[Insert organisation name/logo]

ORGANISATIONAL DEVELOPMENT POLICY

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***🖌Note\****

*This policy template has been developed to meet the needs of a diverse range of services and includes items for consideration in policy and procedure.*

***Not all content will be relevant to your service.******Organisations are encouraged to edit, add and delete content to ensure relevancy.***

*All notes (like this one) should be considered and deleted before finalising the policy, and the contents list should be updated as changes are made and when content is finalised. See the NADA Policy Toolkit User Guide for more editing tips.*

*Links to websites and resources provided by organisations other than NADA are listed at the end of this template.*

*\*Please delete note before finalising this policy.*

***🖌Note\****

*To update the contents list when all content has been finalised, right click on the contents list and select ‘update field’, an option box will appear, select ‘Update entire table’ and ‘Ok’.*

*To use the contents list to skip to relevant text, use Ctrl and click to select the relevant page number.*

*\*Please delete note before finalising this policy.*

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# SECTION 1: ORGANISATIONAL DEVELOPMENT FRAMEWORK

## 1.1 Policy statement

**[Insert organisation name]** is committed to its ongoing organisational development, improving the quality of its services and management practices in order to fully realise its goals and strategic outcomes and be inclusive of and responsive to clients, staff, Board members, stakeholders and the broader community.

## 1.2 Purpose and scope

The purpose of this policy is to provide guidance to **[insert organisation name]** in identifying, developing, implementing and maintaining organisational development activities and systems to ensure processes and services within the organisation are of a consistent high quality and are in line with organisational goals and values.

All staff and Board members are responsible for being aware of, implementing and maintaining organisational development activities and systems as appropriate to their role and responsibilities.

## 1.3 Definitions

|  |  |
| --- | --- |
| **Accreditation** | Assessment by a qualified external body or agency to determine the level of compliance with agreed standards. |
|  **Clients** | Current users, or potential users, of services of the organisation, including their family and carers. |
| **Evidence-based practice**  | Also referred to as evidence-informed practice, it is the integration of experience, judgment and expertise with the best available external evidence from systematic research[[1]](#footnote-1). |
| **Improving performance** | Continuous review and adaptation of processes in order to achieve desired outcomes and meet the needs and expectations of staff, clients and stakeholders. |
| **Partnership** | A joint working arrangement where the participants are valued as equal contributors for mutual benefit more or less of equal power and benefit, or who share a common purpose. |
| **Policy** | A concise formal statement or framework outlining what organisations adhere to and aim to achieve. |
| **Practice wisdom** | The possession of practice experience and knowledge together with the ability to use them critically, intuitively and practically. These qualities, skills and processes and their blending are consolidated through extensive introspection, critical reflection and review of practice[[2]](#footnote-2). |
| **Procedure** | The detail/steps of how an organisational policy is to be applied and achieved. |
| **Quality** | The extent to which the properties of a service or product produce a desired outcome. |
| **Relationship** | A broad term used to describe the organisation’s professional association with other individuals, groups or organisations for the purpose of carrying out the organisation’s work. |
| **Research** | The systematic investigation into and study of materials and sources in order to establish facts and reach new conclusions. |
| **Research networks** | Collaborations of people (such as researchers, academics, service providers, students, families and people who use alcohol and other drugs) who share a common interest in research that furthers the understanding of drug and alcohol and related issues. |
| **Supporting documents** | Tools that support consistency in implementing policy and procedures, e.g. templates, forms, checklists. |

## 1.4 Principles

* **[Insert organisation name]** considers organisational development and quality improvement systems and activities as fundamental to the way business is carried out and embeds quality improvement in the organisation’s philosophy and practice.
* Organisational development activities and systems are implemented in line with strategic goals and values which recognise and respect the diversity of its staff, clients and the community.
* The organisation supports and encourages the involvement and engagement of all staff, students, volunteers and Board members, as well as clients, stakeholders and the broader community.
* The organisation approaches organisational development activities and programs with a cyclical model which includes consultation, monitoring, assessment, action, evaluation and feedback.
* Organisational development activities and systems guide best practice across the organisation’s operations and services.

## 1.5 Outcomes

* Achievement of the organisation’s goals is supported by effective operational systems and activities and active participation of staff and Board.
* Development and implementation of organisational activities and systems is in line with strategic goals and values.
* Organisational development is supported across all areas of governance, management and service delivery.
* The organisation is recognised for its continuous improvement practice and quality services, as evidenced by formal accreditation and other external recognition and regulation.
* Best practice and innovative work practices are encouraged and supported.

## 1.6 Delegations

|  |  |
| --- | --- |
| **Board of Directors** | * Endorse and ensure compliance with the Organisational Development Policy.
* Demonstrate a culture of quality improvement through Board practices and operations.
* Identify, lead, promote and participate in organisational development and quality improvement activities in line with strategic goals and values.
* Review and endorse financial expenditure for organisational development implementation costs.
* Be aware of all external funding, membership, contractual and partnership relationships.
 |
| **Business services/management** | * Comply with the Organisational Development Policy.
* Identify, lead, promote and participate in organisational development, partnership development and quality improvement activities in line with strategic goals and values.
* Orientate new staff members to organisational development systems.
* Support staff co-ordinate continuous QI systems, research, partnerships and practices.
* Provide leadership and resource support to staff.

**CEO/Manager** * Lead a quality improvement culture within the organisation.
* Identify and lead funding, membership, partnership and contractual relationships.
* Support staff in management of all external relationships.
* Communicate with Board and staff regarding current and potential external formal relationships, organisational development activities and new management processes.
* Identify, lead and involve staff in strategic and operational planning processes.
* Authorise presentations and/or attendance at conferences to support staff in their professional practice.

**Management** * Support staff in their professional development.
* Build relationships with key stakeholders and experts in the field.
* **[Insert allocated role]** leads the organisation’s quality improvement (QI) program.
* Individual Program/Project managers may sign off on membership or partnership relationships.
* Identify research projects in line with strategic objectives, priorities and policy.
* Lead comparative and benchmarking activities and subsequent organisational change.
 |
| **Program services/clinical** | * Comply with the Organisational Development Policy.
* Identify, lead, promote and participate in organisational development and quality improvement activities in line with strategic goals and values, particularly those related to service delivery and improving performance.
* Communicate with all staff regarding funding, memberships, current and potential external relationships.
* Seek endorsement of all membership and contractual relationships from Management Services.
* Identify, lead and contribute to the development of relationships with external stakeholders and funding bodies as delegated through projects and activities.
* Orientate new staff members, students and volunteers to organisational development systems.
* Contribute to information management processes, including information-sharing and systems review as part of core business processes.
* Remain aware of new initiatives and best practices relevant to their role in the organisation.
* Seek out and participate in professional development opportunities.
* Lead or support research projects in line with strategic objectives, priorities and policy.
* Support comparative and benchmarking activities and subsequent organisational change.
 |

## 1.7 Policy implementation

This policy is developed in consultation with **[insert organisation name]** staff and is approved by the Board of Directors. All staff are responsible for understanding and adhering to this Organisation Development Policy.

Specific implementation and monitoring activities undertaken include:

* This policy is part of all staff orientation processes.
* This policy is referenced in relevant organisational policies, procedures and other supporting documents.
* External relationships are discussed as part of the organisation’s strategic and business planning processes, including the identification of potential relationships and the review of current relationships.
* Details of external meetings with partners and stakeholders are noted in the **[insert diary]** which is accessible by all staff.
* All staff are responsible for the application of research and evidence-based practices.
* All staff are provided with ongoing support and professional development to maintain knowledge and implementation of good practice.

This policy must be read in conjunction with the Communications Policy and the Service and Program Operations Policy (NADA templates available).

## 1.8 Risk management

Mechanisms are in place to ensure that organisational development systems are effective and are regularly monitored.

All staff, volunteers, student placements and Board members are made aware of this policy during orientation.

Other risk management actions include:

* Staff being provided with ongoing support to assist them to effectively manage organisational development and quality improvement activities in line with strategic goals and values.
* As part of **[insert organisation name]** Policy Review Schedule, this policy will be reviewed within **[insert number of years]** years unless circumstances require an earlier review and update.
* The need for improvements in procedures/systems/service delivery can be identified by any Board, management, staff member or client through feedback or quality monitoring systems.
* Relationship expectations will be in writing, where possible. Systems are in place to ensure relationships entered into are relevant, purposeful and time-framed.
* Relationships change over time, as do the expectations of those involved in the relationship. Therefore, regular review of the purpose of the relationship and how the relationship functions will ensure invested time and effort is productive and rewarding.
* Organisational development is a standing agenda item for staff meetings to discuss any relevant issues.
* The organisation ensures that research it undertakes, participates in or endorses has a sound theoretical base, is ethical and promotes evidence-based practice for its programs, services, staff development and client outcomes and encompasses capacity development for members of the organisation.
* All staff are aware of and keep up-to-date with available evidence-based practice literature.

# SECTION 2: ORGANISATION VALUES AND STRATEGIC GOALS

Organisational values and strategic goals underpin all elements of **[insert organisation name]**’s work.

This section provides guidance on the organisation’s goals and values which are at the forefront of service delivery, operations, organisational development and quality improvement.

Full detail of the organisation’s goals and directions are outlined in the Governance Policy (NADA template available) and the Strategic Plan.

***🖌Note\****

*This section should be developed in line with your organisation’s strategic plan. The items that have been included in this section of the template below are based on common values which are considered best practice across alcohol and other drug and community services. These can be edited or added to, based on your organisation’s goals and values.*

*\*Please delete note before finalising this policy.*

## 2.1 Inclusivity and respect for diversity

**[Insert organisation name]** recognises, respects and values the diversity of its staff, clients and the community, and promotes inclusive practices in its organisational development, service delivery and operations.

Development of **[insert organisation name]** activities, systems and programs promote inclusive practice, ensuring an inclusive environment for all staff and clients and complying with anti-discrimination legislation.

To ensure best practice in the development and implementation of inclusive practices within the organisation, **[insert organisation name]** reviews its processes using the Diversity Competency Checklist and is informed by Working with Diversity in Alcohol and Other Drug Settings.

### 2.1.1 Legal responsibilities

***🖌Note\****

*Organisations should review the key points of the legislation outlined below to ensure they are fully aware of their responsibilities as well as complying with the legislation. All staff should be aware of their legal responsibilities.*

*\*Please delete note before finalising this policy.*

**[Insert organisation name]** policies, procedures and practices are free from discrimination and comply with anti-discrimination legislation, including:

* Age Discrimination Act 2004 (Cmlth)
* Anti-Discrimination Act 1977 (NSW)
* Disability Discrimination Act 1992 (Cmlth)
* Fair Work Act 2009 (NSW) and associated National Employment Standards
* Human Rights and Equal Opportunity Commission Act 1996 (Cmlth)
* Industrial Relations Act 1996 (NSW)
* Racial Discrimination Act 1975 (Cmlth)
* Sex Discrimination Act 1984 (Cmlth)
* Work Health and Safety Act 2011 (Cmlth)
* Work Health and Safety Regulations 2012 (NSW)
* The Australian Human Rights Commission Act 1986 (Cmlth)
* Workplace Gender Equality Act 2010 (Cmlth).

### 2.1.2 Professional development

Board members, staff, volunteers and students make themselves aware of and are supported by the organisation to receive professional development on specific issues related to a diverse range of defining attributes and characteristics. This equips the organisation in being able to respond effectively to diversity and create an inclusive environment free of discrimination and promoting equality.

Attributes of diversity may include but not limited to:

* Aboriginality
* Age
* Cognitive or physical disability
* Criminal justice history
* Cultural and linguistic background
* Drug use/drug use history
* Gender/gender history/identity
* Physical and mental health status
* Religious and spiritual beliefs
* Sexuality
* Socio-economic status.

***🖌Note\****

*Organisations should consider if some areas of diversity should be incorporated into compulsory training. For example, working with Aboriginal people (many organisations provide training in this – contact NADA for further information), working with people from CALD backgrounds (DAMEC and CCWT offer training), working with ex-prisoners (the Community Restorative Centre NSW offer training), becoming LGBTI inclusive (ACON provide a free 1-day training package) or working with transgender people (The Gender Centre provide training for services).*

*\*Please delete note before finalising this policy.*

### 2.1.3 Acknowledging and supporting diversity in service provision

**[Insert organisation name]** acknowledges, respects and promotes diversity in all aspects of service provision and ensures access and equity in its intake, screening and assessment processes, recruitment processes, communication strategies, organisational environment, programs and activities.

***🖌Note\****

*It may be appropriate to provide more detail on working with specific diverse populations or groups within this policy. For example, some organisations may have specific policies on working with Aboriginal people, including strategies such as:*

*- cultural safety training for all (new) staff*

*- having a Reconciliation Working Group and Action Plan in place (further information is available from Reconciliation NSW)*

*- having Aboriginal identified positions on staff*

*- including local Elders in organisational consultations*

*- hosting Aboriginal celebrations/events and participating in NAIDOC*

*- use of appropriate language.*

*Services may also consider becoming a LGBTI safe space or Transgender safe place. Contact ACON and the Gender Centre respectively to find out more.*

*A Client Diversity Policy template can be accessed via the NADA Policy Toolkit page. This policy template provides information on working with diverse populations, including Aboriginal, Culturally and Linguistically Diverse (CALD), Lesbian, Gay, Bisexual, Transgender and Intersex, Disability and Criminal Justice, which may be of use when developing your organisational policy on working with diversity.*

*\*Please delete note before finalising this policy.*

## 2.2 Consumer participation

Consumer participation is defined as ‘the active participation of people who, because they have used services or are potential service users, can bring their knowledge and experience to contribute to the design, planning, delivery and evaluation of services’[[3]](#footnote-3). This definition includes families and carers.

**[Insert organisation name]** is committed to supporting consumer participation and recognises the value-added benefit consumers bring to the organisation in ensuring that the services and programs are appropriate, accessible and responsive to client needs. **[Insert organisation name]** encourages consumer participation in quality improvement, organisation development and delivery of services.

**[Insert organisation name]** is committed to the six principles of consumer-centred care that Consumers Health Forum of Australia (CHF) advocates.

1. Accessible and affordable care – it should be timely, well-organised and sustainable
2. Whole of person care – seeing to a person’s emotional, physical, social and support needs
3. Coordinated and comprehensive care – joined up, integrated and available
4. Appropriate care – meets individual needs, is safe, competent and seeks consumer understanding
5. Trust and respect – doctor, nurse and health worker understand and are responsive to a person’s needs, are transparent and accountable
6. Informed decision making – consumers are told about treatment options and costs, and their consent is sought.

Consumer-centred care and consumer engagement are supported by the Australian Charter of Healthcare Rights (2012). The Charter acknowledges that consumers have the right to speak and to be heard, to be engaged in decisions about their individual healthcare, and to have input into health policy development and service planning, implementation and evaluation.

To gain the maximum benefits of consumer engagement at a strategic level, services are likely to seek consumers who have:

* Knowledge of the health care system
* Excellent communication skills
* Experience as consumer representatives
* Connections to broader consumer and community networks, in order to share current users’ experiences, wider than just their own personal experience.

***🖌Note\****

There are different levels of consumer participation that can be implemented to suit your organisation’s needs. Further information about consumer participation can be found in the [Guideline to Consumer Participation in NSW Drug and Alcohol Services](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2015_006.pdf) by NSW Health. NADA and NUAA can also provide training to support organisations in building knowledge and skill in Consumer Participation.

*\*Please delete note before finalising this policy.*

### 2.2.1 Consumer Participation Strategies

**[Insert organisation name]** is inclusive of a wide range of consumers and have a framework for encouraging participation from a range of consumers from diverse backgrounds and with diverse needs. **[Insert organisation name]**’s consumer participation strategies include:

* **Patient Reported Experience Measures (PREMs)**

Also referred to as client reported experience measures (CREMs), PREMs are standardised tools that enable patients to provide feedback on their experience of the service provided. They are one indicator of the quality of care provided. Information gathered from patients is used to drive service improvements. A PREMs Factsheet is available on the NSW Health website.

* **Consumer Participation Audit**

The Consumer Participation Audit tool is used in line with **[insert organisation name]**’s quality improvement cycle to assist in assessing the level of participation occurring and to identify activities which support greater levels of consumer participation. The Consumer Participation Audit Tool will be completed annually to review consumer participation levels.

* **Promoting and supporting consumer participation**

All staff and consumers are aware of the organisation’s consumer participation strategy and are encouraged to participate. Training and support are made available for staff and clients who have indicated their interest in becoming more involved in consumer participation. Health Consumers NSW have developed a Consumers Toolkit along with other useful tools and training that support consumer participation.

* **Consent form**

A consent form is used to support engagement of consumers with regard to the level of participation they may be involved in. See the Consumer Participation Consent Form template.

* **Surveys and suggestion boxes**

Surveys and suggestion boxes provide opportunities for consumers to provide feedback on the development and improvement of programs and services. All surveys will be developed with consumer input. All staff and consumers are informed of the outcomes of any feedback provided.

* **Resource development**

**[insert organisation name]** will ensure that consumers are involved in the development of organisation resources when appropriate. The organisation will actively engage consumers in resource development where the primary user of a resource will be consumers.

* **Consumer groups and advisory committees**

Consumer groups may consist of a mix of current or past service users and are a mechanism for consumers to express their views about organisational services or programs. Each group will be supported by staff and will operate to agreed Terms of Reference. Staff involved will provide feedback on discussions and/or recommendations to **[insert organisation name]** staff and management.

* **Employment of consumers for specific roles**

Consumers may be employed in a paid capacity at **[insert organisation name]** to undertake and manage consumer participation activities including advocacy and representation.

Consumer staff will undertake activities which align with their expertise, knowledge, experience and interests. Consumer staff will be provided with relevant training and will be adequately supervised and supported by an experienced internal and external supervisor. For more information, refer to the Human Resources Policy.

* **Staff recruitment and staff appraisals**

Consumers of **[insert organisation name]** are involved in staff recruitment and appraisals by: providing feedback on selection criteria, position descriptions, performance reviews, developing interview questions and being on interview panels and involved in the staff selection process.

***🖌Note\****

A clear process should be developed for consumer representatives on Staff, Board or Committee meetings. Organisations should consider having a consumer peer support model in place to actively support participation in these meetings.

Circumstances in which consumer representatives are involved in the Board should be detailed in the Governance Policy and in the organisation’s constitution.

A Charter of Consumer Rights may also be developed by the organisation. The Australian Charter of Healthcare Rights may be used to guide this process.

*\*Please delete note before finalising this policy.*

Consumer participation is an ongoing process which is reviewed regularly, and consumers have the right to decline or withdraw from any consultation activities at any time.

Consumers are asked on a regular basis if consumer participation activities are appropriate and meaningful to them. Feedback provided will not impact upon the person’s treatment or relationship with the service and this principle is clear to consumers at all times.

* **Staff training**

Staff members may be required to participate in training to improve engagement with consumers in their roles.

***🖌Note\****

NUAA provide training in working with consumers including stigma and discrimination. Training is also available through Health Consumers NSW. Contact NUAA and Health Consumers NSW respectively for more information.

*\*Please delete note before finalising this policy.*

### 2.2.2 Remuneration and incentives

Resources will be allocated to allow activities undertaken by consumers to be remunerated. Consumers will be paid for their time/services. Consumers’ remuneration includes:

|  |  |
| --- | --- |
| **Activity** | **Remuneration amount** |
| Board meeting participation | **[Insert remuneration amount per hour/per meeting, e.g. $40-50 per hour, $200 per meeting <4 hours, $400 per meeting >4 hours]** |
| Advisory group participation  | **[insert remuneration amount]** |
| Pre-reading required for meetings | **[insert remuneration amount]** |
| Event participation when representing **[insert organisation name]** | **[insert remuneration amount]** |
| **[Insert activity]** | **[insert remuneration amount]** |

***🖌Note\****

*Clear guidance should be documented in this policy on remuneration and payment schedules, including sitting fees for participation in advisory groups, Board meetings or interview panels.*

*Health Consumers NSW provides guidance on consumer participation and suggested remuneration rates. See Section 9.*

*\*Please delete note before finalising this policy.*

Consumers should also be reimbursed for reasonable costs incurred as a result of their participation (e.g. parking, travel expenses, printing costs, childcare).

Other types of assistance and support to encourage consumers to participate could include: providing childcare for consumers, family members or carers, providing training for consumers to assist their effectiveness in participating and/or providing incentives such as **[insert range of incentives, e.g. cash, disposable credit card, store vouchers]**.

**[Insert organisation name]** is responsible for ensuring it adheres to appropriate legislation, including tax legislation.

Consumers should be supported to check if any form of remuneration that they are receiving is or is not taxable and inform **[insert organisation name]** of any required payable tax amount (PAYG). For more information refer to the Consumer Payment Guide.

# SECTION 3: POLICY AND PROCEDURE DEVELOPMENT

The purpose of this section is to provide guidance to **[insert organisation name]** in developing, implementing and reviewing operational policy, procedures and supporting documents.

This section provides guidance to all staff, volunteers, students and Board members and encompasses, but is not limited to, identifying the need for a policy and the steps to be undertaken in developing, implementing and reviewing policy and procedures.

This section ensures that:

* Operations are supported by relevant and consistent policies, procedures and supporting documents
* Policies and procedures consider their relationship to, and impact on: clients, stakeholders, staff, student, volunteers and Board members.

This section does not provide guidance on the content of individual policies and procedures or replace the need for consultation with staff and consumers in policy development. Nor does this policy relate to social and community policy or position statements that the organisation may have, relevant to the non-government drug and alcohol and community sectors.

The organisation develops, implements and reviews policies and procedures with the aim of providing a framework for management of the organisation. Policies and procedures provide clarity in roles, responsibilities and rationale for Board members, staff, students, volunteers and stakeholders regarding how business is carried out.

**[Insert organisation name]**’s, policies and procedures:

* Are informed by the organisation’s vision, mission statement, guiding principles and strategic plan
* Are informed by legislation and national/state policy directives
* Guide best practice
* Are written in plain English
* Are relevant, available and accessible to all people who may have an interest in or be affected by them
* Are the basis of the organisation’s quality program and, as such, are subject to continuous review and improvement.

**🖌Note\***

Quality improvement programs provide opportunities to identify and review practices. If your organisation does not have a quality improvement program, it is recommended that one is developed to ensure better outcomes for your organisation.

The NADA Quality Improvement Resource Tool for Non-Government Drug and Alcohol Organisations may be helpful to support your QI programs. Contact NADA for more information on QI and the additional support we can provide your organisation.

\*Please delete note before finalising this policy.

## 3.1 Identifying the need

The need for a policy can be identified by any client, consumer, employee, student, volunteer or Board member of the organisation. Triggers for a new policy and/or procedure could include:

* Changes to funding or external environment
* Changes to government policy or legislation
* New research evidence
* Review of organisational strategic plan, direction and activities
* Identification of issues through team meetings
* Critical incidents.

Once a policy need is identified, preliminary consideration is given to why the policy is needed, who it will affect, and its relationship with other policies.

A lead author is identified based on the best fit with a staff member’s role, skill and capacity. The lead author is responsible for undertaking the policy research and analysis, preparation of drafts, consultation and final writing of the documents. The lead author may involve other staff to develop the policy as a team.

## 3.2 Research and analysis

The lead author undertakes research on the policy topic to inform the development of the specific policy. Issues for consideration include:

* Compliance with external regulations, legislation and statutes
* Identification of best practice guides and standards
* Alignment with the organisation’s strategic plan
* General content of the policy
* Impact on current operational procedures
* Identification of accompanying procedures and other supporting documents
* Expected policy implementation needs (e.g. resources, funding, staff, space)
* Matters to be addressed to support policy implementation.

## 3.3 Preparation of draft policies and procedures

The lead author is to prepare draft policies and procedures based on initial considerations, findings from research, and best practice.

All **[insert organisation name]** policies and procedures use the organisation Policy Template.

**🖌Note\***

The NADA Policy Toolkit includes a Procedure Template for organisations that prefer to include procedures as separate documents from their policies.

 \*Please delete note before finalising this policy.

## 3.4 Consultation

All draft policies, procedures and supporting documents are made available to staff, providing opportunity for engagement and input.

Sufficient time is allowed for staff to provide comment on draft documents. Where policy affects consumers, either directly or indirectly, they are consulted.

All comments are to be assessed and acknowledged by the lead author. It may be appropriate to provide feedback to staff who have contributed information on how their comments have been considered in the revised/final document.

**🖌Note\***

Policy implementation is more likely to be successful if there has been staff and consumer engagement, and the policy and procedure is relevant and reflective of staff practice(s).

\*Please delete note before finalising this policy.

## 3.5 Preparation of final draft

Incorporating staff and consumer comments and any new information that arises, the lead author is to prepare final draft policies, procedures and supporting documents. If there has been significant change to the policy intent and content, a second consultation with staff is recommended.

If changes to content have been less significant, the final draft policy is considered ready for review and endorsement by the Board of Directors.

## 3.6 Endorsement

All policies are to be reviewed and endorsed by the Board of Directors at a full Board of Directors meeting. Final drafts of policies are to be provided to Board members ahead of the scheduled Board meeting, allowing sufficient time for review before endorsement at the Board meeting. Where significant changes are to be made to the policy at the recommendation of the Board, the final draft policy may be endorsed by the Board out of session. Endorsement of a policy may be sought outside the timeframe of the session, if required.

The CEO/Manager or their nominee is responsible for liaising with the Board for the purpose of policy review and endorsement.

Whilst procedures and other supporting documents are not required to be endorsed by the Board of Directors, they are considered ‘draft’ until the related policy has been endorsed.

## 3.7 Implementation

Once the policy has been endorsed by the Board of Directors, the lead author is to complete the front page of the policy with details of approval date, date of issue and date for review. Related procedures and supporting documents are to be made final.

These final policies, procedures and supporting documents are to be:

* Forwarded to all staff via email
* Noted at the next staff meeting
* Added to the **[insert drive name and function, e.g. ‘Drive A: Organisational policies’]**
* **[Insert method for updating clients on changes to policy that impact on them].**

The staff meeting provides an opportunity to raise any policy implementation issues not previously addressed.

## 3.8 Review

All policies, procedures and supporting documents are subject to a cycle of review as identified on the policy itself and in the organisation’s Policy Review Schedule. Policies may be reviewed outside these identified schedules as required.

Review of policies and related documents are led by the policy lead author or other identified staff member and consumer and should cover the following:

* Whether the policy has achieved its purpose and outcomes
* Concerns or implementation issues identified throughout the life of the policy
* Current relevance to the organisation’s operations (including other policies)
* Inclusion of new information
* Consistency with current external or other regulatory requirements.

## 3.9 Key considerations

### 3.9.1 Alignment with organisational plans

Policies and procedures must align with the organisation’s strategic/operational/business plans.

### 3.9.2 Use of plain English

All operational policies, procedures and supporting documents are to be written in plain English. For more information about language and terminology used by the organisation refer to the Communications Policy.

**🖌Note\***

Guidance on the use of plain English is available from The Plain English Campaign website.

\*Please delete note before finalising this policy.

### 3.9.3 Copyright

All operational policies, procedures and supporting documents acknowledge any source material used in their development and contain no copyright material without express written consent of the copyright owner.

## 3.10 Storage of policy documents

Finalised policies, procedures and supporting documents are forwarded to all staff. Electronic copies are to be stored in the **[insert drive name and function; e.g. ‘Drive A: Organisational policies’]**.

Any old or outdated policies and procedures are to be stored in the relevant archive folder.

A hard copy of current operational policies, procedures and supporting documents is kept in the organisation’s Policy and Procedures folder located on the **[insert folder location].**

# SECTION 4: QUALITY IMPROVEMENT

**[Insert organisation name]** is committed to continually improving the quality of its services and organisational management in order to fully realise its goals and strategic outcomes, and be inclusive and responsive to clients, staff, students, volunteers, stakeholders and the wider community.

The aim of the organisation’s quality improvement (QI) systems is to ensure that its services and activities, both within and outside the organisation, are of a consistently high quality.

Reflective of the organisation’s commitment to continuous improvement, **[insert organisation name]** is engaged in an external review and accreditation cycle with the **[insert name of quality improvement provider, e.g. Australian Council on Health Care Standards (ACHS)]** against its **[insert type of standards].**

In striving for best practice, **[insert organisation name]:**

* Approaches QI activities with a cyclical model which includes the elements of monitoring, assessment, action, evaluation and feedback
* Provides resources and support to staff, Board members and stakeholders to engage in its QI program
* Considers quality improvement fundamental to the way business is carried out and embeds QI in the organisation’s philosophy and practice
* Encourages evidence-based and innovative work practices, with staff recognised for best practice and innovative ideas.

This section ensures:

* That the organisation is recognised for its continuous improvement practices and quality services, as evidenced by formal accreditation and other external recognition.
* Quality improvement permeates all areas of business, with all staff and Board members seeking to improve the quality of their own activities and areas of responsibility, as well as the quality of the organisation as a whole.
* Staff and Board members are aware of and practice continuous QI.

The quality improvement process and system are coordinated and led by the **[insert allocated position],** though all staff and Board members are responsible for understanding, implementing and maintaining QI systems as appropriate to their role and responsibilities.

This section outlines the organisation’s QI program details, responsibilities, communication and implementation.

**🖌Note\***

For more information on QI and support NADA can provide your organisation, visit [the](http://www.nada.org.au/whatwedo/qualityimprovement) NADA website. Useful tools and QI support are also available from the NSW Agency for Clinical Innovation website.

\*Please delete note before finalising this policy.

## 4.1 [Insert organisation name]’s quality improvement program

* The organisation’s QI program is structured around the **[insert name of quality improvement provider, e.g. Australian Council on Health Care Standards (ACHS)]** against its **[insert type of standards].**
* The organisation’s QI program considers the goals and outcomes, identified in the strategic plan, so that all activity contributes to planned achievements.
* A QI Action Plan, led by the **[insert allocated position]**, provides all staff and Board members with guidance on scheduled improvement activities, scheduled policy reviews, improvement activities completed, timeframes and responsibilities.
* The QI Action Plan is reviewed, updated and redistributed to staff at least **[insert time period, e.g. twice per year, monthly]**.
* Improvement activities are usually undertaken by small teams of two or three staff to support workload issues, for multi-disciplinary input, and to further build team bonds.

## 4.2 Quality improvement program leadership

* The organisation’s Board is responsible for demonstrating a culture of QI through Board practices and operations, as well as through identifying and supporting organisation performance and outcomes.
* The organisation’s CEO/Manager and **[insert allocated position, e.g. QI program leader]** leads the development of a QI culture by: identifying, initiating and undertaking improvement activities; orientating new staff to the organisation’s QI program; supporting staff to undertake improvement activities with resources, training and flexibility; and committing to QI over the full program cycle.
* The organisation’s CEO/Manager identifies a **[insert allocated position, e.g. QI program leader]** whose responsibility includes: managing the relationship with the external QI program provider; coordinating, reviewing and documenting QI activities; preparing the organisation for QI program events (such as external review); and reporting to the Board and staff on progress and outcomes.
* The **[insert allocated position, e.g. QI program leader]** is not responsible for all QI activity; rather, they lead the broader QI program, with all staff and Board members responsible for participating in QI implementation.

## 4.3 Staff and Board responsibilities

* Staff and Board members are responsible for leading and/or contributing to a culture of QI through all work practices.
* Supervisors are responsible for ensuring all new staff understand and participate in the organisation’s QI program.

### 4.3.1 Quality improvement activities undertaken by the Board include:

* Review and endorse all organisational policies.
* Understand and endorse financial expenditure for QI program membership and implementation costs.
* Lead the development, implementation and review of Board governance, including related policies and planning.
* Undertake and respond to annual Board performance assessments.

### 4.3.2 Quality improvement activities undertaken by staff include:

* Identify and respond to areas for improvement in self and organisational practice.
* Lead and participate in the review and update of organisational policies, procedures and supporting documents.
* Develop and implement systems/processes that support quality service delivery to clients and stakeholders.
* Develop and implement systems/processes that support quality organisational management in the areas of planning and resources, human resources, communications, EEO, WHS, finances, risk, information, technology, compliance and reporting.

## 4.4 Quality improvement program orientation

* Participation in the organisation’s QI program is a requirement of all staff and is an accountability in all position descriptions and performance and development reviews.
* All staff orientation processes include the introduction and explanation of QI and how it is implemented in the organisation. This is usually provided by the **[insert allocated position, e.g. QI program leader]** and/or the staff’s supervisor.
* As required, the organisation supports staff in formal QI training and incorporates this into staff professional development plans.
* Staff who are new to formal QI programs and processes may gain understanding and support by participating in teams that are undertaking quality improvement activities.

## 4.5 QI program communication

* The **[insert allocated position, e.g. QI program leader]** is responsible for leading the communication of program progress and outcomes to staff and Board members.
* QI program implementation is a standing agenda item at the organisation’s staff meeting. All staff are responsible for identifying improvement activities and reporting on scheduled activity progress at the staff meeting.

**🖌Note\***

Other communication methods utilised by the QI program activities could include monthly QI program email updates that are developed by the QI program leader and distributed to all staff. These updates allow communication on activity due, changes/updates on the organisation’s QI program, and items of interest relating to QI.

Contact NADA for more information on QI and QI-related support that NADA can provide your organisation.

\*Please delete note before finalising this policy.

## 4.6 Implementing quality improvement activities

**[Insert organisation name]** undertakes QI activities based on the quality cycle detailed below. A structured Quality Improvement Action Plan outlines the specific tasks to be undertaken by staff during a quality cycle.

The organisation’s goals and outcomes identified in the strategic plan should be considered in all stages of the quality cycle.

### 4.6.1 Monitoring

**[Insert organisation name]** routinely collects information on its services to identify progress, achievements, outcomes and areas of potential improvement. This information is collected through a variety of mechanisms, including: analysis of data sets, surveys, interviews, literature reviews, audits, informal feedback, observations and policy/record/system reviews.

### 4.6.2 Assessment

Analysing information from the monitoring stage can provide an assessment of the current situation and identify the best approach to take for improvement. Individual assessment activities and resulting recommendations should be shared with relevant staff through staff or team meeting presentations, group discussions or other mechanisms to communicate findings and reach an agreed approach for subsequent improvement activities.

### 4.6.3 Action

Through the assessment phase, QI actions should be decided upon and/or prioritised. If the activity requires financial resources, an adequate budget should be identified before the activity commences. Similarly, if the activity requires significant time/human resources, discussions should take place with management prior to its commencement.

Suitable and practical solutions should take into account the current available evidence, as well as the needs of the organisation, staff, clients and stakeholders that might be affected. Actions may range from procedure documentation or policy development to system redesign or creation, e.g. electronic filing, human resources system.

### 4.6.4 Evaluation

Once the action has been taken, individuals involved should evaluate the results of that action to ensure the required result was achieved. Key questions to ask in evaluating an activity include:

* Did the action achieve the desired result or outcome?
* Is there any further action to be taken in this area?

Evaluation information should be collected in a similar way to monitoring information (see 4.6.1) or refer to the NADA Program Management Policy for more information on evaluation types.

### 4.6.5 Feedback

All individuals involved in, or affected by, quality improvement actions/activities should be aware of changes made to the organisation and the results of these activities (both internal and external stakeholders). Communication at all stages is critical to achieving sustainable results and facilitating organisational change.

## 4.7 Documentation and record-keeping

All scheduled and completed quality improvement activities are to be documented in the organisation’s Quality Improvement Action Plan by the **[insert allocated position, e.g. QI program leader]**.

Organisational changes made as part of the review and update of operational policies are to be summarised on the first page of the updated version of each policy under ‘Changes on previous version’. For more information on policy development and implementation, refer to Section 3 of this policy.

Organisation changes made as part of the developing new systems or reviewing and updating existing systems are documented capturing the following elements:

* Current situation (refer to 4.6.1)
* Description of the activity undertaken, e.g. staff survey, file audit
* Identified best practice
* Recommendations for improvement.

The organisation’s Quality Improvement Program Activity Report provided by **[insert name of quality improvement provider, e.g. Australian Council on Health Care Standards (ACHS)]** may be used to document organisational development activities.

Documenting system changes provides evidence of continuous improvement, supports QI program reporting to the external body, and allows for reflective learning.

## 4.8 Accreditation

Accreditation standards and the accreditation cycle supports **[insert organisation name]** to establish and maintain quality improvement processes, meet minimum requirements of operations and service delivery, and provide a level of assurance to service users and funders about service safety and quality. Accreditation provides a framework for **[insert organisation name**] to build a culture of continuous quality improvement and to guide performance improvement.

The NGO AOD performance indicator specifications for AOD-Core 2: Organisation, accreditation and clinical governance, requires **[insert organisation name**] to hold current accreditation.

**[Insert organisation name]** holds current **[insert name of Accreditation Standard]** with **[insert name of certifying body].**

​Commencing **[insert date XX/XX/20XX]**, **[insert organisation name**] reports on the AOD-Core 2 performance indicator every six (6) months, no later than the 21st day of the month following each six-month period of collection.

**🖌Note\***

Fact sheets on NGO AOD performance indicator specifications for the ​‘AOD-Core 2: Organisation accreditation and clinical governance’ are available on the NSW Health website.

NSW Health-approved Organisation Accreditation Standards include:

- QIC Health and Community Service Standards by Quality Innovation Performance (QIP)

- Australian Service Excellence Standards (ASES) by the Department for Communities and Social Inclusion, Government of South Australia

- Evaluation and Quality Improvement Program (EQuIP) by the Australian Council on Healthcare Standards (ACHS)

- National Standards for Mental Health Services by the Australian Commission on Safety and Quality in Health Care (Note: stand-along accreditation to these services is only acceptable for dedicated mental health service organisations and those recognised as mental health and AOD 'dual diagnosis' service organisations).

For more information and support on Accreditation and QI contact NADA or visit the NADA website.

\*Please delete note before finalising this policy.

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# SECTION 5: CLIENT DATA COLLECTION AND MANAGEMENT

**[Insert organisation name]** has a commitment to the ethical collection and reporting of client data for the purposes of increasing service responsiveness and improving the quality of treatment interventions.

All client data collected is preceded by gaining informed consent as outlined in detail in the NADA Service and Operations Management and Client Clinical Management Policies. Clients should be informed as to what information is collected, by whom, how it will be used and their rights in relation to it.

De-identified client related data will be forwarded to government-endorsed national and state agencies, as per contractual funding requirements. For more detailed information, please refer to the Data Dictionary and Collection Guidelines for the NSW Minimum Data Set for Drug and Alcohol Treatment Services(NSW Health 2015).

Client information is provided and reported in different ways, including:

* Quantitative Descriptive client data as provided through National Minimum Data Set and NSW Minimum Data Set via Intake and Assessment forms (see the NADA Client Clinical Management Policy for more detail)
* Qualitative Descriptive client data that might be gathered as case studies or direct feedback quotes from interviews or client feedback forms
* Client outcome measurement data, on both the individual and across the organisation
* **[Insert other client information].**

**[Insert organisation]** aligns data items on its administrative forms as closely as possible to national and state data collection items to promote quality, consistency and continuity of state and national data.

## 5.1 National Minimum Data Set (NMDS) and NSW Minimum Data Set (MDS)

All government and non-government drug and alcohol agencies receiving NSW Ministry of Health funding to provide specialised drug and alcohol services must collect and report data to the NSW MDS DATS from 1 July 2015. Compliance with this policy directive is mandatory.

The National and NSW MDS consists of a range of items that describe administrative, social, demographic, drug-related and service-related information. This client information is collected and provided to health departments at both the State and Commonwealth levels.

**[Insert organisation name]** uses the **[insert name of system, e.g. NADAbase, TED, MACSIMS, MIMASO, etc.]** system to collect N/MDS data. Data is submitted to the relevant government departments on a **[insert time frame, e.g. monthly for N/MDS]** basis via **[insert system name]**. For more information on the NSW MDS and the relevant submission guidelines, refer to the NSW Health Data Dictionary and the Collection Requirements for the NSW MDS for Drug and Alcohol Treatment Services (2015).

## 5.2 Client Outcome Data

Client outcome data is designed to detect change in an individual that is attributable to an intervention or series of interventions. Data on outcomes is generally obtained by collecting standard measures over a period of time, commonly at treatment entry, some midpoint, at exit and at a follow-up point. Outcome data can inform treatment interventions with individuals and can also provide data on organisations and the AOD sector, thereby improving reporting and enabling advocacy for appropriate resources.

Client outcome data collection and reporting has become the standard by which alcohol and other drug treatment effectiveness is measured in the NGO Alcohol and other Drug Treatment sector and **[insert organisation]** is committed to its implementation across all current and future programs/services/interventions.

**[Insert organisation name]** routinely collects client outcome data via **[NADAbase, TED, Communicare, Other – delete all those that do not apply].** Client outcome data is reported in a variety of ways, including:

* Client review meetings
* Annual reports
* Tender and grant submissions
* Government/funding reporting
* Conference presentations.

**🖌Note\***

A number of client data collection and management resources and tools are available, including the NADAbase N/MDS and COMS. Contact NADA or visit the NADA website for NADAbase support and training.

Further information on client data and client outcome data collection, can be found on the NSW Health website.

\*Please delete note before finalising this policy.

# SECTION 6: PARTNERSHIPS AND EXTERNAL RELATIONSHIPS

**[Insert organisation name]** recognises the value of partnerships and external relationships in providing quality services and outcomes for clients and the broader drug and alcohol sector. **[Insert organisation name]** develops relationships with a range of external individuals, groups and affiliated organisations to support **[insert organisation name]** working towards its goals.

The purpose of this section is to provide guidance in identifying, developing and maintaining relationships with external individuals, groups and organisations to ensure a consistent approach to more effectively meet their respective strategic objectives.

To provide quality and coordinated services, the organisation:

* Considers that partnerships and external relationships contribute to the organisation’s business.
* Ensures that staff are supported to invest time and effort in the development and maintenance of external relationships.
* Respects and values differing perspectives and priorities held by individuals, groups and organisations, while focusing on the agreed and common purpose of the relationship.
* Considers the development of both formal and informal relationships as adding value to the organisation and its clients.

This section ensures that:

* All external relationships contribute to the fulfilment of the organisation’s operation and goals.
* **[Insert organisation name]** maintains a range of relationships, both formal and informal, that benefit the organisation, its clients and the relevant sectors.
* Formal partnerships and relationships are governed by an agreed set of specifications.

**[Insert organisation name]** engages in a range of relationships, both informal and formal, with individuals, groups and organisations. It is important to recognise that relationships change over time, as do the expectations of those involved in the relationship. Therefore, regular review of the purpose of the relationship and how the relationship functions ensures that time and effort invested is productive and rewarding.

## 6.1 Types of relationships

### 6.1.1 Funding relationships

Funding relationships are entered into for the purpose of receiving grants and/or to provide a specified service or product in support of its mission. Funding relationships are formalised through an agreed set of specifications, such as a funding contract. All funding relationships will be approved and signed by the CEO/Manager.

As part of the funding contract, the organisation commits to achieving outcomes in the agreement’s performance indicators which are reported against as stipulated.

### 6.1.2 Membership relationships

**[Insert organisation name]** enters into membership relationships with (or ‘joins’) professional bodies for the purpose of access to information, resources and the opportunity to contribute to policy and NADA issues that impact on the sectors of which it is a part. Entering into a membership relationship, does not endorse the organisation or the views of the body.

The organisation will enter into a membership relationship once approved by the CEO/Manager, an appropriate budget is identified, and the relevant application process is completed.

### 6.1.3 Contractual relationships

Contractual relationships with individuals, groups or organisations are entered into as a process for purchasing a product or service that supports the organisation’s activities to fulfil its strategic objectives.

Contractual relationships must be demonstrated through a purchaser/provider contract. The consultant contract clearly identifies:

* Involved parties and their responsibilities
* Product/service to be provided
* Timeframe for delivery
* Payment schedule
* Dispute resolution procedures.

The CEO/Manager and **[insert allocated positions]** are responsible for identifying and leading contractual relationships as delegated. The CEO/Manager is responsible for sign-off on all contractual relationships.

Contractual relationships are considered legally binding and are to be given due consideration as to the obligations and expectations before entering into such relationships.

When needs are identified, and contractual relationships are considered, staff members must:

* Identify the product or service that is required to support the implementation of a project or activity
* Identify an appropriate program/project budget
* Research the product or service that is required. Consult with staff, clients and if relevant, external stakeholders that have experience in the area. Discuss the product or service that is required with other staff for input/suggestions/advice
* Seek endorsement from CEO/Manager to enter into a contractual relationship
* Prepare a consultant briefing paper, which outlines the aims, timeframes, deliverables and the budget of the project/task. The document is guided by the organisation’s Consultant Briefing Paper (NADA template available).
* Identify and engage the appropriate consultant(s) through:
* the organisation’s Consultant list
* recommendation from other staff, Board or partners
* advertising; or information learned from a commercial advertisement.
* Prepare consultant contract. This document is guided by the organisation’s Consultant Contract (NADA template available).
* Consultant and CEO/Manager sign and agree to the terms and conditions outlined in the consultant contract.
* Release payment as per schedule in consultant contract.
* Consultant to deliver product as per consultant contract (allowing for amendments to product if appropriate and as detailed in the consultant contract).
* Discuss the consultant experience with the consultant as an evaluative process.
* Discuss the consultant experience with other staff as an evaluative process.
* Update the consultant list as required.

### 6.1.4 Partnerships

**[Insert organisation name]** enters into external partnerships as a way of working with other organisations or groups of organisations. Partnerships may take the form of joint project ventures, strategic alliances, advisory group membership, forums or collaborative activities. **[Insert organisation name]** may enter into a specific type of relationship with an individual, group or organisation and have a partnership with the same individual, group or organisation for a different purpose.

Refer to the organisation’s Partnership Engagement Checklist (NADA template available) to further advance partnership opportunities.

**🖌Note\***

A number of partnership resources and tools are available across the community service and government sector, including resources from NADA, the Council of Social Service of NSW (NCOSS), the Council of Social Service of Victoria (VCOSS), the Office for the Community Sector, Department of Planning and Community Development, State Government of Victoria, and the Mental Health Coordinating Council. Web links to these resources are listed at the end of this template.

\*Please delete note before finalising this policy.

## 6.2 Formal and informal external relationships

External working relationships may be informal or may be formalised through an agreement or contract.

Where the organisation enters into a funding relationship and is awarded a grant to provide a specified service or product, there will be a formal agreement, such as a funding and performance agreement in place.

Where funds are exchanged for services, a formal agreement such as a consultant contract may be required.

Partnerships may be informal associations or formalised through agreements called ‘Memorandum of Understanding’, ‘Working Agreement’, or ‘Intention to Collaborate’. The common theme of these types of agreements is that they identify:

* Background information
* All parties involved and relevant contact officers
* The agreed-upon participation
* Purpose and outcomes of the agreement
* Dispute resolution procedures
* Length of the association.

Refer to the organisation’s Memorandum of Understanding/Working Agreement/Intention to Collaborate (NADA templates available) to further partnership details.

Participating in and hosting advisory/steering/working groups may also be considered a formal relationship demonstrated through ‘Terms of Reference’ (TOR). Where **[insert organisation name]** hosts an advisory/steering/reference/working group, terms of reference (TOR) will be established which outline background information, membership, role of the group, and meeting processes.

Refer to the organisation’s Terms of Reference (NADA template available) for more information.

# SECTION 7: RESEARCH AND EVIDENCE-BASED PRACTICE

**[Insert organisation name]** is committed to the application of research and evidence-based practice in all areas of its operation and views this policy section as essential to its continuous quality improvement, organisational and program development.

In striving for best practice, **[insert organisation name]:**

* Critically evaluates its processes and procedures to ensure that all aspects of business are guided by current research and evidence-based practices.
* Engages and consults with its staff, membership, key stakeholders and relevant experts to guide its operations and future planning.
* Compares its performance with similar organisations through benchmarking and other processes.

This section ensures that:

* All levels of operations at the organisation are guided by current research and evidence-based practice through its processes and procedures.
* Research and consultation are conducted, wherever applicable.
* Staff are supported and encouraged to engage in professional development, internally and externally.
* Processes and procedures are regularly reviewed and evaluated to inform future practice and planning.
* Staff are aware of, and have access to, information and services that contribute to building the evidence base for work being conducted within the organisation.

For information on program evaluation refer to the Program Management Policy (NADA template available).

## 7.1 Research

**[Insert organisation name]** conducts research and analysis, by formal and informal means, to guide work practices. The following is a list of resources used in conducting research:

**[Insert/delete examples as they apply to your organisation]**

* Internal policies and procedures
* Government policies, guidelines and other resources
* Literature reviews
* Consultation (see Section 7.3 for more detail)
* Library (e.g. ADF Library, NSW Health Drug and Alcohol Library)
* Email updates (e.g. NDARC Connections Newsletter, NCOSS News, Turning Point Spotlight)
* Subscriptions to journals, magazines or expert bodies (e.g. D&A Review, ADF, APSAD)
* Newspapers and journal articles
* Online resources (e.g. Healthinfonet, AOD Knowledge Centre, NDARC)
* Internal project evaluations
* Forums/conferences
* Meetings (internal and external)
* Internal communication (e.g. newsletters)
* Verbal discussions (with colleagues, sector contacts, networking at events, etc.)

## 7.2 Literature reviews

A literature review is conducted for all programs and projects at **[insert organisation name]** which are new or are under review. This is carried out by **[insert allocated staff member, e.g. program manager]** or an external consultant. The purpose of the literature review is to examine all current and relevant research on a particular topic. The literature review will usually also identify any relevant programs or projects that have been undertaken both locally and internationally.

## 7.3 Consultation

The following consultation methods are used to inform decision-making at **[insert organisation name]**. The results of consultations are collated, analysed and communicated to clients, staff and involved stakeholders. The organisation consults with clients, staff, the Board and stakeholders in many levels of decision-making to inform work practices.

### 7.3.1 Clients – current and past

Client needs and feedback are instrumental to inform the planning process and programs/services of the organisation. The following mechanisms are used to consult with clients and members:

* Questionnaires and surveys (hard copy or online, e.g. SurveyMonkey)
* Forums and workshops
* Telephone contact and email
* Face-to-face interviews/meetings
* Site visits
* Focus groups.

For more information on ensuring client contribution to organisational development, see the Consumer Participation Section of this policy.

### 7.3.2 Staff, Board Members and Stakeholders

The organisation consults with staff, Board members and stakeholders, based on their expertise and experience in areas relevant to program development, organisational development and quality improvement. Many of the above mechanisms are also used to engage with stakeholders.

The organisation’s Board will contain a representative with research expertise, when available. Board members will provide advice on research, where appropriate.

### 7.3.3 Advisory groups and committees

In addition to having diverse representation on project advisory groups and steering committees, the organisation represents its clients on external groups and committees. These meetings provide a valuable resource for consulting with key stakeholders, experts and funding bodies.

### 7.3.4 Consultants

**[Insert organisation name]** may utilise the expertise of consultants in the sector to conduct work such as:

* Project scoping
* Literature reviews
* Project evaluations
* Resource production
* Final reports.

Further information about working with consultants, partners and stakeholders can be found in the Partnerships and External Relationships Section of this policy.

## 7.4 Referencing and plagiarism

It is important that all sources of information used in **[insert organisation name]** material is correctly referenced to avoid breaches of copyright and claims of plagiarism. Any sources used (e.g. books, journals and websites) should be acknowledged as a matter of courtesy, to secure the author’s credibility, to inform readers, and for copyright compliance.

The preferred referencing system is the author-date system, which is widely accepted and most commonly used within the drug and alcohol sector. Refer to the Communications Policy (NADA template available) for more information and see Section 8 of this policy for examples of referencing.

**🖌Note\***

For more information on citing and referencing, refer to Monash University website page on citing and referencing.

\*Please delete note before finalising this policy.

# SECTION 8: INTERNAL REFERENCES

## 8.1 Supporting documents

These supporting documents, templates and resources can be accessed via the [NADA Policy Toolkit](https://www.nada.org.au/policy-toolkit/policy-toolkit/) webpage.

**Diversity and Consumer Participation**

|  |  |
| --- | --- |
| * Diversity Competency Checklist
* Client Diversity Policy Template
* NADA Consumer Participation Audit Tool
 | * Consumer Participation Consent Form
* Consumer Payment Guide
 |

**Quality Improvement**

|  |  |
| --- | --- |
| * Policy Template
* Procedure Template
* Policy Review Schedule
* Quality Improvement Action Plan
 | * Quality Improvement Resource Tool for NGO Drug and Alcohol Organisations (2013)
 |

**Consultants**

* Consulting Briefing Paper Template
* Consultant List Template
* Consultant Contract Template

**Partnerships**

* Memorandum of Understanding (MOU) Template
* Terms of Reference Template
* Partnership Engagement Checklist

**Governance**

* Strategic Plan Template
* NADAbase

## 8.2 Policies referenced

These policies are cross-referenced within the NADA Organisational Development Policy Template. A template for each of these policies can be accessed via the [NADA Policy Toolkit](https://www.nada.org.au/policy-toolkit/policy-toolkit/) webpage.

* Governance Policy
* Communications Policy
* Human Resources Policy
* Program Management Policy
* Information and Communication Technology Policy
* Service and Program Operations Policy.

# SECTION 9: EXTERNAL REFERENCES

## 9.1 Legislation[[4]](#footnote-4)

* **Age Discrimination Act 2004 (Cmlth.)**

(www.legislation.gov.au/Details/C2017C00341)

* **Anti-Discrimination Act 1977 (NSW)**

(www8.austlii.edu.au/cgi-bin/viewdb/au/legis/nsw/consol\_act/aa1977204/)

* **Disability Discrimination Act 1992 (Cmlth.)**

(www.legislation.gov.au/Series/C2004A04426)

* **Fair Work Act 2009 (NSW)**

(www8.austlii.edu.au/cgi-bin/viewdb/au/legis/cth/consol\_act/fwa2009114/)

* **National Employment Standards**

(www.fairwork.gov.au/employee-entitlements/)

* **Human Rights and Equal Opportunity Commission Act 1996 (Cmlth.)**

(www.legislation.gov.au/Details/C2006C00094)

* **Industrial Relations Act 1996 (NSW)**

(www8.austlii.edu.au/cgi-bin/viewdb/au/legis/nsw/consol\_act/ira1996242/)

* **Racial Discrimination Act 1975 (Cmlth.)**

(www.legislation.gov.au/Details/C2016C00089)

* **Sex Discrimination Act 1984 (Cmlth.)**

(www.legislation.gov.au/Details/C2014C00002)

## Resources[[5]](#footnote-5)

These resources are cited within the NADA Organisational Development Policy Template:

* Australian Commission on Safety and Quality in Health Care (ACSQHC)
* **Australian Charter on Healthcare Rights (2012)**

(Available at www.safetyandquality.gov.au/sites/default/files/migrated/17500-HealthCareguide.pdf)

* **Australian Charter on Healthcare Rights (Poster)**

(Available at www.safetyandquality.gov.au/wp-content/uploads/2012/01/Australian-Charter-of-Healthcare-Rights-A3-poster-PDF-1781-KB.pdf)

* **National Standards for Mental Health Services**

(Available at www.safetyandquality.gov.au/our-work/mental-health/national-standards-in-mental-health)

* Australian Council on Healthcare Standards (ACHS) – **Evaluation and Quality Improvement Program (EQuIP)** (Available at www.achs.org.au/international/products-and-services/evaluation-and-quality-improvement-program-(equip)/)
* Council of Social Service of NSW (NCOSS) – **Formalising Partnerships Resource Kit (2008)**

(Available at www.ncoss.org.au/resources/080801-formalising-partnerships-resource-kit.pdf)

* Council of Social Service of Victoria (VCOSS) – **Partnership Practice Guides (2008)**

(Available at http://vcoss.org.au/strong-sector/partnerships-decd/partnering-guides/)

* Department for Communities and Social Inclusion, SA – **Australian Service Excellence Standards (ASES)** (Available at https://dhs.sa.gov.au/services/community-services/australian-service-excellence-standards)
**X**
* Healthcare Consumers NSW
* **Consumer Toolkit**

(Available at www.hcnsw.org.au/consumers-toolkit/)

* **Remuneration and reimbursement**

(Available at www.hcnsw.org.au/for-health-consumer-organisations/remuneration-and-reimbursement-of-health-consumers/)

* **Tools and resources**

(Available at www.hcnsw.org.au/news-resources/tools-and-resources/)

* **Training and events**

(Available at www.hcnsw.org.au/pages/training-events.html)

* Mental Health Coordinating Council – **Partnership Development**

(Available at www.mhcc.org.au/sector-development/promoting-partnerships/partnership-development.aspx)

* Monash University – **Citing and referencing webpage**

(Available at www.lib.monash.edu.au/tutorials/citing/[print](http://www.lib.monash.edu.au/tutorials/citing/print.html).htm

* NSW Agency for Clinical Innovation – **QI tools**

(Available at www.aci.health.nsw.gov.au/resources/redesign/change/making-change/fundamentals/11)

* NSW Health
* ​​​**AOD-Core 2: Organisation accreditation and clinical governance**(Available at www.health.nsw.gov.au/aod/Pages/core2-acg.aspx)
* **Data Dictionary & Collection Guidelines for the NSW Minimum Data Set for Drug and Alcohol Treatment Services (2015)**

(Available at www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015\_014.pdf)

* **Guideline to Consumer Participation in NSW Drug and Alcohol Services**

(Available at www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2015\_006.pdf)

* **NSW MDS: Review of Screening, Assessment and Outcome Measures for Drug and Alcohol Settings (2009)**

(Available at www.health.nsw.gov.au/aod/Pages/minimum-data-set.aspx)

* **PREMs Factsheet**

(Available at www.health.nsw.gov.au/aod/Factsheets/prems.pdf)

* **The Plain English Campaign** website

(Available at www.plainenglish.co.uk)

* Quality Innovation Performance (QIP) – **QIC Health and Community Service Standards**

(Available at www.qip.com.au/standards/qic-health-and-community-services-standards/)

* Reconciliation NSW – **Reconciliation Action Plans**

(Available at www.nswreconciliation.org.au/reconciliation-action-plans/)

* State Government of Victoria – **Community Sector and Business Partnerships Tool Kit (2012)**

(Available at www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0017/770021/Community\_Sector\_-and-\_Business\_Partnerships\_tool\_kit.pdf)

These resources[[6]](#footnote-6) may further support the development of your Organisational Development Policy Template:

* Advocacy Tasmania – Dept of Health and Human Services (2011). **A Guide to Consumer Engagement. Tasmanian Alcohol, Tobacco and Other Drug Treatment Services.**
(Available at www.dhhs.tas.gov.au/\_\_data/assets/pdf\_file/0007/91726/111492\_A\_Guide\_to\_ Consumer\_Engagement\_v4.pdf)
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* Anglicare Tasmania – Social Action and Research Centre (2010). **Voices on Choices: working towards consumer-led alcohol and drug treatment.** (Available at www.anglicare-tas.org.au/sites/default/files/Voices\_on\_choices\_-\_working\_towards\_consumer-led\_alcohol\_and\_drug\_treatment.pdf)
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* Commonwealth of Australia (2002). **Style manual for authors, editors and printers (6th edition, revised).** Brisbane: John Wiley & Sons Australia. (Available at www.australia.gov.au/ about-government/publications/style-manual)
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* Health Consumers Council of Western Australia – AOD Consumer Engagement Advisory Group (2016). **Principles and Best Practice Strategies for Consumer Engagement in the Alcohol & Other Drugs Sector in Western Australia.** (Available at www.hconc.org.au/wp-content/uploads/2018/03/AOD-Consumer-Engagement-Strategies-FINAL.pdf)
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* Health Consumers Queensland (2012). **Developing a consumer and community engagement strategy: a toolkit for Hospital and Health Services.** (Available at www.health.qld.gov.au/hcq/ publications/hcq-toolkit.pdf)
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* Keenan, M. & Lambe, P. (2006). **Guidelines for Developing an Information and Records Management Policy.** (Available at www.greenchameleon.com/uploads/KRIM\_Policy\_ development\_ guidelines.pdf\_guidelines.pdf )
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* Mental Health Commission of Western Australia. Working Together: **Mental Health and Alcohol and Other Drug Engagement Framework 2018-2025.** (Available at www.mhc.wa.gov.au/media /2247/working-together-mental-health-and-alcoh-er-drug-engagement-framework-20.pdf)
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* Network of Alcohol and other Drug Agencies (NADA). **Working with Family and Community Services (FACS) Factsheet 1.** (Available at www.nada.org.au/wp-content/uploads/2018/04/ factsheet\_1\_working\_with\_family\_and\_community\_services\_finalpdf2.pdf)
X
* Network of Alcohol and other Drug Agencies (NADA). **Working with Family and Community Services (FACS) Factsheet 2.** (Available at www.nada.org.au/wp-content/uploads/2018/04/ factsheet2\_understand\_facs\_practice\_framework\_approaches\_and\_systems\_final.pdf)
* NSW Health (2015). **Guideline to Consumer Participation in NSW Drug and Alcohol Services.** (Available at www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2015\_006.pdf)
X
* Self Help Addiction Resource Centre (SHARC). **The Peer Model Manual: Consumer participation in action.** (Available at www.sharc.org.au/wp-content/uploads/2014/02/Generic-Version-of-Peer-Helper-Manual.pdf)
X
* Self Help Addiction Resource Centre (SHARC) (2010). **Straight from the Source: A Practical Guide to Consumer Participation in the Victorian Alcohol and Other Drug Sector.** (Available at http://sharc.org.au/wp-content/uploads/2014/04/APSU-Straight-From-the-Source-Manual.pdf)
X
* SA Health (2013). **A Framework for Active Partnership with Consumers and the Community.** (Available at www.sahealth.sa.gov.au/wps/wcm/connect/59bbc2804e45470da 9e9af8ba24f3db9/ Directive\_Framework+for+Active+Partnership+with+Consumers+and+ Community\_June2016.pdf?MOD=AJPERES&CACHEID=59bbc2804e45470da9e9af8ba24f3db)

## Useful Websites[[7]](#footnote-7)

* **Australian Council on Healthcare Standards (ACHS)** –Corporate Member Services (www.achs.org.au)
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* **Quality Innovation Performance (QIP)**

(www.qip.com.au/)

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* **Consumer Health Forum of Australia (CHF)**

(https://chf.org.au/)
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* **National Archives of Australia: Record Management**

(www.naa.gov.au/records-management/index.aspx)
X

* **National Centre for Education and Training on Addiction (NCETA)**

(www.nceta.flinders.edu.au)
X

* **National Drug and Alcohol Research Centre (NDARC)**

(www.ndarc.med.unsw.edu.au)
X

* **National Drug Research Institute (NDRI)**

(www.ndri.curtin.edu.au)
X

* **National Drugs Sector Information Service (NDSIS)**

(www.ndsis.adca.org.au)
X

* **NSW MDS information**

(www.health.nsw.gov.au/aod/Pages/minimum-data-set.aspx)
X

* **NSW Users and AIDS Association (NUAA)**

(www.nuaa.org.au/)
X

* **Register of Australian Drug and Alcohol Research (RADAR)**

(www.radar.org.au)

1. Davies, P.T. (1999). 'What is Evidence-Based Education?', British Journal of Educational Studies, p.47, 2, 108-121. [↑](#footnote-ref-1)
2. Higgs, J. & Titchen, A. (2001). Towards professional artistry and creativity in practice. In J. Higgs & A. Titchen. Professional practice in health, education and the creative arts. (pp. 273-290). Oxford: Blackwell Science. [↑](#footnote-ref-2)
3. Voices on Choices: working towards consumer-led alcohol and drug treatment, Anglicare Tasmania, Social Action and Research Centre, July 2010. [↑](#footnote-ref-3)
4. Hyperlinks checked and available - July 2019 [↑](#footnote-ref-4)
5. Hyperlinks checked and available - July 2019 [↑](#footnote-ref-5)
6. Hyperlinks checked and available - July 2019 [↑](#footnote-ref-6)
7. Hyperlinks checked and available - July 2019 [↑](#footnote-ref-7)