



NADA
network of alcohol and
other drugs agencies

NADA Member Needs Assessment

Responding to needs of members

December 2019

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non government alcohol and other drugs sector in NSW. We represent close to 100 organisational members that provide a broad range of alcohol and other drugs services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Together, we work to reduce the harms related to alcohol and other drugs use across the NSW community.

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ABOUT NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for non government alcohol and other drugs services in NSW. We advocate for, strengthen and support the sector. As a member driven peak body, NADA's decisions and actions are informed by the experiences, knowledge and concerns of its membership.

We represent close to 100 organisational members that provide a broad range of alcohol and other drugs services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Our members are diverse in their structure, philosophy and approach to alcohol and other drugs service delivery.

Together, we work to reduce the harms related to alcohol and other drugs use across the NSW community.

NADA has award level accreditation under the Australian Services Excellence Standards (ASES), a quality framework certified by Quality Innovation and Performance (QIP).

To learn more, visit www.nada.org.au.

PREPARATION OF THIS ASSESSMENT

This assessment has been the result of engagement with members through the annual member and workforce surveys, site visits with members, engagement with member networks and a consultation with members at the NADA Annual General Meeting in November 2019.

The purpose of the assessment is to inform the development of NADA's programs, services and advocacy.

The information is provided by NADA on behalf of its members.

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POLICY AND ADVOCACY NEEDS

Overview of what members have told us

- Increased and sustainable funding and contracts
- Address issues with ERO supplemental payments and no CPI increase
- More funding for backend services (compliance, QI, ICT)
- Reducing the reporting burden
- Equity in salaries for the NGO workforce
- Improving pathways to mental health, child protection, housing
- Advocacy for people who use drugs, including reducing stigma.

Member survey comments:

“Work with government to increase funding to offset SCHADs award costs”

“Personally, I believe the whole AOD sector should be more proactive in regards to advocating for our clients who are being harmed by the war on drugs and societies hypocritical attitudes to them”

Worker survey comments:

“Provide opportunity/ funding for Psychotherapists to provide therapy to clients and training the certificate qualified workers. Promote improved wage and conditions for workers. Fund more residential beds to include family inclusive models”

“Improved access by workers to policy development at all stages”

Specific feedback from the Youth AOD Services Network:

- Increased funding for youth-friendly, residential AOD services
- Increased funding for innovation in youth AOD support/treatment
- Increased salary/wages for AOD workers
- Early intervention, best practice/evidence-led practice within the Youth AOD sector
- Pill testing, decriminalisation of possession of small quantities of drugs for personal use, and other harm reduction strategies
- Empowering young people to contribute to advocacy for change within the AOD sector
- Removing the stigma associated with accessing AOD support/treatment services

Feedback with other member networks are still ongoing.

Feedback from NADA’s 2019 Annual General Meeting consultation

NADA undertook a consultation with the membership at the most recent NADA Annual General Meeting in November 2019.

What do member think the priorities for NADA’s advocacy should be

- Access to, sustainable and increased funding was consistent across the feedback collected. Including funding for Aboriginal AOD services, increases in beds for withdrawal management and residential rehabilitation, as well as ERO, infrastructure, compliance, IT, QI and equal pay
- Increased length of contracts was also common across the feedback
- Respond to the reporting burden through consistent approaches to reporting across funders, with common KPIs including contracts. *“Realistic outcomes for reporting against – understanding what ‘success’ can be? Related to rational for commissioning. ”*

Other points raised were:

- Continue to build relationships with Government
- Advocating for regional/rural members
- Advocate for treatment matching
- Increase workforce training and skills
- Configuration to align E.M.R to NADABase (figures are different)
- Continuity of care i.e. integrated service models,
- Accommodation options
- Bulk billing access i.e. psych support
- Reducing stigma and discrimination within society, services, media and other sectors
- Public health agenda
- Decriminalisation
- Trial pill testing.

How do they want to hear about NADA's advocacy?

- NADA forums to provide updates
- Meetings (regular briefings), phone conferences, webinar including recordings.
- Continue to email updates, advocate
- Calendars – more notice of campaigns
- Increased presence on media, incl YouTube
- More visits from NADA staff, and least one per year
- Provide feedback about the feedback received.

How do they want to be a part of NADA advocacy?

- More consultations
- Digital mechanisms
- Service visits
- Contact members at least once a year
- Advocacy sub-committee.

How can NADA support members in their own advocacy?

This question acknowledges that, as a diverse network of services, members may not always reach consensus.

- Provide training in government liaison/ advocacy
- Regular contact with members
- Inform member of who to talk to
- Providing common language – press release template, system message
- *"Evidence, keep doing what you're doing, be available, meet with the sector more often, information sharing about different services"*
- *"Maybe not about the consensus but lots of people have different needs so ok to advocate to different things".*

Recommendations in the area of policy and advocacy

1. NADA to consider providing training to members in advocacy.
 2. NADA to provide more opportunities to bring members together.
 3. NADA to use the following advocacy points on behalf of members when meeting with Ministers and government departments:
- Access to sustainable and increased funding was consistent across feedback collected from services. This included funding for Aboriginal alcohol and other drugs services, services that support women and their

children, young people and increases in beds for withdrawal management and residential rehabilitation as well as treatment availability in non-residential settings.

Other key funding issues related to the impact of the removal of equal remuneration order (ERO) from 2021, investment in infrastructure of dated facilities and IT systems, and supporting accreditation and compliance costs.

- Increased length of contracts for non-government services has been an advocacy priority for many years. NADA and its members recommend a move to five-year contracts.
- Respond to the reporting burden through consistent approaches to reporting across funders, with common KPIs including contracts.

SERVICE DELIVERY NEEDS

The most commonly reported responses from NADA members on their service delivery needs included:

- Responding to people with co-existing mental health issues remains a high priority for members, including links with mental health services and access to psychiatry
- Linkages with housing, employment and other health and social services to meet the holistic needs of people accessing AOD services. Housing, in particular was raised across most regions, especially for people leaving the criminal justice system
- Members reported a lack of 24 hour crisis support services, Pre and Post treatment support, as well as prevention services. Access to withdrawal services was also raised, particularly by regional and rural members.
- Specific populations where services are not able to meet the needs due to lack of appropriate services, sector and workforce capacity:
 - Programs for Aboriginal and Torres Strait Islander people
 - Programs for women and children
 - Parenting programs
 - Access to a range of services for young people
 - Appropriate AOD services for CALD communities
- Long waiting lists were reported by a number of members
- Issues with staff recruitment and retention
- Transport for people in regional and rural areas was highlighted by many members
- Support for services working in Schools, including networking members currently working in schools.
- Supporting the management of clinical risk
- Developing, implementing and evaluating new programs/services
- Supporting members to be more trauma informed
- Direct support to members through site visits by NADA staff
- Supporting accreditation and reviewing organisational policy. Members reported that NADA should continue to build on the Policy Toolkit including where there have legislative changes. New policy and other supporting template suggestions included:
 - Medical policies and procedures for withdrawal services
 - Clinical incident Management (Clinical/Corporate) -In line with NSW Health requirements
 - Blood Borne Virus policy template
 - standard media releases that could be used with local press

Recommendations in the area of service delivery

1. NADA to advocate to policy makers and funders on the range of service gaps and issues impacting on service delivery for members – linked to recommendations under *Policy and Advocacy* priorities.
2. NADA to continue to build on the Policy Toolkit resource and provide direct support to members on accreditation
3. NADA to continue to deliver a range of sector capacity building activities to respond to members needs.

WORKFORCE NEEDS

The most commonly reported responses from NADA members in the area of workforce included:

- NADA to run more training and events using a range of formats (webinars, conferences, etc)
- Delivery of training in regional areas of NSW
- Continue to provide funds under the NADA Workforce Development Grants Program
- Training opportunities for Aboriginal AOD workers
- Ensure that members are able to maintain a full complement of staff
- Free training for basic and mandatory competencies such as WHS, First Aid (including mental health first aid), child protection, bullying. Possibly explore online opportunities so it can be used as part of induction and orientation.
- Provide regular AOD 101 specific training, such as group facilitation, relapse prevention.

Specific content areas reported by multiple members included:

- Training in different approaches: Motivational interviewing, DBT
- Trauma informed care and practice
- Mental health
- Domestic violence
- Cultural competence, including working with Aboriginal communities
- Blood borne virus training, including Hepatitis C
- Relapse prevention
- Working with culturally and linguistically diverse clients
- Stigma and discrimination
- Worker self-care
- Resilience training
- Implementing client informed treatment
- Working with challenging behaviours and crisis management
- SMART recovery (including in the Hunter region)
- Learning about FACS Systems
- Writing case notes
- Supervision training.

Some specific feedback from individual members included:

- Team Building
- Leadership development
- Smoking Cessation training
- Supporting change for people with personality disorders
- Training re supporting people abusing prescribed drugs and non-prescribed drugs.
- Changes to drug classifications (Drug wheel)

- working with people considering suicide
- working with women and children
- Governance
- Improve knowledge of NDIS.

"Maybe a bit more advanced notice for training and events, often something sounds very interesting but too short notice in terms of cancelling counselling appointments."

"To find funding for my PHD"

"Training re supporting older people with AOD issues I am working with a lot of people over 60 years."

Recommendations in the area of workforce development

1. NADA to continue to provide free training for members based on members needs, run the Workforce Development Training Grants Program
2. NADA to continue to advocate for members to have access to HETI modules on basic and mandatory competencies (WHS, Child Protection, etc)
3. NADA to explore approaches to ensure that regional and rural members have access to workforce opportunities
4. NADA to advocate for the workforce needs of members, including the Aboriginal workforce.

RESEARCH AND DATA NEEDS

Research

- The most commonly reported response from NADA members related to measurement of client outcomes. This included several responses related to post treatment outcomes and the need to ensure there are mechanisms to track and follow up people after they have left services. Some other specifics included:

- Outcomes for children's programs

"Development of a psychometric outcome measure/s specifically for use in the youth AOD setting"

"More strengths-based outcomes measures as opposed to 'deficit-based' tools – e.g. measures of resilience and positive treatment outcomes"

"NADA to play a more proactive role in collecting data/developing an evidence-base for harm minimisation-related outcomes"

"Consumer feedback and participation, especially feedback-informed, outcome-informed treatment"

- Members also commonly reported the need for research and evaluation on the effectiveness of their programs, including building the evidence base for the effectiveness of residential rehabilitation – noting concerns that there was a negative perception of residential rehabilitation by some sector stakeholders. The need for research and program evaluation was reported by a number of youth services, including the need for innovative approaches to engage young people in treatment.
- Availability of funds to undertake and/or commission research was raised by several members, including funds to recruit research roles internally, or hours for current staff to initiate and manage research.
- Support in data analysis, trends and benchmarking against other equivalent services

- Research related workforce development was raised, in addition to research-based supervision.
- Members requested that NADA promote changes to practice that reflects the current literature.
- There were individual responses that also suggested research on: parenting programs; amphetamine-type stimulants; harm reduction; comorbidity; social impact; and retention in treatment.

Data management

- Training and experience for AOD services/workers in data collection, data mining, and ensuring that data collection supports effective and meaningful analysis and interpretation
- Data management support for NADA members who do not use NADAbase was requested to ensure that there is an equal playing field for members.
- More data/information on client's other supports not included in current data collection systems.

NADAbase-specific

- The most commonly reported response from members related to improved access to data, exporting and the tailoring of reports with NADAbase data, in particular to ensure that members can respond to requirements of funders.
- Data items: Concerns were raised that some questions contained in the NADAbase data set are intrusive and has resulted in triggering clients. NADA will need to provide additional support to workers to have the skills and confidence in asking questions that may be challenging. There was also a concern raised that the data set in NADAbase is more tailored to residential rehabilitation.

Recommendations in the area of research and data

1. NADA to advocate for research priorities and access to research funding for members to policy makers, funders and academia
2. NADA to provide direct data management support to members who use, and do not use, NADAbase. This includes training for the workforce on data collection, data mining, and ensuring that data collection supports effective and meaningful analysis and interpretation
3. NADA to continue to make improvements to NADAbase, in particular related to data access and reporting templates.

OTHER AREAS:

Two overarching themes that have emerged from consultation with members is the desire to bring together members more frequently *“Would like NADA to have Biannual meetings getting all the members together”*, to enable more consultation and improve communication regarding member based issues *“the arguments for and against the proposed changes to the (NADA) constitution were not well-communicated.”*. Additionally, that NADA staff undertake site visits more frequently to understand the individual strengths and challenges for NADA members.

Recommendations in these areas

1. NADA commits to undertaking more frequently member consultations.
2. NADA staff members undertake site visits more frequently.