



# NADA

network of alcohol and  
other drugs agencies

## NADA Member Needs Assessment

*Responding to the needs of members*

**November 2021**

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.

We provide a range of programs and services that focus on sector and workforce development, data management, governance and management support, research and evaluation, sector representation and advocacy, and actively contributing to public health policy.

Together, we improve the health and wellbeing of people who use, or have used, alcohol and other drugs. 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](http://www.nada.org.au).

## PREPARATION OF THIS ASSESSMENT

This assessment has been undertaken through the annual NADA member and workforce surveys and regular engagement with members and member networks. A content analysis was undertaken with qualitative feedback provided by NADA members. The results were then validated with the NADA Advocacy Subcommittee (a subcommittee of the NADA Board), and with members at the NADA 2021 Annual General Meeting. Comparisons with the Needs Assessment from 2020 are also included.

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

NADA has compiled this document on behalf of its members.

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## POLICY AND ADVOCACY NEEDS

### ***What were the priorities and recommendations in 2020?***

In 2020, the top policy and advocacy priorities for members when NADA meets with Ministers, government departments and key stakeholders were:

- *Increased and sustainable funding*
- *Improving contracts and compliance with funders*
- *Increased access to service delivery and improved referral pathways (e.g., mental health, housing).*

*NADA to consider providing training to members in advocacy:* This was continued from the 2019 needs assessment as this activity was delayed due to the impact and change in NADA's priorities due to the COVID-19 pandemic.

*Advocacy on drug law reform* was also a priority for members in the 2020 Needs Assessment. After discussions with members, it was decided that, while members are not opposed to drug law reform, they did not believe that this was an advocacy priority for NADA. Instead, NADA addressed this priority by: scoping how NADA could frame issues that impact people that access AOD treatment, especially stigma, discrimination and the impact of criminal records on future employment and housing; and building the capacity of members to advocate on issues pertinent to their services and local community.

NADA's response to recommendations in 2020-21 policy and advocacy activities. Examples include:

- NADA continued its advocacy with the NSW Government to respond to the recommendations from the Special Commission of Inquiry in the Drug 'Ice'.
- NADA collaborated with the Ministry on a study to better understand the cost of delivering AOD treatment services provided by NGOs and develop future business and funding models for the sector.
- The NADA Advocacy Sub-committee continued to discuss the framing of communication that could respond to issues that impact people who access AOD treatment.
- NADA held an advocacy pre-conference workshop for members in April 2021.
- NADA provided a range of other policy and advocacy activities available on the [NADA website](#).

### **Analysis of 2021 data:**

The 2021 Needs Assessment showed strong support for implementing the recommendations of The Special Commission of Inquiry into the Drug 'Ice'<sup>1</sup>. The policy and advocacy priorities identified here by NADA members are consistent with the recommendations.

*"Advocate for a response to the Special Commission, not just for more treatment places, but for systems change"*

*"Ice enquiry recommendations to be actioned."*

- ***Increased and sustainable funding*** continues to be NADA members' top advocacy priority. This includes long term and secure contracts and funding the true cost to deliver services. This year's feedback also added the need to be able to attract and retain qualified staff. Funds for capacity building, workforce development and research are also required. Investment in the infrastructure of dated facilities and IT

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<sup>1</sup> <https://www.dpc.nsw.gov.au/publications/special-commissions-of-inquiry/the-special-commission-of-inquiry-into-the-drug-ice/>

systems and supporting accreditation and compliance costs continue to be an area of need. Ideally, funding models to members would support the sustainability of the sector, allowing for innovation and growth.

*"Funding - we are woefully underfunded as a sector"*

*"Increased and sustainable funding for youth specific AOD services especially in regional and remote NSW to meet the demand. i.e. increase in funding to increase current staffing hours and or employ additional staff to meet demand. This area is under funded"*

*"Infrastructure funding for more capacity building of treatment services in our area"*

- **Improving NGO contracts and compliance** with funders was again highlighted as an important area for change. Of note is the disparity between Commonwealth and State reporting requirements and the burden of writing tenders for short term contracts. Longer term contracts will increase the sustainability of services, as will reducing the reporting and compliance burden. Standardising KPIs across like services was also highlighted as requiring action. Additionally, ensuring the views of NGOs are included in funding agreement conditions – and AOD policy more generally.

*"Sustainable and realistic expectations for organisations in contracts with funders"*

*"Harmonisation between LHD, Ministry, Commonwealth and PHN"*

*"The NGO position in overarching AOD structures such as clinical care standards, the funding model, standardised activity descriptions, outcomes"*

- **Increased access to services and improved referral pathways.** Similar to previous years, several elements of increasing the accessibility of AOD treatment remain important for members, including bed availability, programs for families and young people, improved inclusion for LGBTQ+ people seeking services, and costs associated with delivering programs in regional and rural areas (such as transport). Links to mental health and housing support in the referral pathways for people accessing AOD treatment also remains an important advocacy area for members.

*"Facilitating better collaboration and understanding between AOD and mental health services"*

*"Facilitating improved referral pathways between NADA Membership"*

With increasing COVID-19 cases and ongoing lockdowns, virtual care and navigating the changing service delivery environment were highlighted as areas that members require support with.

*"Review of the impact on COVID 19. Has there been a reduction in service delivery. Has this been due to lack of fit for purpose delivery settings? Does NADA need to advocate for a new way of delivering AOD services in both residential and non residential services ie look at changing existing funding agreements."*

As in 2020, the issue of **drug law reform** was identified as requiring action and advocacy. When raised with members at the 2020 AGM, members reported whilst they are not opposed to drug law reform, they did not believe this should be an advocacy priority for NADA. Member reported wanting NADA to focus its advocacy efforts on increased funding and sustainability. It was suggested that NADA build members own capacity to advocate and instead NADA could frame the issue from the perspective of the impact of criminal penalties on people who access AOD treatment, particularly the impact of stigma and discrimination. The latter issue was also raised in member feedback – *"Challenging the stigma of drug use and seeking AOD support services"*.

In 2021, NADA took drug law reform back to the NADA Advocacy Sub Committee and the broader membership at the AGM to test if this was still the position. For the majority, members position had not changed. However, it should be noted that there is shift in the number of members wanting NADA to advocate on drug law reform. With one member reporting *"I find it difficult to marry a focus upon lessening stigma and discrimination with a lack of priority in advocating for and supporting openly drug law reform – of all*

*the measures that would reduce in time societies discrimination against illicit drug users drug law reform would make more difference than most other measures put together".* This suggests that if NSW does not see a change to its drug laws over the next 12 months, the position of members may change and see NADA taking a more active role in space.

### Recommendations in the area of policy and advocacy

1. NADA to use the following advocacy points on behalf of members when meeting with Ministers, government departments and key stakeholders:
  - ▶ Implementation of the recommendations of The Special Commission of Inquiry into the Drug 'Ice'
  - ▶ Increased and sustainable funding
  - ▶ Improved contracts and compliance
  - ▶ Increase access to service delivery and improved referral pathways (e.g. mental health, housing).
2. NADA continues to respond to drug policy issues that impact people who access AOD treatment. As reported above, the impact of stigma and discrimination and the impact of penalties and criminal records on access to treatment, future employment and housing.
3. NADA to provide resources to support member advocacy as part of the NADA Advocacy Toolkit.

## SERVICE DELIVERY NEEDS

### ***What were the priorities and recommendations in 2020?***

1. *NADA to advocate to policy makers and funders on the range of service gaps and issues impacting on service delivery for members. The service delivery priorities were:*
  - Continuity of care and collaboration, e.g., improved referral pathways, shared care with mental health and other service delivery partners
  - Treatment access and equity, e.g., wait times, service availability
  - Building service and workforce capacity
2. *NADA to continue to deliver a range of sector capacity building activities to respond to members' needs.*
3. *NADA to implement the recommendations from the Access and Equity Study.*
4. *NADA to continue to support current member networks, and explore other networks (regional, continuing care)*
5. *NADA to facilitate partnerships with related services and sectors (mental health housing, child protection)*

NADA's response to recommendations in 2020-21 service delivery activities. Examples include:

- NADA organised a webinar for members that outlined the recommendations from the Access and Equity study and an edition of the Advocate was dedicated to exploring the findings and recommendations from the research.
- NADA facilitated a regional and remote network meeting that focused on the issue of transport for people living in these communities.
- NADA facilitated regular network meetings for the continuing coordinated care programs.
- NADA facilitated a cross sector forum with DCJ child protection to enhance partnerships between the sectors.
- NADA co-facilitated a quarterly cross-sector Roundtable with DCJ child protection, MOH and NADA members women's specific residential services.

- NADA developed a new practice resource to develop sector capacity around responding to men who perpetrate domestic and family violence in an AOD treatment context.

## Analysis of 2021 data:

The top three priority areas for service delivery identified by members included:

1. Enhance continuity of care and collaboration, e.g., improved referral pathways across NADA member organisations and other service sectors, including Local Health Districts (LHDs), mental health
  2. Building service and workforce capacity
  3. Treatment access and equity, e.g., waiting times and intake, availability particularly in regional and rural areas
- Members highlighted the **continuity of care and collaboration** as the most important area for development. Members again emphasised the need for improved referral pathways across different services sectors and, notably, a call for improved service access pathways within the AOD sector, including across NADA member organisations and LHDs.
 

*"Better care coordination and continuity particularly between sectors, most importantly between LHD or public, and NGOs"*

*"Better resourcing of post treatment and pre-treatment support services"*

*"Continuity of care and collaboration, e.g., improved referral pathways, shared care with mental health and other service delivery partners"*
  - Members also reported that **building service and workforce capacity** was important, stating they would like greater access to training and workforce capacity activities, particularly for regional and remote areas. Greater resources and support for regional and rural areas was a consistent theme regarding service delivery needs for members, with members requesting that training is provided in regional communities to build a local workforce.
 

*"Staff training and development to work holistically with clients"*

*"Building service and workforce capacity to meet needs in regional and remote communities in NSW"*

*"Sustaining use of technologies/innovations post-COVID"*
  - **Treatment access and equity** were important, with members reporting barriers related to availability and wait times. Issues around access to treatment and services were particularly noted for regional areas. Examples include lack of services (virtual and face to face), transport, pathways from withdrawal to residential care, and barriers to treatment, such as cost and eligibility requirements that reduce access for complex clients.
 

*"Increase in regional programs specifically for women and families"*

*"Improving waiting period and intake"*

*"Untethered AOD service provision in regional locations - especially related to HCV treatment"*

*"Better access to healthcare in regional locations"*

The service delivery priorities identified by NADA members were consistent with the previous year. Still, there was a greater emphasis in this latest survey on the need for better support and access to services for people in regional and rural areas.

## Recommendations in the area of service delivery

1. NADA to advocate to policymakers and funders on the range of service gaps and issues impacting service delivery for members – linked to recommendations under *Policy and Advocacy* priorities.
2. NADA to continue supporting current member networks and focusing particularly on building networks to support regional and rural members and improve continuing care across the sector.
3. NADA to continue to deliver a range of sector capacity building activities to respond to member's needs.
4. NADA to continue to implement projects and activities based on the recommendations from the Access and Equity Study.
5. NADA to continue facilitating partnerships with related services and sectors, with a particular focus on LHD AOD services.

## WORKFORCE NEEDS

### ***What were the priorities and recommendations in 2020?***

1. *NADA to continue to provide a range of free workforce development opportunities for members based on members' needs, especially more webinars and access to the Workforce Development Training Grants Program*
2. *NADA to explore approaches to ensure that regional and rural members have access to workforce development opportunities*
3. *NADA to continue advocating for the workforce needs of members, including the Aboriginal workforce and the Women's and Youth specialist services.*

NADA responded to all three recommendations in 2020-21 workforce development activities. Examples include:

- We delivered training and networking opportunities on various topics through webinars, Network meetings, face to face workshops, and our conference.
- We developed new resources for working with Aboriginal and Torres Strait Islander people, diversity, domestic and family violence, and more!
- We explored practice tips through our Advocate and Frontline and continued to grow our subscribers.
- We held networking meetings and forums for regional and rural members and prioritised applicants applying for workforce developments grants that work in a rural or remote service with limited access to training.
- We continued to advocate for workforce needs by representing the sector on a range of meetings, consultations and policy submissions.

### **Analysis of 2021 data:**

The top three priorities for workforce development identified by members included:

1. Accessing a range of free workforce development opportunities for members
2. Enhancing manager and leaders capacity to undertake workforce attraction and retention
3. Continued workforce advocacy

**Access to a range of free workforce development opportunities** remains the top priority for members. This included promoting, providing, and facilitating access to information, training, and resources on:

- Enhancing cultural awareness/competence

- Enhancing capacity in responding to the needs of specific populations: Aboriginal and Torres Strait Islander people, women, young people, people from sexuality and gender diverse backgrounds, families, people with co-occurring mental health needs, people experiencing domestic and family violence, people living with hepatitis C, people experiencing homelessness, people in contact with the criminal justice system.
- maintaining capability: updates on trends and best practices, refreshers (child protection)
- delivering specific modalities (counselling, case management, group work) and approaches (MI, CBT, DBT)
- organisational development, including access and equity (stigma and discrimination), consumer engagement
- professional skills: communication, IT

Members also highlighted the need for workforce development opportunities that:

- Were available in various forms: webinars, conferences, meetings – online and F2F
- Were responsive to the needs of regional and rural members
- Went beyond traditional training: traineeships/placements/secondments, supervision, mentoring and coaching.
- Were responsive to the needs of specific workers, such as new workers, Aboriginal workers, lived experience workers, managers and leaders.

Some specific responses included:

*"Continuing to provide funds and time for professional development activities like training and conference attendance."*

*"support for something of a standard or 'basics' for AOD Workers, so many workers come to our sector without a great deal of AOD treatment knowledge, although with lots of experience in other areas"*

*"More free webinars training that I can complete in my lunch breaks."*

*"More interaction with other services, such as continual forums, online meetings with rehabs and outpatient services. This will allow regional services especially, to be known to each other and build rapport"*

*"Traineeships + entry level roles for people with lived experience. While increasing the minimum qualifications held by service staff aims to increase quality of service delivery - it inherently benefits those with more access to resources and privilege. We need to provide compensated appropriate traineeships and entry level roles to the sector in order to increase diversity, representation and people with lived experiences as well as opportunities for those healing within the sector who wish to train up to join it."*

*"Specific AOD supervision opportunities for individual workers, i.e. matching individual workers with mentors"*

*"More courses on leadership + management"*

Understanding and responding to the needs of **managers and leaders** concerning workforce attraction and retention emerged as the second priority for members in 2021. This included enhancing capacity in:

- Planning
- Attraction: recruiting skills, diversity and inclusion
- Development: upskilling staff
- Engagement and retention: talent development, flexibility, wellbeing

Members also highlighted the need for tailored support. Some specific responses included:

*"Talent development (management training for more technical staff)"*

*"Strengthen workforce health and wellbeing- particularly providing opportunities to address worker stress"*

*"Grants or other support for coaching/mentoring or other support for senior staff"*

**Advocating for the workforce needs of members** remains the third priority for members in 2021. This included advocating for:

- Adequate and sustainable funding to meet service demands and attract and retain qualified and capable staff, including regional and rural areas.
- Investment in growing the workforce, including the Aboriginal workforce and lived experience workforce.

Specific comments included:

*"Continue to support and advocate for frontline workers"*

*"Workforce advocacy - Funding to increase staff numbers in regional and rural NSW"*

*"Minimum qualifications to attract high calibre staff "*

*"Workforce advocacy areas, e.g., funding to increase staff numbers at services, increasing the minimum qualifications held by service staff, training availability in regional and rural NSW and the professional development of Aboriginal workers"*

*The nature of our work is more complex and needing medically trained staff is important also yet we are only funded for low level quals such as cert 3's or 4's"*

*"Use the data to lobby for NGO AOD staff to have their remuneration increased"*

*"Security around ERO on an ongoing basis"*

#### **Recommendations in the area of workforce:**

1. NADA continues to promote, provide and facilitate access to a range of free workforce development opportunities for members based on member needs, including but not limited to the ongoing provision of NADA's Workforce Development Training Grants program and ensuring access to networking and professional development opportunities for regional and rural members.
2. NADA explore the needs of managers and leaders in undertaking workforce attraction and retention.
3. NADA continues to advocate for the workforce needs of members, including but not limited to advocating for sustainable funding and ensuring the availability of appropriately qualified and experienced staff to meet service demands.

## RESEARCH AND DATA NEEDS

### **What were the priorities and recommendations in 2020?**

1. NADA to use the information to inform the NADAbase work plan, direct member support and capacity development activities to respond to members' data management needs. A communications plan should also be developed to communicate this body of work to members.
2. NADA to advocate to research bodies and funders on members' research and data systems priorities.
3. NADA to establish a Data and Research Leadership Group to provide guidance to NADA regarding data collection, reporting and research. This should include those working the prevention and early intervention space to fully understand their needs.

NADA responded to all three recommendations in 2020-21 research and data activities. Examples include:

- Formation of the NADA Research and Data Advisory Group (NDRAG)
- Development of a NADAbase/data communications plan (reviewed by the NDRAG)
- NADA leadership and involvement in several research projects in areas such as performance measurement (UNSW), consumer engagement (UNSW), workforce development (Curtin University), access and equity (UNSW) and research capacity building (NGO/LHD collaboration)
- Conducting an internal technical writing project on reviewing NADAbase documentation
- Adding two-factor authentication and automatic password reset to NADAbase
- Continuing to provide data and research support to members via NADAbase support and individual NADA staff members and webinars, building and maintaining connections with universities in NSW and in-person NADAbase and data training.

### **Analysis of 2021 data:**

#### **Capacity building in data and research**

Access to resources and avenues through which to develop data and research skills were a recurring theme in research and data feedback, e.g., "*Broader team capacity development in data and research*".

Feedback on the ways that research and data could inform capacity building in treatment approaches and technical skills were of particular interest to members:

#### 1. Treatment approaches

*"Looking at more evidence-based ways to work with clients."*

*"Elements of [the] treatment program that led to change, what change is related to treatment and what element of the treatment supports that positive change."*

#### 2. Technical skills

*"IT skills and capacity building."*

*"Electronic client file and data management training."*

#### **Use of data to inform service delivery**

Like in previous Needs Assessments, there was continued interest utilising data collected by services, including outcome measures, the long-term impacts of treatment and increase organisational performance:

#### 1. Outcome measures

*"More exploration of defining, measuring and exploring outcomes, including post treatment."*

*"Defining what a treatment outcome actually is."*

2. Long-term impacts of treatment

*"Impact of working with children on long term intergenerational outcomes for families."*

*"Outcomes of clients 2,5 and 10 years after service [delivery]."*

3. Increase organisational performance

*"Mapping the ecosystem."*

*"Measuring outcomes that have meaning for clients and appease funding providers."*

### **Improvements to data and IT systems**

Improvements to data and IT systems were a key theme in feedback for research and data. Like in 2020, members suggested improvements for data systems and in NADAbase, e.g., *"privacy and cybersecurity."*, *"merge services data system with NADAbase, to decrease data entry time"*.

In 2021, improvements to data and IT systems were also linked with decreasing reporting burdens on service staff and using technology to engage with people accessing the service:

1. Reporting burden on services

*"Improve in data reporting - one set, simple and concise not 3 sets to 3 different people with all different components required"*

*"Continue to work towards reducing the burden of reporting."*

2. Using technology to engage with people accessing the service

*"Engagement via website. Good practice for capturing referrals conducted via website."*

*"Targeted social marketing."*

### **Potential research topics and areas**

A diverse range of topics and areas were suggested in feedback on research and data, and many were consistent with member feedback in 2020:

- Delivery of programs and services

*"Identifying gaps in service delivery, [e.g.,] missed calls, people who don't know they can access services."*

*"Impacts of COVID on AOD treatment settings."*

- AOD use and access to treatment

*"Research barriers to accessing treatment, with a specific focus on stigma"*

*"How people from diverse backgrounds feel safe and supported accessing services?"*

- Research on specific populations, including Aboriginal and Torres Strait Islanders, LGBTQI+ communities, young people, families, culturally and linguistically diverse communities and people with experience of homelessness.

*"Young people's views on AOD (their own and that of significant others)"*

*"[The] cultural diversity amongst those we engage with."*

*"How to improve trans inclusivity in women's AOD services- both at a worker and client level"*

Interestingly, topics and areas typically mentioned by members in other parts of the Needs Assessment were included in 2021 feedback on data and research, such as:

- AOD use and mental health

*"Complex mental health and AOD."*

*"Intersection between trauma, mental health and other areas of complex need with AOD use and treatment."*

- People's experiences of service delivery

*"Consumers' suggestion on the supports they need."*

*"Reasons for early exit from treatment."*

## **2021 recommendations for research and data**

1. NADA to use feedback to update the 2022-2025 NADAbase work plan, inform direct member support and target capacity development activities to member's needs in managing and working with data.
2. NADA to continue to advocate to research bodies and funders on members' priorities in research, data systems and capacity building.
3. NADA to create and redevelop online resources as part of the NADAbase 101 series to target areas of need in research and data identified by members.