



**IN MEMORIAM**  
**JOSEPH MATTHEW MICHAEL LAMBERTI**  
 August 24, 1952 – June 12, 2015  
 By James Pitts

Joe Lamberti was a stalwart and champion of the therapeutic community movement in Australia and internationally. Joe had extensive experience working with the concepts of the therapeutic community. He held a number of staff positions within the Odyssey House organisations in the United States including New York, Utah and Michigan. In 1978, he was recruited by the newly-established Board of the James McGrath Foundation in Victoria, sponsors of Odyssey House, to come to Melbourne to start the Odyssey House therapeutic community.



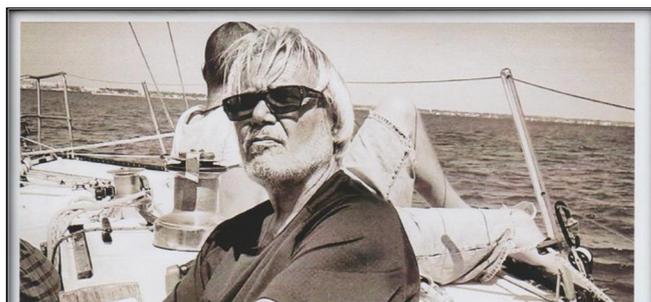
Joe diligently went about the task of informing the general public and practitioners in the alcohol and other drugs field about the benefits of the therapeutic community model. In spite of the fact that there was some opposition to this strange new concept from the United States, the efficacy of the model was accepted and support from the community in Melbourne was overwhelming. The Victorian government was a staunch supporter, as indicated by the generosity of its funding.

In 1985 the Premier's Conference was held in Melbourne. This occurred within a week after the fact that Bob Hawke's daughter was dependent on heroin became public knowledge. It was the establishment of the National Campaign Against Drug Abuse (NCADA). A number of therapeutic community administrators were in attendance, but we had to carve out our own meeting requirements. It became evident we needed to establish an entity to provide the political support which would be needed in the future for the therapeutic community movement.

Joe Lamberti proposed a follow-up meeting to be held at Odyssey House in Melbourne. After this and a number of further meetings, the Australian Therapeutic Communities Association (ATCA) was established. The driving force behind the establishment of the Association, was Joe Lamberti.

As in any process where a new entity is established, it wasn't easy – but we got there.

Joe was my colleague, at one time my boss, but most importantly – he was a person with a great vision which has enabled the therapeutic community movement to continue to establish itself with honour and pride. Joe was my friend, and I will miss him greatly!



I'll remember you,  
 When I've forgotten all the rest, You to me were true,  
 You to me were the best, When there is no more,  
 You cut to the core, Quicker than anyone I knew,  
 When I'm all alone, In the great unknown,  
 I'll remember you.

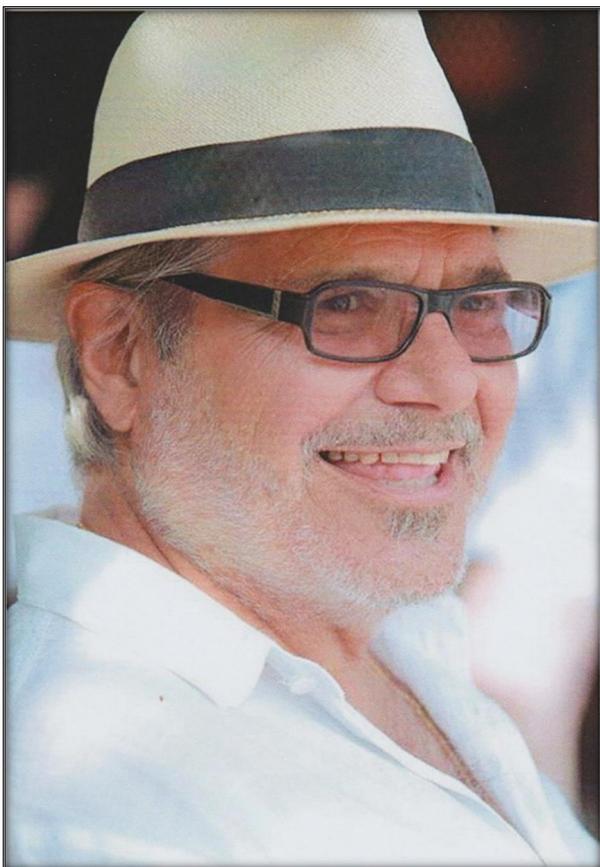
I'll remember you,  
 At the end of the trail, I had so much left to do,  
 I had so little time to fail  
 There's some people that, You don't forget  
 Even though you've only seen'm, One time or two,  
 When the roses fade, And I'm in the shade,  
 I'll remember you.

Bob Dylan

## REFLECTIONS ON THE PASSING OF JOE LAMBERTI – FOUNDING PRESIDENT OF ATCA

By Barry Evans

Therapeutic Communities in Australia have a long, proud history. On June 12<sup>th</sup>, one of the ‘fathers’ of the Australasian Therapeutic Communities Association passed away. Joe Lamberti was the founding CEO of Odyssey House in Melbourne, and the first President of the then Australian Therapeutic Communities Association (ATCA). I say ‘President’ rather than ‘Chairperson’ as the title reflects the man and my memories of him in the early days of the Association.



In December 1986, a year after Prime Minister Bob Hawke launched the National Campaign Against Drug Abuse, leaders of therapeutic communities from around Australia met at Odyssey House in Melbourne. A lack of recognition for the sector was the catalyst for meeting and for the subsequent creation of the Association and Joe Lamberti was elected as the inaugural President. From the beginning, Joe was instrumental in growing the Association, at one time even aspiring to create an Oceanic Federation, which later became known as the Australasian Therapeutic Communities

Association consisting of Australian and New Zealand TCs.

Born in New York, Joe oozed charm, and without being pejorative he was a smooth operator, always creative with the way things were interpreted but with the greater good at heart. He was dedicated to growing the Association and promoting it to both the sector and to government. Such was his enthusiasm to grow the Association that Joe once led a group of TC leaders on a recruiting campaign in the Atherton Tableland. Needless to say that Joe was more comfortable in the wilds of the Bronx than he was in the wilds of the outback.

Along with his amigos Milton Luger and James Pitts, Joe Lamberti would arrive at an ATCA Conference resplendent in New York Yankees baseball hat and jacket, you could take the boy out of the Bronx but.....

Joe left the sector in 1994 but remained in the drug and alcohol field establishing Lamberti Associates, assisting those with addictive behavioural disorders.

Vale Joe Lamberti.

**2015 ATCA CONFERENCE: AUCKLAND  
NEW ZEALAND  
MONDAY 12 TO WEDNESDAY 14 OCTOBER  
2015**



Preparations for the 2015 ATCA Conference in Auckland are well underway with the program now taking shape after the acceptance of more than 20 high quality papers on a range of topics of interest and concern to TCs.

If you haven't yet booked, the Early Bird registration fee will run out on 1 September – so don't miss the opportunity to get yourself and your staff to the conference at this price – only \$390 for ATCA



members and \$80 for the conference dinner and awards ceremony.

This year's conference theme, 'Partnerships in Treatment,' focuses on the numerous partnerships that are integral in providing a TC and embraces the client, their families and support networks, including health boards, justice and correctional departments, community agencies, bi-cultural & multicultural relationships.

### Conference Topics

- TC practice: New ideas and new initiatives
- Working in the region: Partnerships home and abroad
- Cultural practices: working with Aboriginal and Torres Strait Islander, CALD and Māori and Pasifika peoples
- Families and Children: Family involvement in treatment, interventions for children affected by parental drug use and associated issues, with a focus on early intervention and preventing the continuing cycle of intergenerational alcohol and drug use
- Use of technology: Embracing change in the TC community
- Continuing care: Re-thinking the parameters of community
- Co-morbidity: Best practice for people with co-occurring AOD and mental health issues
- Corrective services and coerced clients: Working collaboratively with our partners in the justice system

### Other topics of importance include:

- Methamphetamine treatment, evaluation and research
- The importance of research partnerships in the development of an evidence base to underpin the work of TCs, both in the residential setting and in the community
- Development of TC training modules
- A quality framework for practice – the certification of the ATCA Standard and its place in a national model

### The conference program features:

#### Monday 12 October:

- Site visits to Odyssey House (Auckland), CARE NZ Drug Treatment Unit (DTU) at

Spring Hill Correctional Facility and Higher Ground.

#### Tuesday 13 October – Wednesday 14 October:



**Dr Ken Robinson** from the USA, will speak on "Breaking the chains of Trauma" and "Moral Reconciliation Therapy" (MRT). His work will be tremendously important to TCs as PTSD and legal issues for

residents are of great significance. Dr Robinson received his Doctor of Education degree in educational psychology and counselling and his Master of Science degree in psychology from Memphis State University. He co-authored "How to Escape Your Prison," "Your Inner Enemy," "Filling the Inner Void," and all the MRT programs and materials.

The focus of **Judge Lisa Tremewan's** keynote will be on the unique ways in which therapeutic jurisprudence practices are being applied in the context of the AODT Court pilot.



She may also give insight into her working relationship with TCs.



The conference organisers are delighted to announce that **Mike Trace** has also accepted an invitation as keynote speaker for this year's conference. Mike Trace has worked for the last 20 years in various roles in the international drug control system –as Deputy UK Drug Czar to Tony Blair, President of the European Union Drugs Agency and more recently as an advocate for careful reform of the system. Mike has a wide range of experience in the field of drug treatment and policy, from direct work with problem drug users, to senior positions in National Government and International Agencies.



**Kathryn Leafe** is CEO of CareNZ and worked initially as a probation officer before moving into the AOD sector. She was involved in the early development of prison drug treatment and criminal justice based AOD interventions in the

UK. She firmly believes that partnership and collaborative approaches are the only solution if we are to make meaningful and sustained changes in the lives of those we work with.

**Workshop Thursday 15 October: Dr Ken Robinson's** post-conference workshop will provide participants with an overview of Moral Reconciliation Therapy (MRT™), Cognitive Behavioural Treatment and Antisocial Personality Disorders. It will take a lecture and discussion format to explore the dynamics and basic personality traits of clients presenting with antisocial and other personality disorders. Basic outcome research on the effectiveness of treating antisocial clients will be discussed. In addition, the primary characteristics, evolution and application of cognitive-behavioural techniques will be explained and demonstrated.

Moral Reconciliation Therapy (MRT™) will be reviewed so that attendees gain an understanding of the program's theoretical base. Attendees will be presented with the most recent outcome data. Information will be presented in relation to implementation and outcomes from the use of MRT™ as a primary treatment modality and its inclusion in the US Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices.



**Rendezvous Hotel: Venue for the 2015 conference in Auckland**

If you have any questions or queries regarding the conference please email Johnny Dow on [johnnyd@higherground.org.nz](mailto:johnnyd@higherground.org.nz)

**Conference details and registration form and hotel booking form can be found on the ATCA website at:** <http://events.atca.com.au/>

## Building the capability of the Therapeutic Communities (TC) workforce

Matua Raki (the New Zealand Addiction Workforce Development Centre), with support from the New Zealand Ministry of Health has been working on a project to help build the capability of the TC workforce in New Zealand and are hoping that this training program can be adapted to meet the needs within the Australian context.

There are a number of TCs and adapted TCs throughout New Zealand, including those within the prison environment (Drug Treatment Units). Feedback from TCs throughout both New Zealand and Australia suggested that new employees to the TC environment often struggle with the approach taken in TCs and that it is not something that is taught in any depth in addiction-focused education. CEOs and Managers found they were spending a lot of time 'training' new employees to the TC model and environment.

With this in mind, the Ministry of Health requested that Matua Raki, scope a project and conduct a needs and demand analysis of the TC workforce. This work re-iterated the concerns and also indicated that there was demand for stand-alone TC training to be delivered. The development of this TC training program has been supported by a national TC working group, and has included Lynne Magor-Blatch from the ATCA.

This year will see the first pilot of the TC training program being run out of the new facilities at Higher Ground in Auckland. The facilitators Pam Armstrong, Fa'alia Vaeau and Jyoti Smith bring a wealth of TC practitioner and service user understanding to the mix as well as strong culturally relevant skills and knowledge. This training program has been specifically written for the Aotearoa New Zealand context and is aimed at supporting new addiction practitioners working in TCs or those wanting to work in the TC environment. The training course has been developed to assist in expanding the potential 'TC work-ready' workforce pool. Its key aim is to support addiction practitioners, addiction support workers and other relevant professionals and students to develop knowledge, attitudes and skills that can be applied in the addiction TC context.

The TC training is a 19 week course consisting of

- 48 hours of face-to-face learning, facilitated by a trainer

- a 40-hour supervised professional skills practicum in a TC
- 12 hours of self-directed learning

Matua Raki look forward to the training which starts in August and will be evaluating the outcomes for both the students and TC network within New Zealand.

ATCA has now received the training modules and will be working to modify these for Australian practitioners, with particular concern for cultural security. We will then look at ways in which training can be offered to new and continuing staff members, many of whom have come to the TC environment with a wealth of skills and knowledge in mental health, substance use treatment and community services, but may not have had experience within the TC model.

We are very excited about the development of TC Training and grateful to the NZ Ministry of Health for making the funds available to Matua Raki to undertake this work. A Working Group has now been established to review the modules, and we hope to provide the first of the Australian training programs early in 2016.

### ATCA Board proposes Membership changes

In 2013 the *ATCA Standard* was redrafted to include Residential Rehabilitation Services, and the *ATCA Standard* was subsequently registered with JAS-ANZ in 2014. While a number of peer reviews were undertaken during the development of the *ATCA Standard*, audits against the Standard and leading to accreditation, commenced in 2015.

In recognition of this development, the ATCA Board has proposed a revision of the Association's membership categories to reflect the accreditation options inherent in the Standard and to identify the various pathways to membership of the Association. Broadly speaking the membership would be divided into:

- A. Therapeutic Communities – Organisational Members;
- B. Therapeutic Communities – Group Members;
- C. Residential Rehabilitation Services; and
- D. Affiliate Members.

Within these primary divisions, six categories of membership have been proposed by the ATCA Board, namely:

- Certified Therapeutic Community: Organisational Member.
- Therapeutic Community: Organisational Member.
- Certified Therapeutic Community: Group Member.
- Therapeutic Community: Group Member.
- Certified Residential Rehabilitation Service: Associate Member.
- Residential Rehabilitation Service: Associate Member.
- Affiliate Member.

ATCA members will be asked to vote on the proposed changes at the AGM in October, held during the New Zealand conference. The exact proposal will also be determined after analyses of survey responses. In particular, the Board is seeking member input on both the inclusion of residential rehabilitation services and the suggested voting rights of these members. Members have recently received the Board's proposal along with membership renewal letters. There are no changes proposed to current Organisational and Group Membership categories, other than an expectation that over a three year period, and in line with the organisation's usual accreditation process, members undertake accreditation against the ATCA Standard to become Certified Organisational or Group Members.

The Provisional Membership category will be abolished as new members will join either in the TC or Residential Rehabilitation Service category. All current Provisional Members have now been invited to renew their membership as full Organisational Members of the ATCA in 2015-2016.

The Residential Rehabilitation Service category will be established for organisations that support and/or are interested in the "Community as Method" model but do not currently provide a therapeutic community. Residential Rehabilitation Services would join ATCA in their own right and undertake the first six Expectations of the *ATCA Standard* to become a Certified Residential Rehabilitation Service. Alternatively, they might join the Association as an Associate Member with a longer term view of developing into a therapeutic community and be seeking support with this objective.

While there are no proposed changes for Organisational or Individual Affiliate Membership, the Board proposes a third category of Affiliate

Membership to include Privately-funded or For-Profit Therapeutic Community and Residential Rehabilitation Services. This recognises the growing number of privately-run facilities, some of which have expressed a desire to undertake accreditation against the *ATCA Standard* to ensure they are operating within a best-practice framework.

These options are currently being canvassed in the ATCA survey, to which all members have been invited to respond by 7 August (one response per member agency).

Results of the survey will also inform the development of the ATCA Strategic Plan 2016-2019, and the Board has engaged consultant David McGrath to work with the Association to undertake this work. The ATCA Board will next meet on 10 and 11 August to commence this planning process.



Each year ATCA Awards are presented at the Conference Dinner to individuals and/or organisations that have provided dedicated and innovative leadership, thus enhancing the Therapeutic Community model of treatment for alcohol and other drug issues.

**Nominations are now open for the following categories:**

**ATCA Individual Award:**

This award recognises the individuals who have made a significant contribution to the TC movement in Australasia over a considerable period of time. The goal of this award is to acknowledge and publicly recognise the exceptional work done by people who have worked tirelessly over a number of years to promote and develop the therapeutic community approach to treatment within the sector.

**ATCA Significant Contribution Award:**

This award recognises an exemplary or commendable contribution to the TC movement in Australasia made by a program or intervention. Any TC treatment provider or intervention is eligible. Judging criteria – that the program or intervention:

- Is based on current best practice for client care and outcomes in alcohol and other drug treatment in a therapeutic community setting;
- Has been evaluated and found to be effective in reducing or stopping alcohol or other drug use, reducing criminal activity, improving physical and emotional health, improving social functioning, improving psychological functioning and relationships, or making meaningful contributions to the community;
- Is integrated into the alcohol and other drug sector;
- Consults with clients about quality improvement and client satisfaction;
- Has well developed links with the broader community; and
- Provides staff with professional supervision and supports their ongoing development.

**ATCA Recognition Award:**

This award recognises the individuals who have made a contribution to the TC movement in Australasia over a period of ten years or more. The goal of this Award is to provide public recognition of the dedicated contribution by individuals to the TCs, by a staff member or volunteer.

**All nomination forms are available on the ATCA website. Nominations close on 4 September 2015 – please get your nomination in within good time – don't miss out!**



Things have moved relatively quickly since the update in last February's ATCA Newsletter, this has been largely driven by the registration of the *ATCA Standard* and the requirements for administration attached to that registration.

In light of the proposed changes to membership categories, we have had

some enquiries regarding the status of the Peer Review and its future relevance. It is therefore timely to explain the process that has taken place and some of the reasons why the changes have occurred.

Members will be aware that the ATCA Board has been engaged in quality assurance since the 2002 *Towards Better Practice in Therapeutic Communities* project, and more specifically on the development of the *ATCA Standard* since 2008 when the ATCA Board received a grant from the Australian Federal Government. The funded project was built on both the 2002 work and the later 2005, *Future Directions* project.

The ATCA Board has been concerned with ensuring the ongoing integrity of the Therapeutic Community model in Australasia since its inception in 1986. In fact, four of the seven goals that define the purpose of ATCA relate to this objective. This focus on evaluation also anticipated the requirements of funding bodies and management committees. For a long time the ATCA Board has recognised the need to assist member agencies to continually improve service delivery and it was felt that the best way to do this was via a Peer Review. Originally, Peer Reviews, when they started in the 90's, were paid for by the host agency, they were carried out by ATCA Board members with the support of the Secretariat at an average cost of \$4,500 per review.

When the first version of *ATCA Standard* was developed in 2010 it was trialed across TCs in Australia, and ATCA completed 16 Peer Reviews between 2010 and 2014 in the refining process. These trials were funded by the original grant from the Federal Government. The common feedback from this process questioned the relevance of those parts of the Standard that related to governance and issues of generic service delivery as these were already addressed by other accreditation requirements. A Standard, which focused on the essential elements of a Therapeutic Community, was born out of this trial.

During this transition and development phase the ATCA Board retained the Peer Review as a necessary pre-requisite for Provisional Members to achieve Full Membership of ATCA. Unfortunately for a variety of reasons some Provisional Members remained Provisional Members beyond the two year qualifying period, this was in part due to the workload placed on the ATCA Board by an influx of new members and in part because some agencies were not ready for a

review at the end of the two years. This fact was taken into account when the Board reviewed and restructured the proposed Membership categories.

The registration of the *ATCA Standard* with the Joint Accreditation System of Australia and New Zealand (JAS-ANZ) automatically took the administration of the Standard out of the hands of the ATCA Board. Overnight ATCA became the author and the owner of the Standard but for reasons of probity, any audits carried out against the Standard now have to be conducted by a Certifying Body that is registered with JAS-ANZ.

This arrangement provides independence and objectivity in the review process. However, to ensure that Certifying Bodies are informed of the unique qualities of Therapeutic Communities a Technical Expert appointed by the ATCA Board must accompany the Certifying Body when auditing a program seeking accreditation as a Therapeutic Community. This will also occur for Residential Rehabilitation Services seeking accreditation against the first six expectations only – while TCs will be required to meet all 13 expectations – with the last seven relating specifically to aspects of community-as-method.

As with any quality assurance standard, the certification is not confined to a single audit, instead there is a re-certification cycle, often over three years, where an organisation is expected to continually improve the quality of the service it delivers and the systems which ensure that quality. The *ATCA Standard* has a three year re-certification cycle.

Given the workload involved, it was always going to be difficult for the ATCA Board to maintain the Peer Review process, not only would it be required to review new members but in terms of fairness and equity it would have had to review all current members whose membership preceded the introduction of the Peer Review process. This 'one-off' mechanism did not take into account continued quality assurance nor the fact that over time there can be a drift away from the TC model as agencies respond to changes in funding, increasingly complex client groups, mergers, and the need to adapt in order to survive.

Outsourcing the review process to an objective third party (Certifying Bodies) means that all ATCA Members will now be reviewed within a three year window. This has become a condition of

membership, and by moving all current TC members to the Organisational or Group Category it has leveled the playing field. Membership fees have remained the same but there is the expectation that as Certifying Bodies become registered with JAS-ANZ they will be able to enter into contracts with ATCA Members to initiate the certification cycle.

In summary, those members who participated in a Peer Review as a pre-condition to membership now join the other ATCA Members in the Therapeutic Community Organisational Member Category. As no ATCA Member has yet undertaken an accreditation review, all services in this category are in transition to accreditation and are required to be accredited within three years of joining as a non-accredited (Organisational or Group) member. This means that by July 2018 all current Organisational and Group Members need to have entered into a contract to be accredited or have completed an accreditation audit against the ATCA Standard.

The Institute for Healthy Communities Australia (IHAC) will be the first Certifying Body to be registered with JAS-ANZ to carry out audits against the ATCA Standard. This organisation has extensive experience auditing against the WANADA Scheme for AOD Services. Based in Brisbane, IHCA operates all over Australia <http://www.ihca.com.au/>

When members are considering undertaking accreditation it may be worthwhile seeking out other organisations in your area who are also ready, as a means of spreading the cost. IHCA is a not-for-profit organisation and they are sensitive to the financial burden that comes with accreditation. The ATCA Board will continue to seek expressions of interest from other Certifying Bodies to become registered with JAS-ANZ so that they can be contracted to oversee accreditation.

ATCA is entering a new phase in its development, the implementation of the ATCA Standard is the result of fifteen years of work by the Board and with any change, questions will arise. If you do have any questions, please forward them to Barry at [bjevans49@gmail.com](mailto:bjevans49@gmail.com) and he will work with the ATCA Board to do to answer them.

### ICE Taskforce releases Interim Report to COAG

Many will have seen the recent communique from the Ice Taskforce, which hopefully signals that

messages regarding the need for focus on treatment – this is welcome news. A number of members were able to meet with Taskforce members as they held consultations around the country and ATCA also provided a written submission in addition to meeting with Taskforce members in Sydney.

The Taskforce members – Mr Ken Lay APM, Dr Sally McCarthy and Professor Richard Murray – have noted they are most grateful for the valuable advice they have received from those with whom they have met, and have provided an update on progress and next steps for the development of the National Ice Action Strategy.

The Taskforce presented their interim report to the Council of Australian Governments (COAG) on Thursday 23 July, including an overview of existing efforts and gaps to tackle the problem, and advice about what more needs to be done.

The Taskforce has identified six areas for action where they believe more work needs to be done by all governments, and where the greatest benefits can be gained to assist methamphetamine users, their families, communities and the workforce to tackle this complex problem.

These six areas are:

1. Target primary prevention
2. Improve access to early intervention, treatment and support services
3. Support local communities to respond
4. Improve tools for frontline workers
5. Focus law enforcement actions
6. Improve and consolidate research and data

As we know, TCs are working very effectively with this population group – and will continue to do so. However, ATCA has called for support along the same lines as the NZ Government to strengthen treatment options and the partnership with justice and the courts. We will maintain the pressure in this area.

### ATCA QUALITY PORTAL AVAILABLE ON ATCA WEBSITE

The ATCA Website has recently been reviewed and you will find on the home page a link to the ATCA Quality Portal. This is an easy-to-use, online system for undertaking a gap analysis and preparing your organisation for accreditation. The Portal includes the ATCA Standard.

The ATCA Quality Portal saves up to 80% of the time spent on quality standards assessment and compliance reporting, and avoids duplication when working with multiple standards. The Portal is a tailored version of the Standards and Performance Pathways (SPP) to meet the needs of organisations providing therapeutic communities and residential rehabilitation services.

ATCA members receive a 15% discount on their subscription to the Portal.

### What is the Standards & Performance Pathways?

The SPP helps organisations complete assessments against community services and health standards, as well as efficiently meet compliance reporting requirements.

Features include:

- Quality standards assessments.
- An automatically generated quality improvement plan.
- Guides and resources to support organisations in meeting the ATCA Standard, as well as other relevant quality or service standards.
- Graphs, benchmarking and global reporting.
- Document management system for easy evidence upload.
- Compliance registers with calendar and email alerts.

**If you work with multiple standards**, the SPP streamlines the work by only requiring you to complete an assessment once. It then does the rest of the work for you by automatically completing corresponding assessments in other standards.

**For organisations seeking accreditation**, the SPP is a great tool to use in preparing your organisation for the external review process. Accessing this information via the ATCA website provides the opportunity to **take a free, two-week trial**, and the **watch a video to see how it works**.



## ATCA Quality Portal

A quality management system for therapeutic communities and residential rehabilitation service providers

The ATCA Quality Portal is an easy-to-use system that helps you manage quality, risk and compliance. The Portal includes the new ATCA Standard for Therapeutic Communities & Residential Rehabilitation Services, as well as the main sets of community services and health standards.

#### KEY FEATURES

- **Self-assessment against standards**  
Complete self-assessments against the criteria (indicators) of a set of standards. As you work through each assessment, the portal will identify gaps and let you know what the organisation needs to do to achieve completion.
- **External reviews and accreditation**  
Prepares your organisation for external review and accreditation, with the ability to submit your results and evidence online.
- **Automatically generated Work Plans**  
As you complete assessments, a Work Plan is automatically generated based on the actions required to meet the standard. You can edit and allocate tasks, set due dates and email reminders.
- **Schedule email reminders**  
Set email alerts as due-date reminders in your work plan or registers.
- **Risk, compliance and quality registers**  
Create, edit and customise registers for risk management, compliance and other quality monitoring. You can tailor registers to your organisation's needs.
- **Document Library**  
Upload and manage pre-existing or newly completed documents, then link them to action items to provide evidence of compliance to external reviewers.
- **Immediate solution to multiple standards**  
Cross-referencing with all other sets of standards means you can complete multiple sets of standards by completing a single set.
- **Progress tracking**  
Displays graphs showing your organisation's progress against industry benchmarks.

#### KEY BENEFITS

- Increases service delivery capacity.
- Manages and monitors risk and compliance.
- Undertakes gap assessments.
- Work directly online – no need for paper-based reporting.
- A standards update and alert service keeps you on top of changes.
- Builds staff and organisational capacities.
- An immediate solution to multiple standards.
- Red-tape reduction.
- Increases productivity and saves up to 80% of time.

*“The SPP has reduced our reporting time significantly. The system is intuitive, I found my way around quite easily.”*

**Ronnie Voigt,**  
Drug Education Network

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