. At this meeting the employee will be advised that the conduct or action is not acceptable and the reasons why;
- The employee being invited to provide a written or verbal comment by a given time frame;
 - If the explanation is satisfactory the matter ends, with the record securely stored in the employee's personal file;
 - If the explanation is unsatisfactory then a letter of first formal warning will be issued clearly indicating the improvements required. A copy of this letter, signed by the employee indicating they have received the letter and understand the content, will be securely stored in the employee's personal file. The employee will also be informed that any future offences may result in more significant action.
- A further meeting between the manager and the employee if unsatisfactory performance or behaviour persists. Once again the employee will be entitled to have a support person attend, and will be offered the same options of being invited to provide a written or verbal comment by a given time frame once they are advised that the conduct or action is not acceptable and the reasons why;
 - If it is considered necessary for the warning to proceed, the employee is to be informed that unless performance reaches the required standard by a stipulated date or if there is a further incident of unacceptable behaviour, termination of employment may result. The final warning will be presented to the employee, with

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a signed copy indicating they have received a copy and understood the content shall be securely stored in the employee's personal file;

- The threat of termination will not be used unless the management intends to follow through with the action if performance does not improve.
- When the manager believes that an employee's continued poor performance or conduct warrants dismissal:
 - The manager will check that the disciplinary procedure has been followed, with records including dates and reasons for previous warnings;
 - The relevant union will be contacted and advised of the service's intention (with a meeting organised between the manager, the union official and the employee if necessary);
 - A termination letter will be prepared and presented to the employee.
- An employee who receives a third formal warning within a 12 months period may be dismissed on the third warning.

6.4 Staff grievance

- When the behaviour of another staff member impacts on the effectiveness and sense of personal well-being of an employee, it is the employee's responsibility to identify these behaviours. This can be done in the form of personal notes which specify the occasions on which the behaviour occurred and how it has impacted on his/her work environment;
- In general and as a first step, it is appropriate that the individual who is affected by the behaviour of another person approach the other party directly to seek resolution, if possible. Prior to doing so the staff member may wish to contact an employee assistance program counsellor for guidance;
- If speaking directly to the other party proves difficult or inappropriate, the staff member is encouraged to raise the concern laying out the facts as he/she sees them, with management. In this meeting a complainant is entitled to be accompanied by a neutral third person to provide support (e.g. a colleague or co-worker who has agreed to keep confidentiality) if he/she wishes;
- Generally, it is inappropriate to discuss the issue with others in the work environment. This is unlikely to be effective and, may be construed as gossip and result in divisive consequences;
- The complainant is encouraged to access the Employee Assistance Program for support through this process; and
- The service management will endeavour to resolve all staff grievances fairly and equitably.

6.5 Staff development

- A training and development budget is developed to ensure all staff are able to be encouraged to, and have the opportunity to, regularly access appropriate development activities and attend training in line with service agreements;
- A staff professional development plan will be developed and regularly reviewed in negotiation with staff, determining the appropriate areas of training that support the service's current and future planned priorities, staff requirements for updates in training, and staff determined career development;
- All relevant clinical staff will have, or be in the process of attaining relevant, AOD knowledge, up-to-date generic counselling skills, and/or cross-cultural training to support an empowerment framework, as appropriate for the service they provide;
- Staff will be supported to apply relevant training in the workplace and share service supported learning with other staff;

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- On-the-job and in-house training and development will be provided, drawing equitably from the skills and expertise of all staff;
- Staff will be provided with the opportunity to access relevant research and literature to support their development;
- Staff will be provided with the opportunity to participate in relevant Communities of Practice to support professional development and to establish mutually beneficial networks of colleagues;
- Staff will receive appropriate supervision with the aim to:
 - Enhance clinical practice and outcomes for consumers;
 - Fulfil the goals of the service and meet ethical, professional and best practice standards; and
 - Provide personal support and encouragement in relation to the employee's professional practice.
- Management will receive support where needed for the development of their skills in:
 - Consistent quality leadership that engenders a collective sense of identity and purpose;
 - Facilitating meetings and group discussions;
 - Representing and marketing the service;
 - Managing risk;
 - Supporting staff, performance management and resolving conflicts;
 - Planning, organisation development and managing organisational change;
 - Policy development and implementation;
 - Partnership development;
 - Stress management; and
 - Financial management.

7. STANDARDS MONITORING

The service monitors relevant standards in relation to this policy, ensuring the policy is able to be applied in practice.

8. REVIEW OF THE POLICY

This policy will be routinely reviewed as needed, based on its application to practice at the service, any amendments to relevant legislation, and feedback from consumers.

RELEVANT LEGISLATION, POLICIES, RESOURCES AND LITERATURE

Relevant Legislation:

- Award Standards (as relevant - Public Sector Standards, *Public Sector Management Act 1994*, Social and Community Services Award Standards etc.)
- *Disability Discrimination Act 1992* (Cwlth)
- *Disability Services Act 1993* (WA)
- *Employer Employee Agreements*, <<http://www.wairc.wa.gov.au>>
- *Equal Opportunity Act 1984* (WA)

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- *Human Rights and Equal Opportunity Commission Act 1986* (Cwlth), <<http://www.austlii.law.uts.edu.au/au/other/media.OLD/4741.html>>
- *Industrial Relations Reform Act 1993* (Cwlth)
- *Minimum Conditions of Employment Act 1993* (WA)
- *Occupational Safety and Health Act 1984* (WA)

Relevant Literature

- Management Standards Consultancy, Healthwork UK 2001, *A Competent Workforce to Tackle Substance Misuse: An Analysis of the Need for National Occupational Standards in the Drug and Alcohol Sector*, <<http://www.drugs.gov.uk/ReportsandPublications/NationalStrategy/1048593326>>
- Scrivener, N 2002, *Employment Pathway Framework: Building Health Service Capacity*, Department of Health, Western Australia, <<http://www.health.wa.gov.au/safetyandquality/EmploymentPathway/materials/docs/Employ%20Pathway%20September%202002.pdf>>

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STAFF FEEDBACK

Services are encouraged to consider the feedback that would be of most use in informing their planning processes. The feedback from staff may also be of use in informing performance management processes, identifying staff training needs etc.

To inform the service of its effectiveness in meeting the performance indicators feedback from staff may include the following areas identified as potential feedback considerations:

- View of the fit between qualifications and practice requirements at the service;
- View of the fit between staff duty statement/job description and practice;
- Awareness of and view on the practical effectiveness of the policies and procedures including:
 - Privacy and confidentiality;
 - Complaints and feedback;
 - Consumer rights and responsibilities;
 - Consumer advocacy;
 - Consumer participation;
 - Interaction and non-discrimination;
 - Harm reduction;
 - Delivery of service;
 - Clinical governance and risk management;
 - Evaluation;
 - Occupational safety and health;
 - Human resource management including grievance procedures; and
 - Partnership and enhanced integration.
- Views re discussing rights and responsibilities with consumers;
- List and views of the effectiveness of any training and development received, especially in terms of applicability;
- Awareness and views of the effectiveness of any inter-service linkages/partnerships and agreements;
- Awareness and views on the effectiveness of the entry criteria;
- Awareness and views on the effectiveness of the service's screening and/or assessment, and service options able to be offered to consumers;
- Awareness and views on the effectiveness of the available information on other services used to refer consumers, the referral requirements and transfer of information consent form;
- Awareness and views on the effectiveness of the service's practice principles and goals;
- Understanding and views on the effectiveness of harm reduction issues and strategies;
- Views on the appropriateness of the performance indicators and consumer satisfaction assessment tools, and the effectiveness of the service's strategy to maximise response;
- Awareness of record management and data collection requirements; and
- Awareness and views on the effectiveness of the organisation's values, aims, objectives etc.

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ORGANISATIONAL GOVERNANCE AND MANAGEMENT

PERFORMANCE EXPECTATION 5:

Governance and management practices maximise organisational efficiency, transparency, effectiveness and ensure accountability.

PRACTICES:

5.1 COMPLIANCE WITH CONSTITUTION AND SERVICE AGREEMENT

The organisation operates according to its contractual obligations and service description as negotiated and determined in its Service Agreement, and the requirements of its constitution.

5.2 DEFINED AND DOCUMENTED ROLES AND RESPONSIBILITIES

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

5.3 FINANCIAL MANAGEMENT

Written financial management policies and procedures are in place in relation to the responsibilities and authorities of Board of Management/Management Committee office bearers and other members, and paid staff.

5.4 RISK MANAGEMENT

The service has completed a risk management assessment and developed written policies and procedures for identified risks, reviewing processes as needed to ensure risks are minimised.

5.5 HUMAN RESOURCE MANAGEMENT POLICIES AND PROCEDURES

The service has written and regularly reviewed human resource management policies and procedures.

5.6 DATA MANAGEMENT

The service has policies and procedures to ensure the integrity of data collected and is open and transparent in regards to how the data is used.

5.7 ORGANISATIONAL PLANNING PROCESS

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

5.8 PARTNERSHIP AND INTEGRATION

The service collaborates with primary stakeholders and other community services and has developed policies, procedures and partnership agreements for continuous improvement of systemic inter-agency and inter-sectoral relationships to ensure better outcomes for consumers.

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[Letterhead/Name of Agency/Service]

ORGANISATIONAL RISK MANAGEMENT POLICY

(Template Only)

Signed:

.....
Agency Representative

Date Adopted:/...../.....

Review By:/...../.....

Date Revised:/...../.....

It is recommended that policies and procedures that cover risk management are developed by agencies providing alcohol and other drug treatment and support services. The following basic template provides issues that services could consider in developing or reviewing their own policies and procedures in this area. Services can adopt, modify to make more specific, add to or delete parts of this template, or develop their own completely different policies and procedures.

It is essential that the service's policies and procedures abide by any relevant legislation and are applicable to the specific practice of the service.

Consideration should be given to involving the service team, representative consumers and/or other stakeholders in the development of your service's risk management policy, ensuring the language is appropriate to, and understandable by, the service staff and consumers where appropriate.

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ORGANISATIONAL RISK MANAGEMENT POLICY

(Template Only)

1. DEFINITION

Risk management is the culture, processes and structures that are directed towards the effective management of potential opportunities and adverse effects. Risk is the chance of something happening that will have an impact upon the objectives of the service. It is measured in terms of likelihood and consequences that an incident or accident may happen, preventing the service from successfully achieving what it intends to do¹.

2. PURPOSE AND SCOPE

- 2.1 The purpose of this policy is to ensure the service is guided in developing and implementing a risk management plan for the organisation in its strategic and operational planning process, incorporating clinical governance/risk management and community safety considerations.
- 2.2 All staff, management and board members of the service will be made aware of the organisational risk management policy, with all contributing to regular reviews of the policy and procedures based on its applicability to current practice.

3. RATIONALE

Risk management:

- Assists agencies to reduce the likelihood of unexpected adverse events and ensuing costs;
- Encourages consumer confidence in the service provider and promotes better outcomes for consumers;
- Assists with strategic planning, more effective and efficient use of resources, defining insurance needs and obtaining insurance cover;
- Provides a framework for compliance with regulatory requirements; and
- Leads to more informed organisational decision making.

4. GENERAL PRINCIPLES

- 4.1 Risk management is the responsibility of the staff, management and board members of the organisation;
- 4.2 Risk management is a continuous process that is regularly reviewed;
- 4.3 Risk assessments incorporating strategic, operational and clinical governance areas are carried out for existing services and any new project, program or initiative;
- 4.4 Risk management plans form part of organisational planning processes.

5. POLICY STATEMENT

The service is accountable and responsible for the quality of its service provision, undertaking systematic risk assessments and developing comprehensive risk management plans to optimise the safety of consumers and staff and enhance the service's relationship with other organisations and the general community.

1. Insurance Commission of WA 2003, *Can You Risk It?: An introduction to risk management for community organisations*. <<http://www.icwa.wa.gov.au/cif/cifcanyouriskit.pdf>>

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6. PROCEDURES

- 6.1** The service develops a risk management plan through communication and consultation with consumers, staff and board members.
- 6.2** A risk management process includes:
- Establishing the organisation-specific context in which risk management will be undertaken, taking into account the service's objectives and capabilities, the scope of its activities and the extent of risk management required, the resources to be deployed and the criteria for assessing, treating and accepting risk;
 - Delineating the boundaries for each specific risk assessment by defining the activity areas and inherent processes where risk may occur. Risk is examined on three levels:
 1. *Strategic*
Risks associated with long-term organisational goals, objectives and strategies
 2. *Operational*
Risks associated with the service's daily activities including financial and administrative functions
 3. *Project/Program/Event and Clinical/Practice Governance*
Risks associated with specific new or existing projects, including planning and implementation. Risks associated with clinical/practice issues, as identified by service staff through linked processes in clinical/practice governance policy;
 - Identifying risks through an examination of relevant literature, industry experience, service data and input from consumers, staff, board and other stakeholders. Undertaking an analysis of the service's systems and processes to identify key areas of concern, listing risks that may occur and the factors that may contribute to them;
 - Assessing risks in terms of likelihood and consequences to identify unacceptable and acceptable risks and facilitate prioritisation of risk reduction, control and treatment. Identifying those risks that may need to be transferred via insurance or contracting out; and
 - Implementing new risk controls or enhancing existing control mechanisms to reduce the likelihood and consequences of identified risks. Consider the options of transferring risk via insurance for example or avoiding the risk by ceasing those activities deemed excessively problematic after cost/ benefit analysis.
- 6.3** The service regularly monitors and reviews risk management processes and plans to ensure currency and relevance to service provision.

7. STANDARDS MONITORING

The service monitors relevant standards in relation to this policy, ensuring the policy is able to be applied in practice.

8. REVIEW OF THE POLICY

This policy will be routinely reviewed as needed, based on its application to practice at the service, any amendments to relevant legislation, and feedback from consumers.

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RELEVANT LEGISLATION, POLICIES, RESOURCES AND LITERATURE

Relevant Legislation:

- *Associations Incorporation Act 1987 (WA)*
- *Civil Liability Act 2002 (WA)*
- *Equal Opportunity Act 1984 (WA)*
- *Insurance Commission of Western Australia (Amendment) Act 2002 (WA)*
- *Occupational Safety and Health Act 1984 (WA)*
- *Volunteers (Protection from Liability) Act 2002 (WA)*

Relevant Policies:

- Organisational Clinical Governance Policy
- Organisational Occupational Safety and Health Policy
- *Western Australian Strategic Plan for Safety and Quality in Health Care 2003 – 2008*, <<http://www.health.wa.gov.au/safetyandquality/publications/index.cfm>>

Relevant Literature:

- Buselich, K 2002, *An Outline of Current Thinking on Sustainability Assessment: A background paper prepared for the Western Australian State Sustainability Strategy*
- Department of Health, Western Australia 2003, *Clinical Governance: Executive Summary*, <<http://www.health.wa.gov.au/safetyandquality/docs/executive%5Fsummary%5Fpaper.pdf>>
- Enduring Solutions 2001, *Consumer Participation in Accreditation: Resource Guide*
- Insurance Commission of WA 2003, *Can You Risk It?: An introduction to risk management for community organisations*, <<http://www.icwa.wa.gov.au/cif/cifcanyouriskit.pdf>>

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[Letterhead/Name of Agency/Service]

PARTNERSHIP AND ENHANCED INTEGRATION POLICY

(Template Only)

Signed:

.....
Agency Representative

Date Adopted:/...../.....

Review By:/...../.....

Date Revised:/...../.....

It is recommended that policies and procedures that cover partnership and integration are developed by agencies providing alcohol and other drug treatment and support services. The following basic template provides issues that services could consider in developing or reviewing their own policies and procedures in this area. Services can adopt, modify to make more specific, add to or delete parts of this template, or develop their own completely different policies and procedures.

It is essential that the service's policies and procedures abide by any relevant legislation and are applicable to the specific practice of the service.

Consideration should be given to involving the service team, representative consumers and/or other stakeholders in the development of your service's partnership and integration policy, ensuring the language is appropriate to, and understandable by, the service staff and consumers where appropriate.

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PARTNERSHIP AND ENHANCED INTEGRATION POLICY

(Template Only)

1. DEFINITIONS

- 1.1 A partnership is an agreement between two or more partners to work together to achieve common aims.
- 1.2 Service integration is a strategic coordination approach where services work together to improve access and provide continuity of care¹.

2. PURPOSE AND SCOPE

- 2.1 The purpose of this policy is to ensure the service is guided in developing partnerships for enhanced integration and improved outcomes for its consumers.
- 2.2 Different partnerships may include:
 - Referrals to the service as a through care, shared care, or case management (e.g. the police and court diversion partnerships) approach;
 - Referrals from the service to another organisation as a through care, shared care, or case management approach;
 - Specific service provision requested of the service, for example providing support to a school for addressing drug use issues, assisting in the development of a drug policy, and counselling at risk young people and their parents;
 - Co-location with other services; and
 - Joint-funded projects.
- 2.3 This policy applies to all partnership relationships the service has with other organisations, including referring and referral organisations for through care, shared care, and case management;
- 2.4 All staff of the service will be made aware of the partnership and enhanced integration policy(ies), and contribute to any review of the policy(ies) and procedures based on their applicability to practice.

3. RATIONALE

- 3.1 The benefits of partnerships with enhanced integration, generally, for consumers includes:
 - Improved access;
 - Continuity of care, reduced fragmentation of service delivery, and smooth transitions between services to better meet the consumer's needs in a systemic framework;
 - Meeting complex needs and ensuring consumers get the care and information that they need;
 - Improved inter-agency and across sector relationships, such as practice information sharing to formulate improved understanding of trends, research, and evidence based practice;
 - An effective process for addressing gaps in services, and ensuring services are not working against each other or duplicating service provision; and
 - Improved quality by ensuring a more holistic approach.

¹ Joseph Rowntree Foundation 2003, *Developing People, Regenerating Place: Achieving greater integration for local area regeneration*, <<http://www.jrf.org.uk/knowledge/findings/housing/pdf/753.pdf>>

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3.2 The rationale for working in partnerships with GPs, specifically, includes:

- 85% of Australians visit their GP every year and on average most people see their GP 6 times per year;
- GPs do not need more patients, there is a shortage of GPs, particularly in rural and remote areas²;
- People with alcohol or other drug disorders show consistently the worst physical disease outcomes of all psychiatric diagnostic groups, with significantly elevated rates of almost all physical conditions compared with the general population. These conditions include cancers preventable with early diagnosis, infectious diseases, nutritional deficiencies, circulatory system diseases, diseases of other major body systems, and injury and poisoning³.

3.3 The rationale for working in partnership with mental health service providers, specifically, includes:

- Approximately 25% of Australians with mental health disorders also have co-occurring drug dependencies;
- Approximately 50% of Australians with serious mental illness (i.e. schizophrenia and bipolar disorders) are likely to develop a co-occurring drug dependency over their life time;
- 75 – 80% of Australians with combat induced post traumatic stress disorder or anti social personality disorder also report co-occurring drug dependencies;
- Approximately 33% of Australians with mental health disorders such as anxiety and depression also report co-occurring drug dependencies;
- Approximately 50% of Australians attending drug agencies have a co-occurring mental health disorder⁴; and
- People with co-occurring mental health and drug issues have higher levels of hospitalisation, incarceration, suicide, homicide, housing instability, unemployment, financial difficulties, and display less self-care and treatment compliance, requiring more complex care⁵.

3.4 The rationale for working in partnership with diversion services, specifically, includes:

- Diversion into education and/or treatment reduces the number of people entering the correctional system;
- Treatment and support is a cost effective alternative to addressing issues in a correctional system;
- Indicators show that coercion into treatment is equally as effective as voluntary entry;
- It reinforces the Australian perspective that alcohol and other drug use is a health and wellness issue rather than a punitive issue; and
- Offers the opportunity to normalise drug use across the community.

² GP Liaison Program, DAO.

³ Lawrence, D, Holman, D, & Jablensky, A 2001, *Duty to Care: Preventable physical illness in people with mental illness*. University of Western Australia. (The report can be downloaded from the Department of Public Health web site: <<http://www.dph.uwa.edu.au>>)

⁴ Saunders, B & Robinson, S 2002, 'Co-occurring mental health and drug dependency disorders: Work-force development challenges for the AOD field', *Drug and Alcohol Review*, vol. 21, pp. 231-237.

⁵ Department of Health, Western Australia 2001, *Alcohol, Drugs and Psychiatric Treatment (ADAPT) Policy: A framework for development*.

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4. GENERAL PRINCIPLES

Partnerships may include formal or informal agreements between services and generally require:

- Common goals in terms of the consumer outcomes;
- Mutual agreement of the need for service partners to work together;
- An awareness of the benefits of working in partnership and conversely the disadvantages of being excluded from the partnership;
- Commitment of the service managers and staff involved to establish and maintain working relationships;
- A willingness to work with services that have different cultural/philosophical approaches (for example if the service culture is that of a not-for-profit organisation or not, or the principle is one of abstinence or harm reduction).

5. POLICY STATEMENT

- 5.1 Management and staff are committed to actively developing and working in partnership with other organisations for improved outcomes for consumers;
- 5.2 Signed informed consent from the consumer is required before any transfer of information between service partners;
- 5.3 Unless otherwise stated in a formal agreement, the service provided in any partnership agreement will be as stated in the Delivery of Service Policy;
- 5.4 Requirements for improved partnership relationships will be addressed and continually reviewed including regular communications between relevant personnel from each service partner;
- 5.5 Formal partnership agreements or protocols will be established as appropriate when services and staff require guidance as appropriate.

6. PROCEDURES

6.1 Establishing a partnership

- Identify the need (i.e. that it will not be a duplication of service) and benefits of the partnership;
- Establish the goal/aims and objectives of the partnership in terms of improved consumer outcomes;
- Determine any resources required to maintain the partnership (for example insurance or other legal requirements for the provision of service), and establish if the service budget can maintain the partnership;
- Clarify the delineation between service partners, and the service specific roles, boundaries, and parameters expected of each service partner;
- Communicate the service principles, culture, and philosophy to ensure these are considered in the partnership;
- Identify the information required by each service partner to maximise the benefits for the consumer (e.g. particular risk factors), the process of exchanging this information (i.e. accompanied by signed consent) and each service's limits to confidentiality;
- Identify any feedback or report expectations and requirements of each service partner, and the process of providing this information;

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- Identify the partnership review procedure, including regularity of meetings/communication to provide feedback on the partnership effectiveness from the perspective of the service partners; and
- Document the principles agreed upon by the service partners.

6.2 Working in partnership

- Work with partners will be guided by the principles developed during the establishment of the partnership where available; and
- Partnership principles will ensure best outcomes for consumers are considered the priority.

PARTNERSHIP STRATEGY OPTIONS

To enhance and streamline working relationships with referring agencies the service may consider:

- Regular inter-agency liaison activities, including inter-agency visits;
- Protocols for sharing information and other communication processes;
- Agreement on the boundaries of confidentiality;
- Development of a clearly articulated service product detailing the programs provided for consumers and significant others, the expertise of service staff and other relevant information to guide internal workers and facilitate referral to the service by external workers;
- Adherence and contribution to continuous improvement of shared referral, assessment, reporting and case-management protocols that incorporate well defined lines of responsibility;
- Shared risk management protocols;
- Reciprocal training events; and
- Short term staff exchange or placements.

6.2.1 For partnerships with key organisations referring consumers to the service:

- The service will ensure the referring organisations/sources are informed of the entry criteria and service provision of the service;
- Where there is a formal written referral of a consumer received from another organisation, the service will obtain consent from the consumer in order to provide feedback to the referring organisation, including feedback on the suitability of the referral; and
- Where the consumer has been referred from the consumer's case manager, e.g. from a Court Assessment and Treatment Service (CATS) Officer, the consumer will be:
 - Made aware of their rights in terms of privacy and confidentiality;
 - Informed of the expectations in terms of information exchange, and asked to sign a consent form in order to facilitate any information exchange; and
 - Informed of how any information received from the case manager will be managed securely by the service.

6.2.2 For partnerships with key organisations that the service refers to:

- The referral requirements of organisations that the service refers to will be established before referral, with formal referral paperwork/formwork for key referral organisations on file and accessible to all staff;
- Prior signed informed consent to make any formal referral and transfer information to another organisation will be sought from the consumer; and

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- The information transferred will only include information that would assist the referral organisation to work in partnership for best outcomes for the consumer (see the template Referral and Transfer of Information Form).

6.3 Reviewing a partnership

- Regular meetings and/or communication between the service partners will be promoted by the service in order to exchange:
 - Feedback on the arrangement, e.g. the appropriateness of the referrals and/or interaction;
 - Clarification as needed, or updates on the delineation of services, principles, roles, boundaries, parameters of the partnership, and service culture; and
 - The effectiveness and review of any report process.

7. STANDARDS MONITORING

The service monitors relevant standards in relation to this policy, ensuring the policy is able to be applied in practice.

8. REVIEW OF THE POLICY

This policy will be routinely reviewed as needed, based on its application to practice at the service, any relevant amendments to the legislation, and feedback from stakeholders.

RELEVANT LEGISLATION, POLICIES, RESOURCES AND LITERATURE

Relevant Legislation:

- *Disability Services Act 1993 (WA)*
- *Guardianship and Administration Act 1990 (WA)*
- *Industrial Relations Act 1979 (WA)*
- *Trade Practices Act 1974 (Cwlth)*

Relevant Policies:

- Commonwealth Department of Health and Ageing 2003, *National Drug Strategy: National Comorbidity Project*
- Department of Health, Western Australia 2001, *Alcohol, Drugs and Psychiatric Treatment (ADAPT) Policy: A framework for development*
- Drug and Alcohol Office 2002, *Model for Drug and Alcohol Prevention and Early Intervention Programs and Services*
- Drug and Alcohol Office 2002, *Model for Drug and Alcohol Treatment and Support Services*
- *The Western Australian Drug and Alcohol Strategy 2002 – 2005*
- *Western Australia's State Mental Health Strategic Plan 2003 – 2008 'Partnerships support Good Outcomes'*

Relevant Resources (available in the resource Clearing House):

GP Specific Partnership Resources

- Template Specific GP Referral Form
- GP Division Regional Maps (Metropolitan And Rural)
- Brochure '*Why you need a GP? & How to make the most of your GP*'
- Strategic Options For Improving Partnerships With GPs

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Relevant Literature:

- Best Practice in Alcohol and Other Drug Interventions Working Group 2000, *A Guide for Counsellors Working with Alcohol and Other Drug Users: Core Counselling Skills*
- Best Practice in Alcohol and Other Drug Interventions Working Group 2000, *A Summary of the Evidence Based Practice Indicators for Alcohol and Other Drug Interventions*
- Best Practice in Alcohol and Other Drug Interventions Working Group 2000, *Evidence Based Practice Indicators for Alcohol and Other Drug Interventions: Literature Review*
- Drug and Alcohol Office 2003, *Position Paper on Drug and Alcohol Centres*
- Lawrence, D, Holman, D & Jablensky, A 2001, *Duty to Care: Preventable Physical Illness in People with Mental Illness*, University of Western Australia.

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[Letterhead/Name of Agency/Service]

FEEDBACK TO REFERRING ORGANISATION FORM

(Template Only)

Dear _____

I would like to formally advise you that, as a result of your referral, (Consumer's Name) _____ has presented at (The Service Name) _____ for participation in the (Service Program) _____.

The outcome of that presentation was (Indicate the suitability of the referral and any reasons for unsuitability, and the resultant acceptance or not into the service program. Also indicate the issues that the service will be addressing) _____

Yours sincerely

Contact Name:

Position:

Date:/...../.....

CONSUMER CONSENT FOR RELEASE OF INFORMATION

I, (Consumer's Name) _____ authorise (The Service Name) _____ staff to release information to (Referring Organisation) _____ regarding my participation in the (Service Program) _____.

I, also authorise (Referring Organisation) _____ to release to (Service Name) _____ information as may be required by them to assist in my participation in the (Service Program) _____.

Signed: _____

Dated ____/____/____

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[Letterhead/Name of Agency/Service]

REFERRAL AND TRANSFER OF INFORMATION FORM

(Template Only)

CONSUMER CONSENT FOR RELEASE OF INFORMATION

I, (Consumer's Name) _____ authorise (The Service Name) _____ staff to release information to (Referral Organisation) _____ regarding my participation in the (Service Program) _____.

I, also authorise (Referral Organisation) _____ to release to (Service Name) _____ information as may be required by them to assist in my participation in the (Service Program) _____.

Signed: _____

Dated ____/____/____

Dear _____

I am referring (Consumer's Name) _____ to (Referral Organisation) _____ for the purposes of (Indicate any specific service you would hope the referral organisation could provide, the reasons for the request and for referring them to the organisation. Indicate any relevant information that may be of assistance to the referral organisation. Also indicate if you require feedback on the service they provide where it would assist in the consumer's further participation in the service program)

Yours sincerely

Contact Name: _____

Position: _____

Date: ____/____/____

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BOARD OF MANAGEMENT FEEDBACK

Board members are required to be informed of governance issues, including financial management, potential or actual legal and risk concerns, and any changes implemented to minimise risk.

Roles and responsibilities of Board members may be negotiated, however clarity of these is more likely to ensure the service received adequate and appropriate support.

To inform the service of its effectiveness in meeting the performance indicators feedback from Board members may include the following areas identified as potential feedback considerations:

- Awareness of Board roles and responsibilities and views on their effectiveness and fit with practice; and
- Awareness of governance requirements and the adequacy of the information received.

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STAKEHOLDER FEEDBACK

Services are encouraged to consider the stakeholder feedback that would be of most use in informing their planning processes. Stakeholders comprise a potentially broad group and may include other service providers, referring networks and funding bodies.

Stakeholder feedback may not necessarily be in the form of a one-off questionnaire and may be received through ongoing feedback. Requests for feedback in this format would still necessarily need to be purposeful and recorded.

To inform the service of its effectiveness in meeting the performance indicators, feedback from stakeholders may include the following areas identified as potential feedback considerations:

- View of the effectiveness of the service and any identification of a need to improve effectiveness, based on contacts with staff, feedback from consumers, etc.;
- View of the effectiveness of, and satisfaction with, any inter-service linkages, partnerships/ agreements between the service and the stakeholder;
- Awareness and views on the suitability of the service's entry criteria (with the aim of determining any need to update other services for referral purposes and to ensure against duplication); and
- Appropriateness of referrals made from the service to the stakeholder.

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Appendix A:
Cross Reference
Matrix

CROSS REFERENCE MATRIX

FRAMEWORK PERFORMANCE EXPECTATION	NSMHS NGO	NSMHS	OAH WAACCHS	DSC	DO JOPS	DCD SAAP	Equip	QIC Core Module	QIC ATOD
1.1	Standard 1	Standard 1	Standard 3	Standard 4	Standard 5	Standard 5	Standard 2	Standard 2	
1.2	Standard 1 Standard 3	Standard 1 Standard 5 Standard 10	Standard 3 Standard 3	Standard 4 Standard 7 Standard 8	Standard 5	Standard 5 Standard 6 Standard 8	Standard 2	Standard 2	
2.1	Standard 4 Standard 5	Standard 3	Standard 1	Standard 2 Standard 3 Standard 8		Standard 7	Standard 2	Standard 2	Standard 1.3
2.2	Standard 8		Standard 1	Standard 4	Standard 6	Standard 7	Standard 1	Standard 2	
2.3			Standard 2	Standard 6	Standard 4		Standard 1	Standard 2	
2.4	Standard 7	Standard 7 Standard 11	Standard 2 Standard 7	Standard 1 Standard 2	Standard 2	Standard 1 Standard 9		Standard 2	Standard 1
2.5			Standard 4			Standard 1			Standard 1.2.2
3.1	Standard 8	Standard 11	Standard 4	Standard 1	Standard 5	Standard 1	Standard 1		
3.2	Standard 8	Standard 11	Standard 4 Standard 6	Standard 5 Standard 6	Standard 5	Standard 3	Standard 1	Standard 3	Standard 1
3.3	Standard 8	Standard 11	Standard 4	Standard 2	Standard 5	Standard 2	Standard 1		Standard 1.4
3.4	Standard 8	Standard 11	Standard 4	Standard 1	Standard 2	Standard 1 Standard 10	Standard 1	Standard 3	Standard 1
3.5	Standard 8	Standard 8	Standard 4	Standard 2	Standard 6	Standard 5 Standard 10	Standard 1	Standard 3	Standard 1.5
3.6		Standard 9	Standard 4	Standard 2	Standard 6	Standard 2	Standard 1	Standard 3	Standard 1.5.8
3.7			Standard 4 Standard 5		Standard 6				Standard 1
3.8	Standard 8	Standard 9	Standard 4 Standard 6	Standard 8	Standard 7	Standard 12	Standard 1	Standard 2	Standard 1
4.1		Standard 9	Standard 4	Standard 8	Standard 4	Standard 13	Standard 3	Standard 1	
4.2	Standard 6	Standard 9	Standard 6	Standard 8	Standard 4	Standard 13	Standard 3	Standard 1	
4.3							Standard 3	Standard *	
4.4	Standard 2	Standard 2	Standard 7	Standard 8	Standard 4	Standard 14	Standard 5	Standard 1	

FRAMEWORK PERFORMANCE EXPECTATION	NSMHS NGO	NSMHS	OAH WAACCHS	DSC	DOJ OPS	DCD SAAP	EQUIP	QIC Core Module	QIC ATOD
4.5	Standard 6	Standard 2	Standard 7	Standard 3		Standard 14	Standard 2	Standard 1	
5.1	Standard 6		Standard 1		Standard 2	Standard 11	Standard 2	Standard 3	
5.2	Standard 6		Standard 1	Standard 8	Standard 2	Standard 11	Standard 2		
5.3	Standard 6	Standard 9	Standard 1	Standard 8	Standard 2	Standard 11	Standard 2	Standard 1	
5.4	Standard 2	Standard 2	Standard 7		Standard 2.1.2	Standard 7	Standard 2	Standard 1	
5.5	Standard 6		Standard 6		Standard 4	Standard 13	Standard 3	Standard 1	
5.6	Standard 6	Standard 10	Standard 4	Standard 4	Standard 7	Standard 11	Standard 4		
5.7	Standard 6	Standard 9	Standard 6	Standard 2	Standard 7	Standard 12	Standard 4	Standard 2	
5.8	Standard 8	Standard 8	Standard 4	Standard 5	Standard 6	Standard 10	Standard 1	Standard 3	

Glossary

- NSMHS NGO National Standards for Mental Health Services, Service Standards for Non-Government Providers, Draft July 2003
- NSMHS National Standards for Mental Health Services
- OAH WAACCHS A Framework for Western Australian Aboriginal Community Controlled Health Services: Best practice Model
- DSC Disability Service Commission
- DOJ OPS Department of Justice Offender Program Standards
- DCD SAAP Department of Community Development – Supported Accommodation Assistance Program Service Standards
- EQUIP The Australian Council on Healthcare Standards: Evaluation and Quality Improvement Program: As per the Guidelines for Primary Care and Community Services Field Review Draft March 2003
- QIC Core Quality Improvement Council: Australian Health and Community Services Standards - Health and Community Services Core Module 2003
- QIC ATOD Quality Improvement Council: Australian Health and Community Services Standards - Alcohol, Tobacco & other Drug Services Module 1999

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Appendix B:
Western Australian
Comprehensive
Diversion Program
Quality
Considerations

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The WA Comprehensive Diversion Program Quality Considerations

Appendix B outlines key best practice considerations for the provision of quality services for WA Comprehensive Diversion Program and other mandated consumers. Both diversion-related material contained within the *WA Alcohol and Other Drug Sector Quality Framework* and additional best practice information is provided in summary form to assist agencies to establish priority areas for diversion service improvement.

1. THE WA COMPREHENSIVE DIVERSION PROGRAM

The Council of Australian Governments' (COAG) Illicit Drug Diversion Initiative was formally implemented in Western Australia (WA) from 1 November 2000 following the earlier roll out of police diversion for cannabis. The program is managed at a national level by the Commonwealth Department of Health and Ageing and at a state level by the Drug and Alcohol Office (DAO). The WA Comprehensive Diversion Program (known as the Diversion Program) is overseen by a State Reference Group (SRG) that includes a number of key stakeholders who work in partnership to implement the programs.

The Diversion Program consists of a number of police and court diversion programs that aim to divert offenders with drug related problems into treatment. Referrals to treatment are made through police or courts. Programs range from early intervention education sessions to more intensive, supervised programs.

Police diversion consists of:

- Cannabis Education Session for minor cannabis offences.
- All Drug Diversion (compulsory assessment) for minor offences involving drugs other than cannabis.

Court diversion¹ consists of:

- Pre-sentence Opportunity Program (POP) for offenders with minor criminal histories.
- Indigenous Diversion Program (IDP) for minor offenders who are Aboriginal and/or Torres Strait Islander.
- Regional Supervised Treatment Intervention Regime (STIR) for moderate level offenders.
- Young Person's Opportunity Program (YPOP) for young first offenders.
- Children's Drug Court for young offenders with a higher level of offending.
- Drug Court Programs that incorporate STIR, a Drug Court Regime and Pre-sentence Order Program for those with more established histories of offending directly related to drug use.

¹ Not all court diversion programs are available in all locations in WA.

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2. A QUALITY DIVERSION PROGRAM

2.1 Overview

The SRG has identified a number of strategies to assist agencies in the on-going development of a quality Diversion Program to promote better outcomes for consumers. Some strategies to achieve this include that:

- program requirements are clearly articulated;
- agencies have access to appropriate training and support; and
- agencies have access to appropriate resources to support the program.

Diversion treatment service providers have also identified the need for clear information on the Diversion Program (including its relevant components) to simplify procedures and assist in staff induction and/or training.

A range of written resources have been developed to support alcohol and other drug (AOD) treatment agencies participating in the Diversion Program. *The Diversion Quality Considerations*, as part of the *WA Alcohol and Other Drug Sector Quality Framework*, form the latest in this series of support material. (See: 3. Supporting Documents).

It is acknowledged that a quality Diversion Program is contingent upon shared understanding and equal responsibility between consumers, treatment providers, the Police and Department of Justice. This document outlines quality improvement from the treatment providers' perspective. Other Diversion Program stakeholders have separate supporting documents to guide quality service provision.

2.2 Development & consultation

The Diversion Quality Considerations were developed through:

- examination of current contracted service requirements in line with relevant legislation, program philosophy, administration practices etc.;
- extensive consultation with AOD service providers and other stakeholders who have demonstrated experience in the delivery of diversion programs; and
- a review of current research, literature and evaluations in relation to diversion programs.

The development process revealed a number of key elements for the provision of quality diversion services. Some of these elements are contained within the Quality Framework but are nonetheless identified in the literature and by diversion service providers as worthy of emphasis. This material has been presented in the following summary with additional best practice information to assist agencies obtain a clearer overview of best practice considerations for diversion programs and services to other mandated consumers.

3. SUPPORTING DOCUMENTS

The Diversion Program Quality Considerations complement existing support documentation and should be used in conjunction with:

- The WA Comprehensive Diversion Program Service Requirements
- Cannabis Education Session and All Drug Diversion Support Manual (January 2004)

The Western Australian Alcohol and Other Drug Sector Quality Framework

- Pre Sentence Opportunity Program Support Manual (August 2003)
- Indigenous Diversion Program Support Manual (January 2004)
- Supervised Treatment Intervention Regime Support Manual (February 2004)
- Protocols for Court Assessment and Treatment Service (CATS) Referral to AOD Services (May 2003)
- CATS report format
- Treatment Plan Guidelines for Drug Court (May 2003)
- Young Person's Opportunity Program Support Manual (February 2004)
- The Western Australian Alcohol and Other Drug Sector Quality Framework (2005).

Regularly updated versions of Diversion Program support manuals are available to preferred providers through the Drug and Alcohol Office. Drug Court Treatment Plan Guidelines and CATS documents are available through CATS.

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PERFORMANCE EXPECTATION 1: RIGHTS AND RESPONSIBILITIES

The service recognises clients as “health consumers” with concomitant rights and responsibilities.

Some considerations for services, in relation to ensuring quality diversion service provision relevant to Performance Expectation 1, include:

Consumer rights and responsibilities

- Ensuring diversion consumers have access to and understand their rights and responsibilities through verbal and written explanation. Further assistance should be provided to those with low literacy, learning difficulties or other special needs.
- Establishing a shared understanding with diversion consumers of their obligations to both the treatment agency and referring body i.e. Police, Department of Justice and/or the courts, with an emphasis on consumers’ self responsibility and accountability. Providing consumers with information relating to:
 - time frames for completion of the program/intervention;
 - attendance obligations;
 - relevant abstinence requirements; and
 - consequences of non-compliance.

Privacy and confidentiality

- Developing privacy and confidentiality policies and procedures that contain provisions such as:
 - guidance for staff on consistent practice regarding information-sharing with other treatment services, police, courts and justice workers, for telephone, email, fax and face-to-face communication, security of psychological screening reports and other written documentation;
 - agreement with the referring organisation(s) concerning the types of information that will be shared between agencies and the service’s limits to confidentiality (e.g. harm to self or others, child protection and planned criminal activity);
 - informing the diversion consumer of the types of information that will be shared between agencies and departments;
 - appropriate release of information forms that reflect the agency’s policy position and are signed by the consumer(s) as appropriate;
 - the confidentiality of young people, including criteria for designating a young person as a “mature minor”; outlining what information will be shared with parents/guardians and where the involvement of significant others may occur; and
 - guidance on appropriate confidentiality measures if undertaking systemic advocacy.

Consumer complaints

- Ensuring the service’s consumer complaints procedures are clearly articulated to diversion consumers including reassurance that complaints will not jeopardise participation and progress in the program, or prejudice any agency reporting to referring bodies.

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- Developing clearly defined inter-agency protocols that will guide resolution of consumer complaints relating to a referring organisation.

Informed consent

- Ensuring diversion consumers are viewed as health consumers, e.g. by providing access to information and education on the treatment option(s) and services provided, including positive aspects of the option(s) and any problem areas that may be encountered.
- Providing information on other treatment options available, and through consultation with the referring body, referring diversion consumers on, as appropriate.

Advocacy

- Ensuring the service's advocacy policy provides clear direction to staff and diversion consumers on the circumstances where advocacy will be undertaken e.g. when reporting barriers to effective participation by consumers.

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PERFORMANCE EXPECTATION 2: CONSUMER FOCUSED PRACTICE

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

Some considerations for services, in relation to ensuring quality diversion service provision relevant to Performance Expectation 2 include:

Review of consumer needs and feedback

- Incorporating consumer feedback on diversion programs into regular program review processes, including feedback on the relevance and efficacy of program content, the treatment process and the consumer's experience of case management.

Interaction qualities

- Developing agency policies and procedures to guide quality interaction between AOD workers and diversion consumers which emphasise the importance of:
 - interacting in a manner that demonstrates a non-judgmental attitude;
 - role modelling a number of effective and adaptive behaviours such as problem solving, conflict resolution, reliability, openness to feedback and dealing with emotions; and
 - maintaining professional boundaries.

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PERFORMANCE EXPECTATION 3: EVIDENCE BASED PRACTICE

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

Some considerations for services, in relation to ensuring quality diversion service provision relevant to Performance Expectation 3 include:

Delivery of service

- Ensuring service provider documentation developed by diversion stakeholders is freely available and used by staff.
- Building effective working relationships with stakeholders to achieve better outcomes for consumers through:
 - clear inter-agency communication processes;
 - regular liaison and inter-agency contact;
 - clarification and agreement on confidentiality, lines of responsibility, reporting and case review participation requirements prior to consumer engagement;
 - supporting referring bodies to follow up non-attendance by consumers, particularly young people; and
 - attendance at relevant Diversion Forums, training, networking opportunities and solution-focussed working groups.
- Offering appropriate support and referral to significant others.

Assessment and service matching

- Developing shared assessment protocols between the service and referring agencies for longer term interventions to expedite diversion consumer engagement and avoid process duplication.

Inter-agency referral

- Referring consumers to and/or offering shared care with agencies to provide an holistic service, including (where appropriate):
 - general health services;
 - mental health services;
 - welfare services (e.g. housing, financial); and
 - educational services.
- Minimising the number of internal and external workers involved in the shared care and case management of individuals, streamlining processes so as not add to the burden of compliance for diversion consumers.

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- Developing promotional materials and/or template service information packages that incorporate information on areas of staff expertise and any partnerships with allied health and support agencies that may be relevant to the diversion consumer base.
- Fostering close working relationships with local police and justice services as a matter of priority, especially in regional areas, where high staff turnover in local service agencies may necessitate more intensive liaison activities.
- Providing information on diversion programs to the community and stakeholders.

Clinical pathways plan

- Making arrangements in advance for the on-going support of the diversion consumer if service fees apply post diversion-funded treatment.

Service approach

- Designing interventions that:
 - empower the diversion consumer with information and skills to manage and direct their own affairs;
 - provide informed choices;
 - show respect for the individual, their rate of progress and their rights;
 - are non-punitive, non-directive, inclusive and client-centred; and
 - work *with* not *on* diversion consumers.
- Providing holistic interventions that enhance inclusion and reintegration into the community.
- Adhering to natural and social justice principles to reduce the levels of social marginalisation and disadvantage experienced by diversion consumers.
- Developing services that are flexible and adaptable to meet individuals' changing needs, crisis management contingencies and emerging diversion consumer trends.
- Documenting the service's approach and each intervention to:
 - encourage the provision of a consistent service product;
 - improve the validity of evaluation;
 - use in training for internal staff; and
 - provide a basis for material/resources to support referral to the service.
- Demonstrating responsiveness to diversion consumer needs through:
 - case allocation procedures that match workers with skill levels and expertise commensurate with consumer needs;
 - individualised treatment plans;
 - flexible service provision;
 - crisis management procedures;
 - supported referral processes;
 - continuity of care;
 - through care plans; and
 - follow up where consumers' consent has been obtained.
- Designing interventions and programs to meet the needs of both individuals and different demographic groups.

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- Offering structured, evidence based core programs to diversion consumers including but not limited to the following treatment interventions:
 - motivational interviewing;
 - exploration of the connection between drug use and offending;
 - assessment of individual stage of change and provision of interventions appropriate to that stage;
 - relapse prevention, including managing peer pressure; and
 - harm reduction at all stages of treatment.
- Ensuring family sensitive practice principles guide service delivery where relevant.
- Providing flexible, additional interventions to the diversion consumer that address individual treatment needs including, but not limited to:
 - communication skills and assertiveness;
 - relaxation;
 - behavioural skills such as managing emotions and impulse control;
 - living skills such as problem solving, parenting, housekeeping and budgeting;
 - recreation options; and
 - family counselling, where both consumer and family indicate it is appropriate.

In relation to the provision of **short term, educational interventions** with diversion consumers, considerations include:

- Focussing on the provision of:
 - accurate, unbiased information on the short and long term effects of the consumer's drug of choice;
 - raising awareness of consequences of drug use to the consumer, their significant others and the community; and
 - exploration of individual levels of motivation to change.
- Focussing on harm reduction strategies pertinent to:
 - drug of choice;
 - methods and patterns of use; and
 - physical, psychological and social harms.

In relation to **longer term interventions** with diversion consumers, considerations include:

- Addressing a range of diversion consumer needs through strategies such as:
 - treatment for general health issues: e.g. blood borne viruses, sexually transmitted infections, injecting and other injuries related to method of use, liver and respiratory disease, nutritional deficiencies, skin lesions and other dermatological conditions, pain management difficulties, cardio-vascular conditions, visual impairment, poorly managed diabetes and dental problems;
 - treatment for mental health issues: e.g. suicide and self-harm, post-trauma stress, phobias, affective disorders (including anxiety, depression and bi-polar), schizophrenia, personality, conduct and eating disorders, drug-induced psychosis and attention deficit hyperactivity disorder/attention deficit disorder (ADHD/ADD);
 - education on drug treatment options;

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- health education;
- assistance and support for consumers who have experienced sexual abuse, domestic violence and other trauma;
- socialisation, communication and behaviour related skills;
- housing, financial and other welfare needs;
- assistance with learning disorders and associated literacy difficulties;
- occupational skills;
- alternative recreation options;
- the development of support systems that will assist consumers to sustain change;
- intensive on-going support post-treatment; and
- advocacy.

In relation to the **provision of services to Aboriginal diversion consumers**, considerations include:

- Addressing the specific needs of Aboriginal people through strategies such as:
 - providing culturally secure services;
 - considering the “consumer” as an individual and also as part of a “consumer unit”, comprised of family and an inter-connected wider Aboriginal community;
 - adopting a community development approach that empowers local Aboriginal communities to generate their own responses to AOD related harms;
 - offering choice of Aboriginal service provider or culturally secure non-Aboriginal provider. The choice of a non-Aboriginal provider can avert any consumer concerns about confidentiality and “shame” that may sometimes arise when Aboriginal agencies’ staff are members of local family and community groups;
 - strengthening culturally defined relationships of responsibility;
 - offering holistic approaches that address physical, psychological and social well being, cultural identity and the on-going consequences of marginalisation;
 - matching gender of the worker and consumer;
 - providing short, intensive interventions;
 - providing skills and activity-based programs;
 - developing support systems that will assist consumers to sustain change; and
 - intensive on-going support post-treatment.

In relation to the **provision of services to young diversion consumers**, considerations include:

- Addressing the specific needs of young people through strategies such as:
 - respecting young people as active not passive program participants;
 - designing structured, developmentally appropriate interventions;
 - taking a strengths-based approach that focuses on empowering young people to take responsibility for change;
 - conducting assessments that identify potential risk and individual, relationship and socially protective factors in the young person’s environment;

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- addressing general and mental health issues including affective, eating and conduct disorders and ADHD/ADD, ensuring that the possible social/environmental aetiology of these issues is examined;
- providing education on drugs and their effects, including solvent use;
- developing simple, specific treatment goals such as harm reduction and relapse prevention/management;
- offering opportunities to develop life skills in areas including:
 - communication
 - relationships
 - decision making
 - anger management;
- providing extra assistance and support to young people who have experienced sexual abuse, domestic violence and other trauma;
- encouraging re-engagement with appropriate education and learning, ensuring literacy and learning deficits are addressed;
- maintaining firm worker and program boundaries;
- supporting referring workers to follow through on consequences for young people's non-compliance;
- identifying the needs of the family and referring parents to AOD treatment, health, education and support services including parenting skills and conflict resolution where appropriate;
- developing support systems that will assist young people to sustain change; and
- intensive on-going support post-treatment.

Clinical governance

- Developing policies and procedures for the clinical governance of diversion service delivery, that incorporate for example:
 - criteria for identifying consumers at risk and regular case review meetings to ensure service quality and consumer safety;
 - child protection policies and procedures;
 - policy and procedures regarding disclosure of sexual abuse of a minor;
 - duty of care provisions that give equal consideration to the needs of voluntary consumers, diversion consumers, service staff and the community;
 - inclusion of affected consumers in critical incident management and debriefing procedures; and
 - the maintenance of clear, accurate, concise and up-to-date case notes to facilitate care by an interim worker, when the assigned worker is absent. The use of file checklists to ensure coverage of essential issues may facilitate this process.

Harm reduction information

- Ensuring that harm reduction is integrated into all stages of service delivery and is pertinent to:
 - drug of choice;
 - method and patterns of use; and
 - physical, psychological and social harms.

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- Examining the legal consequences of continued use and relapse with the diversion consumer.
- Offering information and strategies as early as possible in the treatment episode.
- Monitoring the provision of information through a check list.

Outcome review

- Regularly monitoring outcomes for diversion consumers, taking into account consumer functioning before, at interim and post treatment stages, including consumer feedback on the service provided as outlined in Performance Expectation 2.

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PERFORMANCE EXPECTATION 4: STAFFING, DEVELOPMENT AND SUPPORT

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

Some considerations for services, in relation to ensuring quality diversion service provision relevant to Performance Expectation 4 include:

Appropriate staffing

- Developing staff recruitment procedures that take into account the skill set required for service provision for diversion consumers, incorporating:
 - sound basic AOD intervention skills;
 - relevant levels of expertise necessary for working with consumers with complex needs e.g. working with resistance, knowledge of mental health, trauma related and welfare issues;
 - experience in supported referral, liaison, shared care/case management; and
 - knowledge and understanding of criminal justice issues, as applicable.

Development and support

- Monitoring the standard of services delivered for consistency with the agency's philosophy and providing a clearly articulated service product to reduce incidence of variation.
- Developing structures and processes to support staff that are regularly timetabled and include:
 - clinical supervision by appropriately qualified/experienced personnel, which encourages and supports for example:
 - reflective practice, maintenance of boundaries, recognition of counter-transference and parallel process, prevention of burn out, worker debriefing, identification of conflict of interest between AOD and criminal justice perspectives and solution focused exploration of these issues, and guidance and discussion on professional development
 - regular monitoring of work burden of staff to foster sustainability of work roles and ensure awareness of Occupational Safety and Health (OSH) and risk management issues
 - awareness and use of Employee Assistance Program
 - clearly defined boundaries between line management and clinical supervision;
 - clinical supervision options such as:
 - internal
 - external
 - staff/peer group supervision
 - reciprocal supervision arrangements between agencies
 - informal/formal consultation processes with external specialist practitioners or services;

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- internal training and mentoring, where more experienced staff are encouraged to share their diversion expertise with less experienced team members through tandem service provision, informal or formal case review and discussion and delivery of internal training workshops or seminars; and
- supported participation in external training and networking opportunities such as Diversion Program updates and professional development provided by DAO, the Western Australian Network of Alcohol and other Drug Agencies (WANADA) Diversion Forum, the Diversion Treatment Advisory Group, (where a staff member is nominated), and any related Community of Practice. Knowledge and skills gained through such activities may also be shared through internal training and mentoring mechanisms.
- Considering flexible staff development and service integration options such as:
 - reciprocal training events with referring agencies; and
 - short term staff exchange/inter-agency placements.
- Nominating an existing service staff member to be responsible for diversion whose role includes:
 - ensuring all written documentation such as manuals, forms and information are updated and kept in an accessible place;
 - inducting new staff and placement students in policies and procedures relating Diversion Program service provision;
 - monitoring the integrity of data;
 - informing staff of service requirements and any changes to Diversion Program protocols;
 - reviewing and evaluating current practice and service models to ensure relevance to the consumer base;
 - conducting case reviews to monitor standards;
 - informing staff of training and development opportunities and ensuring attendance is supported;
 - attending the WANADA Diversion Service Forums and DAO briefing/practice development events with a view to sharing information with all staff;
 - informing WANADA and DAO of emerging diversion-related issues and trends; and
 - assisting management with the preparation of diversion service reports.

Occupational Safety and Health

- Developing general Occupational Safety and Health (OSH) procedures for working with diversion consumers including:
 - staff safety and security procedures;
 - provisions for joint risk management with referring bodies such as sharing criminal record information pertinent to the safety of AOD treatment staff and other service consumers; and
 - additional considerations for residential settings such as the ratio of coerced consumers with complex needs to voluntary consumers, adequate staffing levels for both day and night shifts and agreed procedures between referring agencies and the AOD service for the transfer of consumers from custodial to treatment settings.
- Regularly monitoring staff OSH provisions specific to diversion for compliance, seeking staff feedback and analysing internal incident reports to inform reviews of OSH policies and procedures.
- Maintaining and regularly reviewing critical incident management policies and procedures which include a range of staff and affected consumer support strategies for post-incident and accumulated stress.

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PERFORMANCE EXPECTATION 5: ORGANISATIONAL GOVERNANCE AND MANAGEMENT

Governance and management practices maximise organisational efficiency, transparency, effectiveness and ensure accountability

Some considerations for services, in relation to ensuring quality diversion service provision relevant to Performance Expectation 5 include:

Organisational planning

- Developing a complementary plan for the agency's provision of WA Comprehensive Diversion Program Services which includes:
 - the requirements of service agreements;
 - compliance with state and federal legislation;
 - prioritisation of diversion funding for police and/or court diversion services, as applicable, and adequate and effective distribution of resources to strengthen diversion-related service structures, systems and processes;
 - clearly defined diversion provider Job Description Forms, roles and responsibilities;
 - diversion consumers' rights and responsibilities; and
 - consumer, staff and stakeholder evaluation to inform regular review and improve responsiveness of diversion services.

Risk management

- Prioritising risk management, incorporating clinical/practice governance and occupational safety and health considerations.
- Creating a domain for staff which supports ethical decision making and clinical/practice governance through:
 - regular line management;
 - clinical supervision by appropriately qualified/experienced personnel;
 - staff and case review meetings;
 - regular staff consultation; and
 - staff participation in relevant Communities of Practice.

Data management

- Maintaining internal data collection systems and ensuring that staff are aware of diversion data collection, storage and reporting requirements.

Partnership and integration

- Developing strategies, policies and procedures to enhance and streamline working relationships with referring bodies, with consideration given to:
 - inter-agency liaison, including agency visits;

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- sharing of information and other communication processes;
 - agreement on the boundaries of confidentiality;
 - agreement on respective roles and responsibilities;
 - development of a clearly articulated service product detailing the programs provided for diversion consumers and significant others, the agency's philosophy, the expertise of agency staff and other relevant information to guide internal workers and facilitate referral to the agency by external workers;
 - adherence and contribution to continuous quality improvement of shared referral, assessment, reporting and case management protocols that incorporate well-defined lines of responsibility; and
 - shared risk management with referring agencies.
- Developing strategies, policies and procedures to support holistic service provision through connections to other AOD treatment agencies, mental health, health, education and welfare services.

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Glossary

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GLOSSARY

Accreditation: a formal recognition that explicit standards have been achieved by a particular service or agency. An accreditation system needs to have a set of standards, a review program that assesses the extent to which the standards have been achieved, and criteria which guide the awarding of accreditation¹.

Advocate: a person who, with the authority of the consumer, represents the consumer's interests.

Best/Evidence based practice: Best practice is the best intervention to produce improved outcomes for an identified issue².

The concept integrates the evidence bases relevant to the role and context in which the practice is applied, including:

- research, current literature and data from service provision;
- practice wisdom based on the experience and expertise of practitioners; and
- consumer feedback and improved consumer outcomes.

Clinical/practice governance: a systematic and integrated approach to assurance and review of clinical/practice responsibility and accountability that improves quality and safety resulting in optimal consumer outcomes³.

Communities of practice: refers to a collaborative, self-directed, group learning and practice/workforce development model based on the work of Etienne Wenger and others. A community of practice is composed of three distinct elements and is described as a group of people who

- share an interest in a topic; share common issues and agree on common approaches, (domain)
- interact and build relationships; help each other to solve problems and answer questions, network across teams, business units and professions, (community) and
- share and develop knowledge; share information, insights and best practices, build tools and knowledge bases, (practice)

for the benefit of individuals, the collective and the organisations in which they are employed. Communities of practice are informal structures that self organise, set their own agenda and establish their own leadership⁴.

Consumer: anyone who either directly or indirectly utilises the service, and anyone who may use the service in the future including,

- Individual people, accessing the service in their own right, including drug users and significant others;
- Families, where significant change in drug use is to be addressed in the family as an interdependent unit; and
- Community, where the community as a group or whole is the unit engaged regarding drug use.

Consumer complaint: any expression of dissatisfaction, made by or on behalf of a consumer, regarding the service provided.

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Consumer participation: supporting consumer empowerment in health care for improved health and well-being. It may include involving consumers in decision making, planning, implementation, monitoring, evaluation and review of a service⁵.

Continuous Quality Improvement (CQI): systematic, ongoing efforts to improve an organisation's performance against the attributes of quality which are most important to consumers, employees, board members, funding bodies and the community.⁵

Discrimination: any distinction, exclusion or preference, for example those made on the basis of race, colour, sex, religion, political opinion, national extraction, mandated status or social origin, that has the effect of nullifying or impairing equality of opportunity. Non-discriminatory practice ensures any person from a minority or marginalised population group has equal access to the service without fear of discrimination, and is provided with adequate support to ensure they can benefit equally from the service. Non-discriminatory practice may involve positive discrimination in order to ensure equity of access to population groups that may otherwise experience barriers to accessing services⁶.

Harm reduction: an approach focused on decreasing the physical, psychological and social problems associated with drug use that does not necessarily require any reduction in drug use itself⁷.

Health consumer rights: ethical and legal entitlements that consumers may reasonably expect to be afforded them with regard to health service provision.

Interaction: any form of communication between the service staff and consumers. Appropriate interaction is seen as that which affords the consumer respect and dignity and supports consumer rights.

Occupational Safety and Health: relates to the promotion and improvement of standards of safety and health in the workplace.

Partnership: an agreement between two or more partners to work together to achieve common aims.

Performance Expectation: one of a set of statements which form the core required areas for Continuous Quality Improvement in the Western Australian Alcohol and Other Drugs Sector Quality Framework. Developed through consultation with consumers, service providers and stakeholders, each Performance Expectation outlines the sector's key expectations of agencies with regard to performance in a given sphere of organisational activity.

Plan-Do-Check-Act (PDCA) cycle: a four-step process for Continuous Quality Improvement. In the first step ("plan"), an area for improvement is identified and a plan to implement changes is developed. In the second step ("do"), the plan is carried out. In the third step ("check"), the benefits of the improvement actions are measured and the results are studied to determine what was learned. Decisions are made as to what should be retained, refined or abandoned. In the last step ("act"), improvement actions are adjusted and standardised. Walter A. Shewhart first discussed the concept in his book *Statistical Method From the Viewpoint of Quality Control*, which led to it becoming known as the "Shewhart Cycle". It is also sometimes referred to as the "Deming Cycle", recognizing W. Edwards Deming's use of PDCA in his work with Japanese industry. PDCA is also referred to as the plan-do-study-act (PDSA) cycle.

Privacy protects consumers from unfair or unauthorised use of personal or sensitive information.

Personal information is any information that can lead to an individual being identified or reasonably ascertained.

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Sensitive Information is any information about an individual's racial or ethnic origin, sexuality, health, religious/philosophical/political beliefs, criminal record, professional/union and the like membership.

Health Information includes any information collected by a health service provider during the course of providing treatment and care to an individual, including: medical information; personal details, such as a name, address, admission and discharge dates, billing information and Medicare number; information generated by a health service provider, such as notes and opinions about an individual and their health and information about physical or biological samples, where it can be linked to an individual (for example, where they have a name or identifier attached).

Higher privacy standards apply to all personal information collected by health service providers in the course of providing a health service⁸.

Process: a series of sequential or parallel, repeatable steps that result in outcomes - either a product or a service⁹.

Quality assurance: the traditional approach to quality management in which monitoring and evaluation focus on individual performance, deviation from standards, and problem solving¹⁰.

Quality framework: a structured, standardised model to support continuous quality improvement.

Risk management: the culture, processes and structures that are directed towards the effective management of potential opportunities and adverse effects. Risk is the chance of something happening that will have an impact upon the objectives of the service. It is measured in terms of likelihood and consequences that an incident or accident may happen, preventing the service from successfully achieving what it intends to do¹¹.

Service integration: a strategic coordination approach where services work together to improve access and provide continuity of care¹².

Significant others: includes family, partners, friends or other persons impacted by the drug use of the consumer.

Staff: refers to paid staff, trainees, volunteers and students on placement; and includes service delivery, management and all other employees.

Structures: the physical and organisational properties of the settings in which care is provided. They include the organisation's staff and other resources such as facilities, equipment, supplies, training, payroll and operating budgets¹³.

System: a collection of processes arranged in a series or parallel to one another which together constitute a program, a project or an entire organisation. Organisations may be made up of a series of interdependent systems such as human and technical systems. Human systems organise people and include salaries and incentives, management and supervision, staff training and development. Technical systems are specific to the work of an organisation and encompass the processes involved in direct service delivery¹⁴.

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Total Quality Management (TQM): (TQM) a structured, systematic process for creating organisation-wide participation in planning and implementing continuous improvements in quality. TQM combines a set of management principles with a set of tools and techniques that enable employees to carry out these management principles in their daily work activities. The principles and tools include leadership, customer/consumer focus, process and cross functional management, employee involvement and teamwork, continuous improvement, standardisation, training, variation and the use of data, prevention of quality shortfalls and measurement and monitoring¹⁵.

- ¹ Quality Improvement Council Ltd 1998, *Australian Health and Community Services Standards: Health and Community Services Core Module*, QIC, Latrobe University, Victoria, p.39
- ² Australian Government Department of Health and Ageing 2004, *The National Drug Strategy: Australia's Integrated Framework 2004-2009*, Australian Government Department of Health and Ageing, Canberra, viewed 28 September 2004, <<http://www.nationaldrugstrategy.gov.au/pdf/framework0409.pdf>>
- ³ Adapted from Government of Western Australia, Department of Health 2003, *Western Australian Clinical Governance Guidelines Information Series 1.2*, Office of Safety and Quality in Healthcare, Department of Health, Perth, viewed 28 September 2004, <[http://www.health.wa.gov.au/safetyandquality/docs/Clinical_Governance-\(Final\).pdf](http://www.health.wa.gov.au/safetyandquality/docs/Clinical_Governance-(Final).pdf)>
- ⁴ Adapted from Wenger, EC & Synder, WM 2000, 'Communities of Practice: The Organisational Frontier', *Harvard Business Review*, vol. 78, no. 1, pp. 139-45
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- ⁵ Australian Government Department of Family and Community Services 2004, *Continuous Improvement Handbook version 2 for disability employment services*, Australian Government Department of Family and Community Services, Canberra, viewed 28 September 2004, <http://www.facs.gov.au/internet/facsinternet.nsf/disabilities/services-ci_handbook.htm>
- ⁶ *Human Rights and Equal Opportunity Commission Act 1986* Government of Western Australia
- ⁷ Heather, N, Wodak, A, Nadelmann, E & O'Hare, P (eds) 1993, *Psychoactive drugs and harm reduction: From faith to science*, Whurr Publishers, London, pp. v-ix
- ⁸ Office of the Federal Privacy Commissioner 2001, *Guidelines on Privacy in the Private Health Sector*, Office of the Federal Privacy Commissioner, Sydney, NSW, viewed 28 September 2004, <http://www.privacy.gov.au/publications/hg_01.pdf>
- ⁹ Adapted from Plsek, PE 1995 'Quality Improvement Project Models', in NO Graham (ed), *Quality in Health Care: Theory, Application and Evolution*, Aspen Publishers, Gaithersburg, Maryland, pp. 93-110
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- ¹⁰ Harris MG and Associates 2002, *Managing Health Services: Concepts and Practice*, McLennan and Petty, Sydney, NSW, p. 362
- ¹¹ Insurance Commission of WA 2003, *Can You Risk It?: An introduction to risk management for community organisations*, Insurance Commission of Western Australia, Perth, viewed 28 September 2004, <<http://www.icwa.wa.gov.au/cif/cifcanyouriskit.pdf>>
- ¹² Joseph Rowntree Foundation 2003, *Developing People, Regenerating Place: Achieving greater integration for local area regeneration*. Joseph Rowntree Foundation, York, viewed 28 September 2004, <<http://www.jrf.org.uk/knowledge/findings/housing/753.asp>>
- ¹³ Adapted from Donabedian, A 1995, 'The Role of Outcomes in Quality Assessment and Assurance' in NO Graham (ed), *Quality in Health Care: Theory, Application and Evolution*, Aspen Publishers, Gaithersburg, Maryland, p. 201
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Kols, AJ, & Sherman, JE 1998, *Family Planning Programs: Improving Quality*, Population reports, Series J, no. 47, Johns Hopkins University School of Public Health, Baltimore
- ¹⁴ Adapted from Kols, AJ, & Sherman, JE 1998, *Family Planning Programs: Improving Quality*, Population reports, Series J, no. 47, Johns Hopkins University School of Public Health, Baltimore
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ReVelle, JB, 2003 'Safety Process Analysis', *Professional Safety*, vol. 48, no. 7, pp. 19-26
- ¹⁵ Adapted from Whetsell, G 1995, 'Total Quality Management', in NO Graham (ed), *Quality in Health Care: Theory, Application and Evolution*, Aspen Publishers, Gaithersburg, Maryland, pp. 79-91.