

# 2019

## annual report



**NADA**  
network of alcohol and  
other drugs agencies

**NADA supports the Uluru Statement from the Heart,  
the national Indigenous position on Indigenous  
constitutional recognition.**

**We support the call for the establishment of a First Nations  
Voice enshrined in the Australian Constitution and the  
establishment of a Makarrata Commission to supervise  
agreement making and truth telling between governments  
and Aboriginal and Torres Straight Islander peoples.**

**NADA, as a community organisation, supports the Uluru  
Statement as it was directed to the people of Australia. We  
urge all Australians to consider the Statement from the Heart  
and get behind the cause of full national reconciliation  
and integration with our First Nations peoples.**



# Connected by a common vision

NADA members' work spans from health promotion and harm reduction, early intervention, treatment to continuing care programs.

Despite the difference in their structure, philosophy and approach, they share a common vision.

A system that provides seamless support to clients, to improve their health and social wellbeing.



## Northern NSW



'Continuing care with community based services, staffed by Aboriginal workers, would provide safety and support to clients along their treatment journey. A worker can help determine what intervention is needed, and make that happen quickly. If the client was in crisis, they could support their entry into detox. Residential services could have a pathway from this unit into a program. The original service would then follow up.'

**Di, Namatjira Haven**

'Social and affordable housing can change clients' lives. In many cases, housing is a prerequisite for entry to residential services. Plus clients, particularly women with children, need housing after rehabilitation. Local housing services are vital and should be bolstered.'

**Michele, Lives Lived Well**

# Hunter New England



‘Our region would welcome a rehabilitation facility for women with children, a place for women to be empowered, and for both to start over, in a safe supportive environment. The mother can detox and then receive support during her recovery, with a focus on parenting. She could address her AOD issues, gain support for her mental health issues, and address recovery from past domestic violence.’

**Elvira, McAuley Outreach Service, Mercy Services**

'Service hubs near large centres with capacity to outreach to surrounding areas would solve a myriad of issues. They could engage clients quickly, begin the process of stepped care, and clients could remain in their community. If brief interventions and support are not meeting the client's treatment goals, then the next step up can be referral into residential treatment.'

**Brendan, Calvary Riverina Hospital**



## South Western Sydney



'CALD community members highly value prevention and early intervention. Prevention should be provided in ways that use existing help seeking strategies e.g. religious institutions, bicultural GPs. AOD use should be identified as a health issue, including harm reduction and safer consumption patterns, and address concerns around shame and stigma to promote help seeking.'

**Alison, DAMEC**

## Central Coast

'Our clients would benefit with increased access to counselling, in service or in the community. Wherever and whenever they needed it, it would be provided —then and there.'

**Georgee, Yerin**







# 2019

annual report

# Thank you from the NADA President

It has been a privileged to serve on the NADA Board of Directors for the last nine years. Over this time, NADA has continued to advocate for, strengthen and support us, the NADA members.

I would like to acknowledge that NADA has achieved award level accreditation under the Australia Services Excellence Standards quality framework certified by Quality Innovation and Performance. This has been thanks to the amazing team at NADA. The team has dedication and passion for their roles, and through their work, we are a stronger sector. I would like to thank Larry, Robert, Suzie, Maz, Michelle, Sianne, Tata, Sharon, Resli and Dejay. We really appreciate the work that you do.

I would also like to acknowledge and thank my colleagues on the NADA Board: Gerard, Mark, Libby, Garth, Joe, Julaine, David, Cate and Sandy. Each has brought a wealth of experience in corporate governance and a passion for ensuring the alcohol and other drugs (AOD) sector has a voice, so that the people we support can too, have a voice. A significant project that was completed this year was finalising the review of the NADA Constitution. This was a complex body of work and we conclude the year with a modern constitution. Following this, we renewed the NADA Strategic Plan. I'm proud of this new plan as it outlines our principles, vision and values for the delivery of services and supports for our members and is an excellent document of strategic intent.

I commend to you, this year's annual report.



**Gabriella Holmes**  
NADA President



# CEO report

Greetings members, and welcome to the 41st NADA Annual Report for the 2018/19 financial year. The past year has seen the development of our new Strategic Plan 2019–22 which refines our purpose, values and strategic priorities—key of which is advocating for sustainable funding and program governance, promoting the strength of our members, building capacity in our sector, and developing the workforce. So how have we done so far?

## Advocate for sustainable funding

NADA has completed a major report on planning for, and funding of, residential rehabilitation and detoxification services for the non government sector. Using a population based planning methodology, we created evidence based funding benchmarks for these two treatment types—acknowledging that further planning needs to include all treatment types. We submitted a proposal to the NSW Minister for Health and the Ministry of Health for consideration and still await their response. We also made a number of submissions to the NSW Special Commission of Inquiry into the Drug ‘Ice’ and gave evidence to their roundtables on service development and planning, and drug treatment funding. I believe the Commission’s final report will reflect NADA’s position on the need for better planning and substantial new financial resources to grow the capacity of the treatment sector to adequately respond to client demand.

At the national level, we are working with our AOD Peaks Network state and territory partners and ACOSS on advocacy with the Australian Government in relation to the future cuts to the Equal Remuneration Order supplementation payments to non government organisations through Commonwealth grants. This, in addition to the lack of CPI indexation to non government organisations, is making a significant impact on the budget bottom lines of our members receiving Commonwealth grants. NADA, with the AOD Peaks, are approaching the Federal Minister for Health to seek a way through this issue.

The Peaks Network will continue to be a valuable mechanism for NADA to advocate at the federal level in relation funding matters. In particular the continued role of the Primary Health Networks (PHN) as funders of AOD non government organisations and the Australian Government Department of Health as overall managers of the national AOD non government funding program. The network offers an opportunity to coordinate advocacy positions and

# CEO report

make representations for greater levels of resource allocations in the national drug budget and a greater role of peak non government input to the governance arrangements of the National Drug Strategy.

## **Promote the strengths of its members**

NADA has recently developed a communications strategy to promote the strengths of the programs and services across sectors, support and guide our public advocacy activities and reduce stigma and discrimination experienced by people who use drugs. The Community Mental Health and Drug and Alcohol Research Network (CMHDARN) continues to be a valuable research support program for our members. NADA's work with the Ministry's research capacity planning agenda will ensure research and evaluation resources are available to the membership to support the ongoing evidence based delivery of services. I believe promoting the strengths of our membership through active involvement in research and evaluation activities is key to telling the story of the value of non government delivered treatment services.

## **Build capacity**

NADA's recent Service Development Grants project is a good example of funding we were able to provide the membership to support developing capacity to improve people's experience of accessing treatment services and helping treatment staff to align and improve practice with the core treatment processes of client care. NADA works closely with the Ministry's AOD Program unit to help our members in their capacity to align with the key priorities of the state's AOD treatment program in areas like the development of clinical care standards, patient reported experience and outcome measures and improving pathways to residential rehabilitation. Over the coming year we will continue to support our members with the development of clinical competencies, agency capacity to manage service access and client data management and reporting.

## **Develop the workforce**

This remains a key area of focus for the NADA program and more will be detailed in the body of this report. Our current focus on worker wellbeing and a capability framework that will act

as an overarching framework and guiding principles for the non government AOD workforce. NADA will continue to lobby the state and federal health departments to put additional focus on the AOD workforce and to inject appropriate resources to support well planned workforce development initiatives.

The NADA staff and I would like to recognise the contribution of the NADA Board of Directors for their service in the 2018/19 financial year, and for their time and expertise in supporting the work of the staff and programs. I thank them, as long service members for their years of commitment. They have left the organisation with sound finances, a modern constitution, award level accreditation and a new strategic plan for the next three years. The Board has also left in place a new sub-committee on consumer involvement and set the direction for the work of this important governance mechanism to ensure that NADA places consumers at the core of our business processes and our member programs.

I would also like to thank the members who put their valuable time and effort into the key sub networks we support: the NADA Practice Leadership Group, the Women's AOD Services Network, the Youth AOD Services Network and the Community Mental Health and Drug and Alcohol Research Network. These networks are crucial to the development of the programs and services we run, as well as being a vital component of our information sharing activities—we really couldn't do our work as effectively without these important networks.

Finally, I want to acknowledge and thank the NADA staff for their dedication to the mission, the programs and services we offer and for their deep engagement with our members. This is the key to running an engaged an informed peak body.

We commend this annual report to our members and look forward to your continued engagement with the NADA network.



**Larry Pierce**  
NADA CEO

# Board of directors

as at 30 June 2019

**Gabriella Holmes** NADA President

Program Manager—Triple Care Farm, Mission Australia

**Gerard Byrne** Vice President

Clinical Director—The Salvation Army Recovery Services

**Mark Buckingham** Treasurer

Chief Executive Officer—Kedesh Rehabilitation Services

**Libby George** Secretary

General Manager—Drug and Alcohol Health Services Inc. (DAHS)

**Garth Popple**

Chief Executive Officer—WHOs

**Dr Julaine Allan**

Director, Research and Practice—The Lyndon Community

**Joe Coyte** resigned March 2019

Chief Executive Officer—The Glen Drug and Alcohol Rehabilitation Centre

**David Kelly** resigned November 2018 and filled casual vacancy February 2019

Manager—Wellington Aboriginal Corporation Health Service

**Catherine (Cate) Hewett**

Chief Executive Officer—Kamira Alcohol and Other Drug Treatment Services

**Sandy Kervin** filled a casual vacancy from June 2019

Chief Executive Officer—Jarrah House

# Treasurer's report

I am pleased to present the financial report for the year ended 2019. During the 2018/19 financial year, NADA received overall grant funding of **\$2,758,334** comprising the contributions from NSW Health, the Australian Government and PHN funding.

The total interest earned of **\$15,866** was distributed across our entire program.

Income through membership fees was **\$51,450**.

NADA expenditure for the year was **\$2,790,584**, supported by new grant funding, grant funds held from prior years, interest income and membership fees.

We have grown our member's equity from **\$568,227 to \$597,885** at the end of June 2019 and we have holdings of **\$267,312** of grant funds (rollovers) to be expended in future years.

NADA made a small surplus this year of **\$29,658** which goes to our prudent reserve to support any unforeseen costs that may arise..

## Grants to organisations

A range of NADA's programs included distributing grants to members for workforce development, quality improvement and service development. Total grants provided this financial year was **\$418,416**.

I commend the 2018/19 accounts to the membership.



**Mark Buckingham**

NADA Treasurer



# Income and expenditure statement

Year ended 30 June 2019

	2019	2018
Income	\$	\$
Grant—received this year	2,758,334	2,360,607
Grant—rolled in from prior year	205,602	396,340
Grant—rolled over to next year	(267,312)	(205,602)
Membership	51,450	51,105
Interest	15,866	14,297
Conference	-	122,693
Miscellaneous	56,302	48,538
	<b>2,820,242</b>	<b>2,787,978</b>
<b>Expenditure</b>		
Auditing	13,650	13,650
Accounting services	76,007	77,034
Bank fees and charges	1,625	1,904
Computer and IT	25,824	12,345
Conference, events and training	53,290	230,552
Consulting	539,881	522,741
Depreciation	47,317	47,058
Gifts and donations	1,262	-
Grants to other organisations	418,416	246,510
Insurance	10,211	10,424
Lease payments	11,230	18,624
Miscellaneous expenses	34,523	18,893
Motor vehicle expenses	15,720	16,180
Meeting costs	119,740	83,675
Postage, printing and stationery	17,573	20,032
Premises costs	131,465	125,716
Recruitment	1,038	6,388
Resource production	603	323
Salary and employment related costs	1,172,513	1,215,337
Telephone and internet	25,114	23,773
Travel and accommodation	73,582	56,467
	<b>2,790,584</b>	<b>2,747,626</b>
Surplus / (Deficit) from ordinary activities	29,658	40,352
<b>Surplus at start of the financial year</b>	<b>568,227</b>	<b>527,875</b>
<b>Surplus at end of the financial year</b>	<b>597,885</b>	<b>568,227</b>

# Asset and liabilities statement

as at 30 June 2019

	2019	2017
	\$	\$
<b>Current assets</b>		
Cash and cash equivalents	790,045	729,963
Receivables	49,669	16,035
Other	89,695	118,191
<b>Total current assets</b>	<b>929,409</b>	<b>864,189</b>
<b>Non-current assets</b>		
Property, plant and equipment	142,977	181,435
Investments	1,048	1,177
<b>Total non-current assets</b>	<b>144,025</b>	<b>182,612</b>
<b>Total assets</b>	<b>1,073,434</b>	<b>1,046,801</b>
<b>Current liabilities</b>		
Creditors and sundry accruals	106,806	163,106
Unexpended grants received in advance	267,312	205,602
Employee provisions	93,735	105,021
<b>Total current liabilities</b>	<b>467,853</b>	<b>473,729</b>
<b>Non-current liabilities</b>		
Employee provisions	7,696	4,845
<b>Total non-current liabilities</b>	<b>7,696</b>	<b>4,845</b>
<b>Total liabilities</b>	<b>475,549</b>	<b>478,574</b>
<b>Net assets</b>	<b>597,885</b>	<b>568,227</b>
<b>Members' funds</b>		
Retained surplus	597,885	568,227
<b>Total members' funds</b>	<b>597,885</b>	<b>568,227</b>

## Inspirational members

NADA is proud to support our members, working to reduce the harms related to AOD use across the NSW community.

### Over the 2018/19 period

- 97 organisational members
- One new member: **Hello Sunday Morning**
- 94 visits to members across NSW and the ACT
- \$418,416 in grants to members to support workforce and organisational development

**80% of members reported that their organisation improved as a result of NADA activity.**  
2019 NADA member feedback survey









**78%**

**of respondents reported NADA  
was effective at advocating for  
and representing the sector**

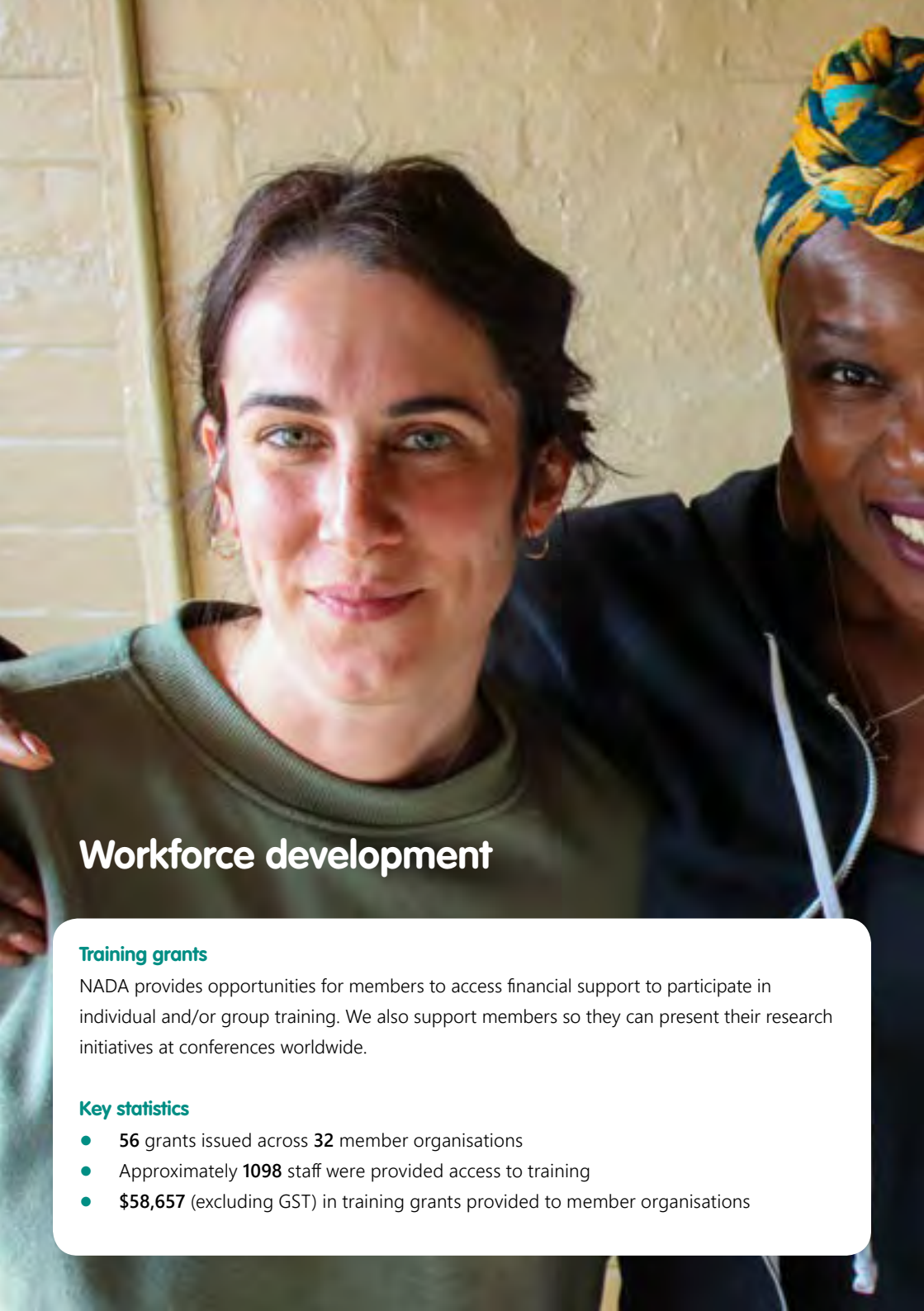
2019 NADA member  
feedback survey

## Policy, advocacy and representation

NADA continues to focus its advocacy and representation on increased and sustainable funding. Of particular note is the submission NADA provided to the NSW Health Minister and NSW Ministry of Health calling for a doubling of the number of beds in NSW based on Drug and Alcohol Service Planning Model calculations. NADA also put in a submission to the Special Commission of Inquiry into the Drug 'Ice' and have been contributing to the development of the National Treatment Framework.

### Key statistics

- 9 policy submissions, including the inquiry into the provision of drug rehabilitation services in regional, rural and remote New South Wales
- Representation on 39 AOD and broader social/health committees



## Workforce development

### Training grants

NADA provides opportunities for members to access financial support to participate in individual and/or group training. We also support members so they can present their research initiatives at conferences worldwide.

### Key statistics

- 56 grants issued across 32 member organisations
- Approximately 1098 staff were provided access to training
- \$58,657 (excluding GST) in training grants provided to member organisations

A close-up photograph of two women smiling. The woman on the left is wearing a colorful patterned headwrap and a black top. The woman on the right has brown hair tied back, a nose ring, and is wearing a black top with a colorful necklace. The background is a textured, light-colored wall.

96%

of respondents reported  
that the events were  
useful and valuable  
Evaluation survey

Laura, Faith and Annabel, Weave

### Top three training events

1. Family inclusive practice
2. Consumer driven AOD services
3. Implementing feedback informed treatment

### Key statistics

We've delivered **34** training events in Sydney to Broken Hill, Kiama, Queanbeyan, Orange, Port Macquarie, Brewarrina, Ballina, Newcastle, Blue Mountains, Coffs Harbour, Dubbo, Victoria, South Australia and Tasmania.

# Highlights

## Family inclusive practice

This program was developed to build the capacity of workers to better support families who are impacted by someone else's substance use.

NADA partnered with Family Drug Support and Local Health Districts (LHD) across NSW to deliver **19** face to face workshops with over **530** participants. This collaboration enabled the training component of the project to be inclusive of NADA members, other non government organisations, Aboriginal community controlled organisations and the LHD workforce.

The resulting suite of resources are:

- a facilitator guide and slides that can be used by any organisation to run an in-service
- an eLearning package available at <https://elearning.nada.org.au>

**The follow-up survey data at three months post the workshops indicated improved organisational practices to be more inclusive of family members and significant others.**

## Worker wellbeing

In May 2019, NADA launched a raft of worker wellbeing resources encouraging workers to invest as much time and care looking after their health as they do others.

Taking care of your health is important no matter what you do for a living. But when it comes to working in the AOD sector it's all the more important. Working in the AOD sector can be very rewarding but the passion and dedication that drives many who work in this sector can potentially lead to stress, burnout and even 'compassion fatigue' if not accompanied by solid self-care strategies.

The resources include:

- a survey for workers to assess their current self-care practice
- workplace wellbeing policy.

**'It is great to have these resources to direct staff to and for them to undertake the online assessments and get feedback. The posters are great as a daily reminder.'**

### Client outcomes and feedback

In October 2018, NADA, in partnership with St Vincent's Hospital Sydney, hosted **Scott D. Miller** for two capacity building events: 'Consumer driven AOD services' and 'Implementing feedback informed treatment'.

Across the two days, a total of **137** participants attended. They felt that they walked away from these training events understanding that:

*'...alliance is the number one predictor of engagement and that engagement is a key predictor of attendance.'*

*'I can better help those who are not progressing by looking at my approach rather than what or where the client might be lacking.'*

**Over 96% of people indicated that both events had been extremely valuable, worthwhile and applicable to their therapeutic practice with clients.**

Evaluation survey

### Women's forum 2019

On 8 March 2019, NADA and the NADA Women's AOD Services Network ran a forum to celebrate International Women's Day 2019 and the work of AOD services in supporting women experiencing AOD drug issues, their children and families.

The forum explored a range of themes, including:

- current interventions within women's AOD services
- incorporating consumer participation
- collaboration between family services and AOD programs
- domestic family violence programs.

There were **33** participants who attended the forum representing both non government organisations and LHD providers.

**91% of respondents indicated that they would recommend the event.**

Evaluation survey





95%

of respondents reported  
NADA's communication  
are useful and valuable

2019 NADA member  
feedback survey

## Communications and resources

In the **Advocate**, NADA staff and contributing writers explored the topics: support networks, consumer engagement, client outcomes and worker wellbeing. We have substantially grown the **Frontline** mailing list, engaging readers with interesting articles and useful resources.

We also launched a raft of worker wellbeing resources, including the worker and manager online assessment tools. We developed the consumer participation audit tool and an eLearning module to provide guidance on gender and sexuality indicators.



# NADA networks

## NADA Practice Leadership Group

The NADA Practice Leadership Group (NPLG) comprises **11** members from a range of specialist non government AOD member organisations. This year we bid farewell to a few NPLG members, but also welcomed five new members who hit the ground running when they started in September 2019.

### Highlights

- Drafted standardised position descriptions for common roles within the AOD sector
- Provided input in the review of the 'Withdrawal management guidelines'
- Provided representation on the NADA advocacy sub-committee
- Commenced the 'Access and equity research' project
- Finalised the NPLG action plan for 2018–2020

## Youth AOD Services Network

The Youth Network is a collective of **27** specialist youth services providing AOD services, support and treatment to young people across regional and metropolitan NSW. This includes community based and residential services.

### Highlights from this year include:

- Dr Patrick Rawstorne from the University of NSW presented to the network on the development of a participant reported outcome and experience measure for adolescents accessing AOD treatment
- the Youth Network forum focussed on 'Improving outcomes for Aboriginal and Torres Strait Islander young people'.
- Dr Natalie Peach from the Matilda Centre at the University of Sydney shared her insights on a world-first trial addressing the 'hidden epidemic of young people medicating trauma with AOD'.

## Women's AOD Services Network

The Women's Network is a collective of representatives from **11** women-only organisations in NSW that provide specialist treatment and support to substance using women. This includes services working with pregnant women and women with children.

### This year the Women's Network:

- continued a collaboration with Dr Carolyn Day from the University of Sydney who is using NADABase data to inform her research into improving outcomes for women accessing women specific AOD services
- met with Gary Groves and Sylvia Lopic from the cross-government reform group, Their Futures Matter to provide feedback on the program and to discuss how best to meet the needs and improve outcomes for children, families and carers within the AOD sector
- participated in dialectical behaviour therapy training.

## CMHDARN

CMHDARN continues to broaden involvement of the mental health and AOD sectors in practice based research and thus improve the quality of service delivery and correspondingly, the outcomes for consumers/clients of community managed services, their families and carers.

Throughout 2018/19, CMHDARN has continued to facilitate the Community Research Mentoring Program, offered Research Seeding Grants and held a symposium.

### Highlights included:

- **83%** increase in membership
- the new Innovation and Evaluation Grant.



The Community Mental Health Drug and Alcohol Research Network (CMHDARN) is a collaborative project between NADA and Mental Health Coordinating Council (MHCC), in partnership with the Mental Health Commission of NSW.

**24,303**

episodes commenced  
during 2018/19

**20,385**

unique clients from  
178 AOD programs

Community/outpatient

54%

Residential

33%

Outreach

8%

Inpatient

2%

Top four settings where  
services were provided

## NADAbase

NADAbase provides the NADA membership with the tools to collect, report and share client data. This year marked the completion of the NADAbase Expansion Project. The three-year long project introduced new features such as the risk screeners, gender and sexuality questions, assessing nicotine dependence tool and new reports.

### Major achievements

- ATOP to NADAbase mapping underway
- Auditing of existing NADAbase reports
- Data breach agreement developed
- NADAbase data dictionary developed
- NADAbase administrator forum
- Introduction to NADAbase training events

# Progress reports

## Consumer engagement

NADA's consumer engagement coordinator provided support and practical guidance to five successful **NADA member organisations** to develop consumer engagement strategies. The project worked extensively with four consumer co-facilitators identified to present staff and consumer training to each of the pilot sites. Subsequently, individual site reports were developed which include advocacy plans—derived from consultation with staff and consumers. These plans can be used in future to support sustainability and address key issues raised regarding consumer engagement in treatment services.

It was identified that NADA's Strategic Plan 2019–22 would benefit from input and review of consumers with lived experience. Subsequently, **NADA** held an in-depth consultation with consumers in August 2018, and has continued to engage with consumer and support consumers as representatives at events, forums and services. In addition, the consumer sub-committee to the NADA Board has been established.

## Continuing coordinated care

The Continuing Coordinated Care (CCC) program provides intensive outreach wraparound support, across NSW, to people experiencing substance use issues and other co-occurring needs. The program does not provide drug treatment but is an additional service that assists clients maintain engagement or link in with treatment. NADA's CCC clinical program manager supports the CCC programs across the state with systemic advocacy, liaison, training and advice.

## Highlights

- Participated in Ministerial Advisory Group meetings with Minister Pru Goward, Michael Coutts-Trotter (FACS) and other health and human services
- Attending the 'Quarterly sector roundtable' on Families and Communities with Minister Craig Ward, Michael Coutts-Trotter (FACS and Justice) and other health and human services
- Facilitated meetings to improve referral pathways at various services including: FACS offices across the state, residential rehabilitation services, LHD AOD programs and PHNs
- Facilitated workshops and training



94%

of respondents reported that  
**NADA was effective at facilitating  
partnerships and networks within the  
sector and with key stakeholders**

2019 NADA stakeholder  
feedback survey

## Partners

NADA would like to thank our partners that have worked with us to support the NSW non government AOD sector. NADA cannot fulfil its mission alone and works with a range of partners to meet the needs of its members.

**‘NADA is an essential and high performing partner in the AOD non government sector, with which the viral hepatitis sector has significant overlap. We rely on NADA significantly to reach people in AOD settings in NSW so that they can hear unbiased information about HCV treatment and cure and also gain easier access to achieve cure from hepatitis themselves.’**

2019 NADA stakeholder feedback survey



# Acknowledgements

## Staff

NADA would like to acknowledge the dedicated and talented team that work to meet the needs of its members.

**100%**

of respondents would  
recommend NADA as  
a great place to work  
2019 NADA staff survey

### Larry Pierce

Chief Executive Officer

### Robert Stirling

Deputy Chief Executive Officer

### Suzie Hudson

Clinical Director

### Michelle Ridley

Clinical Consultant

### Sianne Hodge

Program Manager

### Cass McNamara (finished February 2019)

Program Manager

### Rubieth Montecinos

Program Manager

### Fiona Poeder

Consumer Project Coordinator

### Sharon Lee

Communications Officer

### Victoria Lopis

Project Officer

### Ana (Tata) Katerina de Jesus

Project Officer

### Maricar Navarro

Office Coordinator

Accounting for Good for our financial management  
and Conosco for our information technology support.

## Funders

NADA acknowledges our 2018/19 funders: The NSW Ministry of Health,  
and the Australian Government Department of Health.

## Members

We also thank our members who have contributed to the work we do,  
responding to surveys, attending consultations, providing expertise and participating  
in advisory groups, and of course, for their valuable work in supporting individuals,  
families and the community in reducing the harms associated with AOD use.

**NADA proudly acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the lands and waters throughout Australia. Our office stands on the land of the Gadigal people of the Eora Nation.**

**We recognise, respect and value the deep and continuing connection of Aboriginal and Torres Strait Islander people to land, water, community and culture.**

**We look to and celebrate Aboriginal and Torres Strait Islander people for their cultural guidance, leadership and expertise.**

**We pay our respects to Elders past, present and future.**

# Contact us

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