

**An Outcomes Framework
for information and
support services working
with family and friends
impacted by alcohol and
other drug use.**



Acknowledgement

This Outcomes Framework was developed by the National Centre for Education and Training on Addiction (NCETA) in collaboration with the Alcohol and Drug Foundation (ADF) and multiple stakeholders across Australia.

NCETA and the ADF thank the organisations and individuals who contributed their views about what quality information and support services for family and friends affected by alcohol and other drug (AOD) related harm should look like; and, how this can be demonstrated to clients, organisations, and commissioners of services alike. Contributions to the framework came via focus groups, face-to-face meetings, and written submissions from stakeholders (Appendix A).

This framework builds on others' work in the AOD sector, in particular:

- capacity building projects delivered through the ADF's Information and Support Services Program for Family and Friends, funded by the Australian Government to improve drug information and services for families
- jurisdictional peaks and organisations' initiatives for progressing standards and frameworks for quality AOD treatment
- National Quality Framework for Drug and Alcohol Treatment Services^[1] and the National Framework for Alcohol, Tobacco and Other Drug Treatment 2019-2029.^[2]

Acknowledgement of Country

We acknowledge the Traditional Custodians of the lands across Australia upon which we work. We recognise the continued connection of First Nations people to the land, the waterways and to community and kin, and pay respects to Elders past and present.



Contact Details

Alcohol and Drug Foundation

P: +61 3 9611 6100

E: research@adf.org.au

National Centre for Education and Training on Addiction

P: +61 8 8201 7535

E: nceta@flinders.edu.au

Suggested Citation

Fischer JA, Martin C, Duraisingam V, Costello E, Skinner N, Stammers S, Bowden J. 2022. An Outcomes Framework for information and support services working with family and friends impacted by alcohol and other drug use. Melbourne: Alcohol and Drug Foundation.

Definitions

AOD: alcohol and other drugs.

Client-reported experiences: client views, observations and experiences on aspects of care that they have received. This includes their views on the accessibility and physical environment of services and aspects of the client–worker interaction.

Client-reported outcomes: a person’s perception of their own health captured through questionnaires, enabling clients to report on their quality of life, daily functioning, symptoms, and other aspects of their health and well-being.

Family and friends: self-identification by a person who is affected by another’s alcohol and other drug use. This definition recognises many combinations of family, kinship, friendship and relationship groups. It also recognises that positive outcomes require meaningful collaboration with Aboriginal and Torres Strait Islander peoples and people with specific cultural identities/needs.

Information: knowledge obtained by family and friends through electronic formats such as websites, web chats, email, apps, SMS and social media.

Outcomes Framework: a resource for organisations to identify and demonstrate what can be achieved in the delivery of information and support services, linking this impact with long-term outcomes.

Stigma: a pervasive social phenomenon that manifests as strong feelings of disapproval that most people in a society have about something. It negatively impacts people who have used or are using AOD, and their family and friends. Information and support services have a responsibility to mitigate stigma through organisational policies and regulations, and how services are designed and delivered to family and friends.

Support services: programs delivered to family and friends, either through one-to-one in person interactions or in group settings. These may include individual counselling sessions, support groups, and telephone lines.

Treatment: Structured health interventions delivered to individuals (including family and friends) to reduce the harms from alcohol, tobacco, prescribed medications or other drugs and improve health, social and emotional wellbeing.



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Vision

This Outcomes Framework supports service providers in delivering information and/or support to family and friends of people affected by alcohol and other drug (AOD) related use.

The overarching vision of the Outcomes Framework is to realise *improved health and social outcomes for family and friends affected by alcohol and other drug-related harm; facilitated by culturally safe and inclusive information and support services.*

The figure below acknowledges that a family or friend may require and/or seek information and support, anywhere along the treatment continuum.

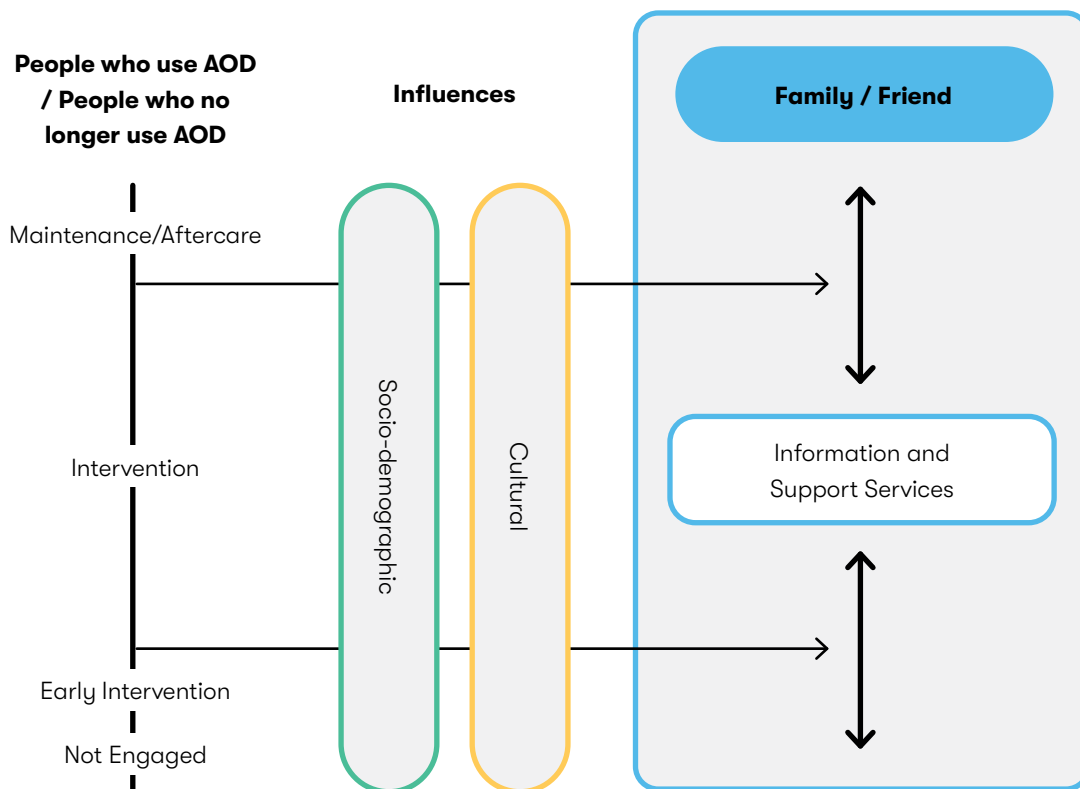


Figure 1: Family and friends mapped onto the treatment continuum

Background

Families and friends are a major source of support for people experiencing alcohol and other drug (AOD) issues and are often significantly impacted by consequential harms.^[3-5]

However, they often lack the confidence and knowledge of how to respond and how to provide the required assistance.^[4, 6] And, stigma can be a major barrier for them when it comes to seeking information and support.^[7]

It's important that concerned family and friends are equipped with the necessary confidence and skills to assist in their family member or friend's recovery, and that they seek help and guidance as early as possible - before problems become more chronic and recovery more challenging.^[8]

Family and friends also need support to protect their own wellbeing, which is often compromised when dealing with their loved one's problematic AOD issues.^[3, 4, 9]

The principles of information and support services, or 'treatment', for family and friends, are the same as they are for people who use AOD and people who no longer use AOD.

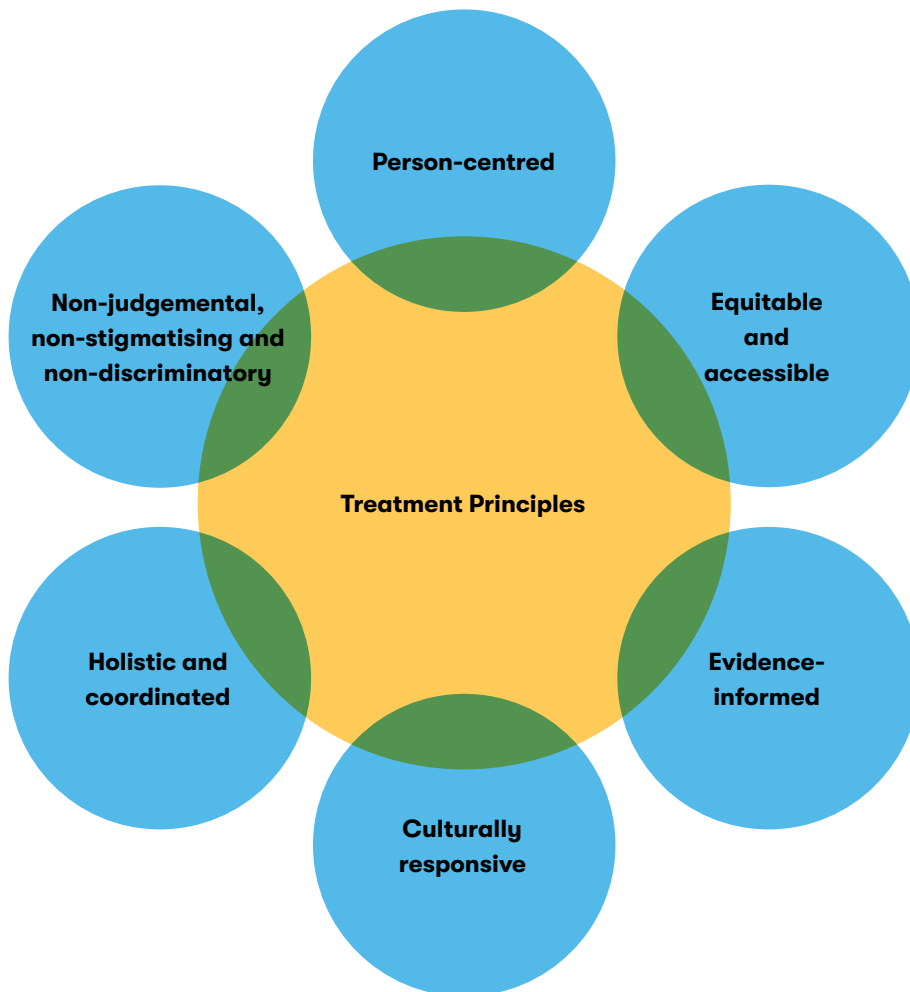


Figure 2: Treatment principles, National Framework for Alcohol, Tobacco and Other Drug Treatment, 2019-2029

Identifying and demonstrating what can be achieved in delivering information and support services, and linking this impact with long-term outcomes is important for many reasons. It:

- provides realistic goals for family and friends
- improves communication between family and friends, organisations and the general public
- enables identification of ongoing system and service improvements
- ensures accountability for public funds.^[2]

Purpose

The purpose of this Outcomes Framework is to assist organisations to identify and measure the impact and quality of information and support services they provide to families and friends of people who use AOD; linking with long-term outcomes for this client group.

It provides service providers with:

- a uniform vision for what service quality and success can look like
- suggested metrics for tracking quality and success over time
- a starting point for organisations to measure what they are doing, learn whether it is working, adjust and repeat to have an even greater impact.

Audience

The primary audience for this Outcomes Framework is stand-alone settings that provide specialist family and friend AOD-related information and support services.

This Outcomes Framework can also be utilised in other settings where information and support services are provided to family and friends on AOD-related issues, for example primary health care; organisations working with Aboriginal and Torres Strait Islander peoples; and, communities and people who have specific cultural identities and/or needs.

Structure

To progress the Vision, the Outcomes Framework consists of five inter-related dimensions.

Each dimension has a defined outcome.

Every outcome has associated indicators which define success.

For each indicator, suggested measures for tracking progress are provided.

A reflection aspect is also included, which involves looking retrospectively at how information and support services have been delivered. This could be achieved through the analysis of the information gathered to demonstrate the impact of information and support services to the stakeholder/s. (Figure 3)

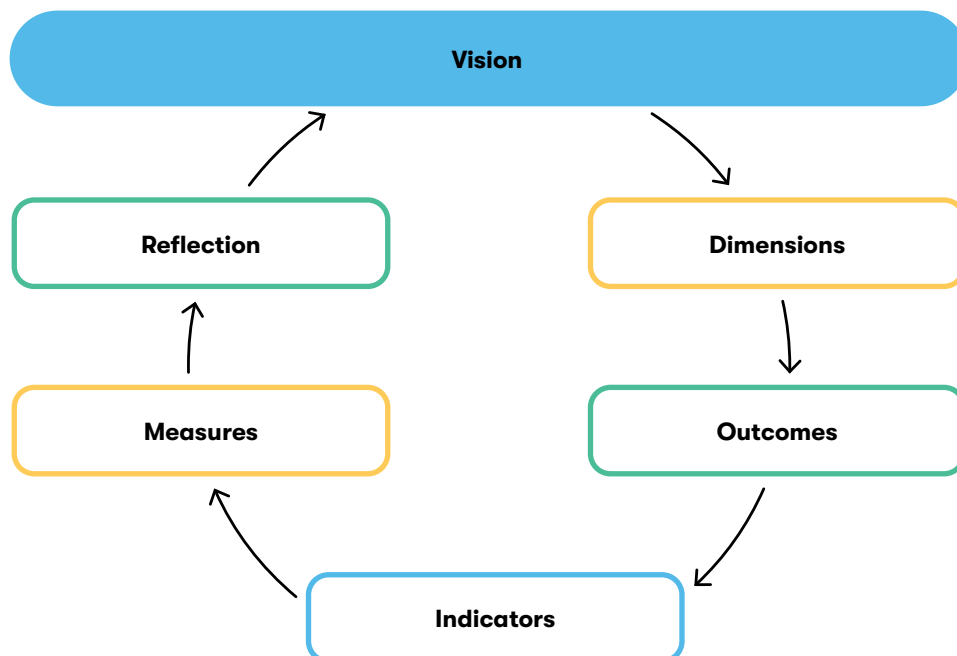


Figure 3: Outcomes Framework structure

Dimensions, Outcomes and Indicators

This Outcomes Framework provides a structured approach to establish how family and friends’ information and support services perform in five key dimensions:

1. Reduced Stigma
2. Increased Awareness
3. Skill Acquisition
4. Better Accessibility
5. Quality Improvement.

Each dimension is evidenced by one defined outcome (five in total), which has been informed by the consultations and prior work undertaken by the ADF and the sector.

In turn, the outcomes are supported by 14 indicators that can be tracked over time (see Figure 4).

Figure 4: Outcomes Framework dimensions, outcomes and indicators

Dimension	Outcome	Indicator
1. Reduced Stigma	Family and friends feel comfortable seeking help, from a reliable source	1.1 Early help-seeking 1.2 Positive experiences with delivered services, and no experience of stigma from engagement with information and/or support services 1.3 Accreditation badge to an accepted National Quality Framework Standard is visible on website, physical location, information and support services resources
2. Increased Awareness	Family and friends are aware of available information and support services, and can obtain knowledge of the effects and impact of substance use in culturally safe and appropriate ways	2.1 Awareness of existing information and support services 2.2 Adequate knowledge of basic AOD use and treatment 2.3 Increased awareness of how to support a family member or friends with their AOD use
3. Skill Acquisition for Wellbeing	Family and friends are able to acquire skills and tools that enhance their quality of life in culturally safe and appropriate ways	3.1 Enhanced quality of life 3.2 Improved coping skills 3.3 Reduced psychological distress
4. Better Accessibility	Family and friends can access established, reliable referral pathways, across the treatment continuum	4.1 Information and support are provided in multiple formats 4.2 Culturally safe and inclusive support services 4.3 Partnerships and collaborations are maintained and enhanced
5. Quality Improvement	Organisations consistently demonstrate that they meet acceptable levels of quality in the delivery of information and support services to family and friends	5.1 Accreditation maintained to a Standard accepted by the National Quality Framework (Appendix C) 5.2 Legislative compliance

Measuring Success

This Outcomes Framework assists organisations by providing insights for reflection and learning and informing quality improvement and evaluation activities to measure progress.

Measures included in this Outcomes Framework are not intended to be prescriptive and are suggestions only (Figure 4), as organisations deliver a broad range of information and support services, often through different funding sources, with their own set of established evaluation metrics.

For each measure in this framework, suggestions on how to assess the associated outcome are provided. The focus for these measures – family and friends, information and support services, and organisations – are also indicated.

Measurement Principles

The following principles should guide measurement.

- Consider measurement tools and techniques in service planning as early as possible.
- Consider examining routinely collected information as a starting point and align with:
 - reporting requirements, if appropriate, e.g. national minimum dataset
 - jurisdictional and federal outcomes frameworks, e.g. Queensland AOD Treatment and Harm Reduction Outcomes Framework
 - National Quality Framework endorsed Standards, where relevant (Appendix C).
- Apply mixed qualitative, quantitative, and culturally appropriate methods for collecting information.
- Ensure identified measurement tools are robust and meaningful. Where there is no/limited research evidence, systematically monitor outcomes to build a body of practice evidence.
- Measure what can, as well as what should, be assessed.
- Apply what is learnt back into the program for ongoing improvement.

Reflection

The Australian alcohol and other drug treatment service system should be a 'learning system', where there is continuous development, innovation, learning from each other, identification of parts of the system that are doing exceptional things, reflective practice, and ongoing interrogation of data to identify areas for improvements.

(National Framework for Alcohol, Tobacco and Other Drug Treatment, 2019-2029)

This Outcomes Framework includes a reflection component.

Reflection involves retrospectively considering how information and support services have been delivered by analysing the information gathered.

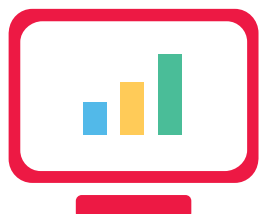
Some suggested questions for reflection are:

- Have information and support services contributed to the change as expected?
- Who has benefited from the program? How and under what circumstances?
- What do we know now that we didn't know before?
- How, when and where can we apply what has been learnt to improve the quality of information and support service delivery to family and friends?



Figure 5: Measuring success

Dimension	Indicators	Suggested measures	Focus
1. Reduced Stigma	1.1 Early help-seeking	Help-seeking <i>Examples:</i> <ul style="list-style-type: none"> • Reasons for help seeking and understanding previous attempts at help seeking (and whether they waited for help) • Proportion changes in earlier help seeking reasons (e.g. from crisis to information/ earlier help seeking identified) • Number and demographic characteristics of family and friends seeking help (e.g. sex, age group, identify as Aboriginal and/or Torres Strait Islander peoples, identify as requiring culturally specific or diverse information, locality) 	Family and Friends
	1.2 Positive experiences with delivered services; and no stigma experienced from engagement with information and/or support services	Client-reported experiences <i>Examples:</i> <ul style="list-style-type: none"> • Client Satisfaction Questionnaire (CSQ-8) • Outcome or Session Rating Scale (ORS + SRS) • Treatment Perception Questionnaire (TPQ) • PREM for Addiction Treatment (PREMAT) • Your Experience Survey PHN Survey (YES PHN Survey) • Consumer Assessment of Behaviour Health Services Institute (CABHSI) • Modified Patient Feedback Survey (modified PFS) 	Family and Friends
	1.3 Accreditation badge to an accepted National Quality Framework Standard is visible on website, physical location, information and support services resources	Program and organisation documentation <i>Example:</i> Program and organisation documentation supporting implementation of National Quality Framework and its principles	Organisation



Dimension	Indicators	Suggested measures	Focus
2. Increased Awareness	2.1 Awareness of existing information and support services	<p>Awareness of services</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Demographic information (as per 1.1) • Increase in awareness of available information and support services from pre-survey to follow-up evaluation • How participants heard about information and support services (e.g. from another client, via website) • Awareness of other information and support services, e.g. family and intimate partner violence services (unprompted and prompted) 	Family and Friends
	2.2 Adequate knowledge of basic AOD use and treatment	<p>AOD use and treatment knowledge</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Demographic information (as per 1.1) • Participant numbers • Pre and post testing of workshop/education learning outcomes which have been informed by the established evidence base • Pre and post testing of understanding specific harms and risks associated with AOD use informed by the established evidence base 	Family and Friends
	2.3 Increased awareness of how to support a family member or friend with their AOD use	<p>Supporting awareness</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Pre and post testing of workshop/education learning outcomes • Pre and post testing of workshop/education content • Client surveys and feedback • Documenting client stories • Staff feedback • Family sensitive workforce development activities, inclusive of peers and volunteers 	<p>Family and Friends</p> <p>Information and Support Services Workforce (including peers and volunteers)</p>

Dimension	Indicators	Suggested measures	Focus
3. Skills Acquisition for Wellbeing	3.1 Enhanced quality of life	<p>Client-reported outcomes</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Quality of life - World Health Organization Quality of Life assessment (WHOQOL-BREF) • Coping - Coping Questionnaire (CQ); Hopefulness-Hopelessness Scale (HOPE) • Psychological distress - K10 Psychological Distress Scale; Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) • Aboriginal and Torres Strait Islander peoples specific - Aboriginal Resilience and Recovery Questionnaire (ARRQ), Here and Now Aboriginal Assessment, Strong Souls: Social and Emotional Wellbeing Assessment Tool 	Family and Friends
	3.2 Improved coping skills 3.3 Reduced psychological distress	<p>Skill assessments</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Demographic information (as per 1.1) • Participant numbers • Pre and post testing of learning outcomes • Pre and post testing of workshop content • Client feedback • Documenting client stories <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Staff, including peers and volunteers' feedback • Family sensitive workforce development activities, inclusive of peers and volunteers, assessing: <ul style="list-style-type: none"> – participant numbers – pre and post testing of learning outcomes – pre and post testing of workshop content – client feedback 	Family and Friends Information and Support Services Workforce (including peers and volunteers)



Dimension	Indicators	Suggested measures	Focus
4. Better Accessibility	4.1 Information and support are provided in multiple formats	<p>Program and organisation documentation</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Routine record keeping (asking and recording number of family and friends, e.g. website analytics including visits, page views, time per page) • Gap analysis of specific information and support service elements • Number of resources available in languages other than English, and accuracy • Number of information and support services available in multiple formats 	Information and Support Services
	4.2 Culturally safe and inclusive support services	<p>Program and organisation documentation</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Cultural Safety in Health Care for Indigenous Australians: Monitoring Framework measures • Organisational audits (e.g. NADA's Family Inclusive Practice Audit; NADA's Tools for Change: a new way of working with families and carers; ADF's Power of Words) • Staff surveys, workforce development initiatives (including number of peer family and friend workers recruited and retained) • Client feedback and complaints • Gap analysis of specific service elements, such as translated materials or materials/ services that cater to people with specific cultural identities/needs 	Information and Support Services
	4.3 Partnerships and collaborations maintained and enhanced	<p>Program and organisation documentation</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Records of activities undertaken to maintain and enhance partnerships and collaborations (e.g. meetings held, memoranda of understanding signed, events co-hosted) • Proportion of referrals to external information and support services is appropriate • Family and friends are actively supported to engage with information and support services that meet their AOD-related and non-AOD needs and goals 	Information and Support Services

Dimension	Indicators	Suggested measures	Focus
<p>5. Quality Improvement</p>	<p>5.1 Accreditation maintained to a Standard accepted by the National Quality Framework (Appendix C)</p> <p>5.2 Legislative compliance</p>	<p>Program and organisation documentation supporting implementation of National Quality Framework and its principles</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Records of current accreditation to relevant standards • Records on development and implementation adherence to the established evidence base • Documentation demonstrating progress/adherence to National Quality Framework principles, i.e.: <ul style="list-style-type: none"> – organisational governance – clinical governance – planning and engagement – collaboration and partnerships – workforce development – information systems compliance – continuous improvement – health and safety (Appendix C) 	<p>Information and support services</p>



References

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5. Orford J, Velleman R, Natera G, Templeton L, Copello A, *Addiction in the family is a major but neglected contributor to the global burden of adult ill-health*. *Social Science & Medicine*, 2013. 78: p. 70-77.
6. McCann TV, Polacsek M, Lubman DI. *Experiences of family members supporting a relative with substance use problems: A qualitative study*. *Scandinavian Journal of Caring Sciences*, 2019. 33(4): p. 902-911.
7. McCann TV, Lubman DI. *Stigma experience of families supporting an adult member with substance misuse*. *International Journal of Mental Health Nursing*, 2018. 27(2): p. 693-701.
8. Alcohol and Drug Foundation, *Families and friends of people with problematic substance use. ISS data report*. 2021, ADF: Melbourne.
9. Orford J. *How does the common core to the harm experienced by affected family members vary by relationship, social and cultural factors?* *Drugs: Education, Prevention and Policy*, 2017. 24(1): p. 9-16.



A: Synthesis of consultations conducted by NCETA: Summary

The consultation process consisted of developing and refining a consultation paper; identifying a broad number of AOD-sector wide stakeholders; obtaining feedback from these stakeholders; and, subsequent synthesis of comments.

Feedback was sought on:

- What does high quality AOD service delivery to family and friends look like?
- What activities or results show progress towards/achievement of high quality AOD service?
- How can information about these results or activities be collected?

All feedback (total n=19) were synthesised and reviewed as well as general comments received about the proposed Outcomes Framework.

General comments

Participants commented that the final Outcomes Framework needs to include content on:

- addressing stigma associated with AOD use
- clear definition of 'family and friends'
- cultural safety and cultural inclusion
- connecting with Aboriginal and Torres Strait Islander communities
- connecting with culturally and linguistically diverse communities
- clarifying the audience, intent, purpose, and policy context.

High quality information and support services for family and friends

Stakeholders consistently envisaged that with high quality information and support services, the following could be achieved:

- help seeking would be a positive experience
- family and friends would be better equipped to manage their responses to a loved one's AOD use
- cultural inclusion and safety would be ensured (if embedded in a range of support options)
- accessible information and support services would exist across a continuity of care
- information and support services would be underpinned by current evidence
- established, reliable, referral pathways would be maintained through partnership and collaboration
- information and support services would be delivered by a skilled workforce, inclusive of peers.

Activities indicating progress towards high quality services

A range of activities/results were identified which would show progress towards the achievement of high quality AOD service. These were:

- maintaining accreditation
- positive help-seeking experiences
- opportunities for family and friends' skill development
- opportunities for increasing family and friends' knowledge
- recruitment and retention of peer workers
- proactive workforce development
- co-design of information and support services
- family sensitive practices
- community and media campaigns to break-down AOD-related myths and stereotypes.

Measuring progress towards high quality services

Most stakeholders agreed that measuring progress is useful for obtaining insight, enabling reflection and learning. However, many commented that measures must be simple, concise and meaningful. Key feedback from stakeholders were:

- include principles of measurement, rather than a prescriptive approach
- provide a mix of qualitative and quantitative methods
- use robust and meaningful instruments
- nominate a broad range of measures.

B: Contributing Organisations

360Edge

Australian Alcohol and other Drugs Council (AADC)

Association of Alcohol and other Drug Agencies NT (AADNT)

ACON

Australian Community Support Organisation (ACSO)

Alcohol, Tobacco and Other Drugs Council Tasmania (ATDC)

Alcohol, Tobacco and Other Drugs Association ACT (ATODA)

Capacity Building Grantees

Catholic Care

Centre for Culture, Ethnicity & Health (CEH)

Centre for Migrant & Refugee Health

Danila Dilba Health Service (DDHS)

Drug and Alcohol Services SA (DASSA)

Drug Education Network Inc. (DEN)

Direction Health Services

Family Drug Support Services

Lives Lived Well

Mental Health Families and Friends Tasmania (MHFFTas)

Network of Alcohol and Drug Agencies NSW (NADA)

National Drug Research Institute (NDRI)

Palmerston Association Inc. (WA)

Parent and Family Drug Support (PFDS)

Parent, Family and Drug Support Line (WA)

Queensland Aboriginal and Islander Health Council (QAIHC)

Queensland Network of Alcohol and Other Drug Agencies (QNADA)

Salvation Army (Tasmania)

South Australian Network of Drug and Alcohol Services (SANDAS)

Family, Drug and Gambling Help, Self-Help Addiction Resource Centre (SHARC)

Tumbelin Farm (SA)

Uniting Communities AOD

Victorian Alcohol and Drug Association (VAADA)

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

West Coast Youth and Community Support (WCYCS)

Youth, Family & Community Connections Inc. (Tas)

C: National Quality Framework for Alcohol and Drug Treatment Services

Nine Principles

<p>Organisational Governance</p> <p>A systematic approach to organisational governance is established.</p> <p>The organisation should have considered how reducing AOD related harms fits with its values and mission. (Refer to Clinical Governance Principle for AOD evidence and best practice elements).</p>	<p>Collaboration And Partnerships</p> <p>Partnerships are established to improve and focus on client centred care.</p> <p>The organisation's assessment and case management planning processes identify co-occurring issues, such as mental health, physical health, housing and employment and clients are supported through referral or collaboration to address these needs.</p>	<p>Compliance</p> <p>Protect clients by meeting legislative, regulatory and professional obligations.</p> <p>The organisation should ensure relevant legislation and regulation has been identified and systems are in place to monitor compliance. This may include monitoring staffing registration with relevant professional bodies.</p>
<p>Clinical Governance</p> <p>Establishment of accountability of individuals for the delivery of safe and effective quality care.</p> <p>The organisation should ensure effective systems of clinical governance are in place to maintain clinical safety and quality of services delivered. The organisation should ensure treatment services are informed by the evidence of what works and are respectful of, and responsive to, the preferences, needs and values of clients and the community.</p>	<p>Workforce, Development And Clinical Practice</p> <p>Engage and maintain a workforce that has the appropriate qualifications, skills, knowledge and supervision.</p> <p>The organisation implements merit-based recruitment and selection processes and supports ongoing staff development, through management and clinical/practice supervision and access to professional development that supports good clinical practices and the delivery of evidence-informed treatment.</p>	<p>Continuous Improvement</p> <p>Continuous improvement is a systematic ongoing effort.</p> <p>The organisation has established policies and procedures to guide its operations and monitors its compliance through internal review, client file reviews and feedback from stakeholders to continuously improves the delivery of treatment services.</p>
<p>Planning and engagement</p> <p>Planning and engagement to meet and be adaptable to client (service user) and community needs.</p> <p>The organisation should ensure treatment services are informed by the evidence of what works and are respectful of, and responsive to, the preferences, needs and values of clients (service user) and the community, including cultural security requirements as appropriate.</p> <p>The organisation monitors AOD use trends and undertakes community engagement to support its understanding of community treatment needs and adapts treatment environments to support access and engagement, including culturally responsive treatment models.</p>	<p>Information systems</p> <p>Secure and effective information systems to meet organisational objectives and inform decision making.</p> <p>The organisation has implemented appropriate information systems to capture data on treatment delivery, financial performance and organisational operations and uses this information to ensure compliance with contractual and legislative responsibilities. The organisation uses data analysis to inform continuous improvement activities.</p>	<p>Health and safety</p> <p>Provide a safe and comfortable environment consistent with client and staff needs and regulatory requirements.</p> <p>The organisation has a system to monitor the physical, psychological and cultural safety, health and wellbeing of staff, volunteers and people accessing the service and to mitigate identified risks.</p>

National Treatment Framework Endorsed Standards (as at 01.03.2022)

- The Australian Service Excellence Standards (ASES), (Sixth edition, 2018)
- The Evaluation and Quality Improvement Program (EQulP5), (2013)
- Human Services Quality Framework Queensland (HSQF), (Version 5, 2019)
- ISO9001: Quality Management Systems (2015)
- The National Safety and Quality Health Service (NSQHS), (second edition, 2017)
- Quality Improvement Council Health and Community Services Standards (QIC), (seventh edition, 2017)
- RACGP Standards for General Practices (fifth edition, 2017)
- Western Australian Network of Alcohol and Other Drug Agencies (WANADA) Alcohol and Other Drug Human Service Standard (version 3, 2019)

Source

https://www.health.gov.au/sites/default/files/documents/2019/12/national-quality-framework-for-drug-and-alcohol-treatment-services_0.pdf



