

Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies

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NADA
network of alcohol and
other drugs agencies



CEO report

Dr Robert Stirling

NADA

Our workforce is our biggest asset. They are passionate, committed and diverse in their skills, experience and cultural backgrounds. The workforce makes up the largest portion of funding from government to support AOD service delivery, and also a focus of much of NADA's work. We've been proud to support the workforce across initiatives that have facilitated access to the AOD Skill Set, the Diploma in Leadership, a range of other training and networking opportunities, as well as a key focus of our advocacy.

For the first time we're able to adequately describe the AOD workforce, with the NSW Ministry of Health's Centre for AOD publishing the [NSW Alcohol and Other Drugs Workforce Census Report](#). The NGO sector employs 40% of total full-time equivalent (FTE) positions (n=980 FTE, representing over 1,000 people). This is consistent with the NGO sector providing approximately 40% of all episodes of care in NSW. The census data provides useful information on the number and types of roles as well as the recruitment challenges we face. It serves as a baseline to understand the priorities and plan for the future.

The report also found that 80% of the Aboriginal workforce in NSW is employed in the NGO sector—79 Aboriginal people are working in identified (n=35) and non-identified (n=43) roles. 41% are employed in Aboriginal Community-Controlled organisations and 39% in mainstream NGO organisations. NADA has a strategic partnership with the Aboriginal Drug and Alcohol Residential Rehabilitation Network, Aboriginal Corporation Drug and Alcohol Network and the NSW Aboriginal Health and Medical Research Council to partner on the provision of support and networking opportunities for the Aboriginal AOD workforce.

Another priority group in the sector is the lived and living experience (LLE) workforce. Identified roles need to be valued in the sector. Not just as part of multidisciplinary team members, but also from a policy, planning and support perspective. In research led by NADA, we heard from service users that workers with LLE are perceived as being non-judgemental, supporting engagement and retention in treatment, assisting to navigate the treatment system, and providing hope for the future. While just over 40% of people employed in the NSW NGO AOD sector report having lived experience in a NCETA study, the Census found that there are only 68 identified positions (38 FTE), most of whom are employed within the NGO sector—58 positions (31 FTE).

The need to attract, retain and support the workforce was one of the strongest themes in NADA's latest [Member Needs Assessment](#) [PDF]. Members reported that they would like NADA to support the growth of the Aboriginal and LLE workforce. They reported their intentions to employ to these growing workforces, being unsuccessful in recruitment or feeling unsure of where to start.

Members confirmed the importance of having access to free ongoing workforce development options, provided in a range of flexible delivery modes. Access and means to pay for regular staff supervision, including clinical, cultural and LLE supervision is important. We also heard from regional and rural members about prioritising access to initiatives and support to address specific recruitment challenges.

Addressing NGO workforce sustainability is a [key position](#) [PDF] for the NSW Drug Summit. We're asking that the NGO workforce be treated as a valuable long-term investment with a clear strategy in place to attract, retain and upskill multidisciplinary staff. In addition to the needs of members reported earlier, we note that the NGO sector has a clear competitive disadvantage in attracting and retaining staff, with short-term contracts and salaries that are not competitive with the public sector. Of utmost importance is that we protect the welfare and wellbeing of the NGO workforce to provide the best possible care.

As part of NSW Government's election commitment, a Leadership Group has been established to deliver more job security and funding certainty for the NGO sector, by introducing five-year funding agreements and reviews other funding arrangements and employment conditions. I'm fortunate to be part of leadership group to represent the interests of members, and the broader interests of health-funded NGOs, and hope to communicate more soon.

At the Commonwealth level, there is a similar process being undertaken via the Department of Social Services. We're also working closely with the Australian Alcohol and other Drugs Council to ensure that workforce issues are advocated for in relation to AOD funding across Primary Health Networks, the National Indigenous Australians Agency and the Department of Health and Aged Care.

We hope you enjoy this issue of the Advocate.

Supporting the peer workforce

Lessons from New Zealand



When peers are working in an environment where they are understood and feel part of the team, where they have good training, supervision, and support, and can see a future in the role for themselves—organisations, peers, and service users all reap the rewards. Dave Burnside, Lived Experience Lead at Taupae Wheako, Odyssey (Auckland) shares practice tips on supporting the peer workforce.

There is growing recognition of the value and need for peer support workers in both the mental and behavioural health fields, particularly where there are issues involving substance use. It is here that peers can leverage their lived or living experience to help others navigate challenges. Despite this recognition, there remains a number of issues for organisations in recruiting, embedding, and supporting the peer workforce. Buy-in at executive and governance level is crucial to manage the conflicts of philosophy and ways of working alongside other roles.

Peers have proven that they are naturally effective in all environments, whether they are based in abstinence, in harm reduction, or in drug using settings, working with both lived and living experience. Odyssey has learned many key lessons along the way and can share practical tips for organisations embarking on the same journey.

1 Role clarity

The growth of a peer workforce should be clearly defined by management in both strategic and business planning as well as in an organisational policy and in position descriptions.

A key challenge for peer support workers is the lack of understanding of who they are and what they do. It is critical to ensure that managers understand the peer support role and work to socialise the role with clinical and other staff. It is important that everyone in the organisation understands where peers come from, what they do, where they are most effective and how staff can work together to improve the experience and outcomes for service users.

2 Training

Organisations should develop a comprehensive orientation and training plan for peers.

Foundational, introductory peer support training is essential. This must be designed and delivered by people who have worked extensively in peer support themselves. In-house, ad-hoc training is not sufficient to prepare peers to come into the workforce or to understand the complexities of the role. The most effective training is a mix of concept and theory. It includes the why and what, alongside the practice of peer support, i.e. the how. Emphasis should be on ethical and boundary issues, as well as dealing with risk, documentation and how to become part of a multi-disciplinary team. As peers gain more experience in the role, further training can be undertaken while working in the role.

Supporting the peer workforce

continued

3 Support

It is crucial that services provide appropriate external supervision to guide and support their peer workforce.

Whether in an individual or group setting, supervision for peers should be conducted by supervisors with lived experience. Extensive experience in the peer support role is preferable. This brings a depth of understanding of the issues that peers face. An in-house peer coaching model is also helpful. This is where peers can come together, at least once a month, to discuss challenges and share solutions that they have found. This enhances supervision, creates better practice, and builds collegiality amongst peers.

Now one of the largest peer employers in the AOD sector in New Zealand, Odyssey (Auckland) has been building its peer support workforce since 2012. Odyssey launched Taupae Wheako—Centre for Lived Experience Peer Support and Social Recovery to provide training, coaching, supervision, and consultancy services to support the lived experience and peer workforce. Taupae Wheako has trained over 500 participants to date and are now working with organisations in Australia. To learn more, email [Dave Burnside](mailto:Dave.Burnside@odyssey.org.nz) or visit www.odyssey.org.nz/taupaewheako

4 Professional development

It is important for organisations to provide pathways for professional development.

Peers need to know that there is a pathway for them within the workforce and that they can forge a career that draws on the ability to use their lived experience. This might be working towards a clinical role or realising that there is potentially an exciting and rewarding future in peer leadership/management, consumer advisor/advocacy or academia and research. This will help retain staff and prevent the loss of valuable expertise.



Resources

Access the [information and resources](#) that **Te Pou** (New Zealand) have created in the development of the NZ CPSLE (Consumer, Peer Support and Lived Experience) workforce.

[This guide](#) provides information for kaiwhakahaere/managers who are responsible for establishing and enabling reflective practice for mātau ā-wheako CPSLE workers within their organisation. Kaiwhakahaere/managers have a crucial role in ensuring that effective reflective practice is in place to support safe, effective, and accountable practice within organisations.

[This document](#) details the actions to implement the Consumer, Peer Support and Lived Experience (CPSLE) Workforce Development Strategy 2020–2025. It provides a framework to deliver the goals outlined in the strategy and highlights the commitment from stakeholders and required participation from lived/living experience workers for successful implementation.

Insight Queensland hosted a webinar titled [Lived/Living Experience Workforce FAQs](#). The webinar was presented by two lived/living experience educators from Insight who answered a series of common questions related to the development of the AOD lived/living experience workforce.

NADA facilitates a [community of practice](#) to provide a supportive peer based space where people can share their experiences of working as a consumer representative or peer worker in the NGO AOD sector.

NUAA's EQUIP is for organisations who employ/work with people with lived/living experience of AOD use. It is a fee-for-service training to equip healthcare workers with the skills required to care and support for people who use drugs.

SHARC provides [organisational readiness training](#) to assist organisations in implementing or expanding a peer workforce and creating a support framework to maintain it. This training is tailored to meet the needs of executives, managers, and other staff members.



Get ConnectED!

Are you an AOD-sector worker with living and/or lived experience of AOD use? Or a manager of clinical services employing workers with lived/living experience? NUAA invites you to join the *CONNECT Network*, a dedicated online network to help people with lived and living experience of AOD to stay up to date with what's happening in the AOD peer workforce!

What is the *CONNECT Network*?

The *CONNECT Network* is a dedicated online space for people with living and/or lived experience of AOD use who are in the AOD peer workforce, or interested in becoming a part of the AOD workforce to meet each other and stay up to date with professional development opportunities.

The *Connect Network* is free and is part of [NUAA's ConnectED program](#)—a free professional development program for people in the lived or living experience AOD workforce in NSW.

Why should I join the *CONNECT Network*?

The *CONNECT Network* provides members with a centralised place to stay up to date with what's happening in the AOD peer workforce. The *CONNECT Network* offers:

- job opportunities available within the AOD sector
- training and professional development opportunities available around NSW
- dedicated online discussion threads to connect with your peers and share workplace learnings and experiences
- updates on AOD sector related news and policy and law reform
- access to NUAA resources to support the development of your knowledge and skills within the sector
- opportunity to find professional mentors to help guide you at any stage of your career and more!

How can I become a member?

The *CONNECT Network* is a free online network. All you have to do is [register here](#). If you have any questions, please don't hesitate to get in touch with NUAA for more information by either calling PeerLine on **1800 644 413** or emailing us at training@nuaa.org.au.

What's on

Interested in training up as a peer worker?

Living and lived experience positions are becoming more common at AOD clinical services—sign up for our next round of training:

- **SHARE:** learn how to share your story in a way that is purposeful, meaningful and sustainable. Next course starting [7 May](#).
- **BUILD:** understand the foundational skills needed to start your journey as a peer worker. Next course starting [2 April](#).

Interested in sharing your experiences and learning from other AOD peer workers?

[Register](#) for our monthly GROW Community of Practice.



Building the living and lived experience workforce in the non-government alcohol and other drug sector

Member
consultation
workshop

The Special Commission of Inquiry identified the need for the AOD sector to grow and better utilise a peer workforce—referred to here as living and lived experience (LLE) workforce—in the delivery of AOD services. To identify actions needed to achieve this and how best to support its members, NADA held a consultation workshop in 2023. This enabled the sharing of views and experiences to plan and prioritise activities to build the current and future living and lived experience workforce (LLEW).

Interactive panel and small group discussions enabled unpacking of enablers and barriers to growing the LLEW.

Members shared their experiences and views to identify priority actions for the NGO AOD sector, under key components of workforce development:

- laying the foundations for LLE work
- recruiting the LLE workforce
- supporting and developing LLE workers in the workplace
- ongoing support for non-LLE staff.

Priorities and next steps

- Build a common understanding, definition and objectives of the AOD LLE role across the NGO sector
- Develop an AOD LLEW framework to support organisational readiness to recruit and support the workforce, informed by people with LLE
- Develop a suite of position descriptions to fit a range of AOD treatment programs and settings e.g. residential rehab, community based, harm reduction
- Consider ways to build shared understanding and raise the profile of AOD LLE workforce and address stigma and discrimination towards people with LLE of drug use—training, forums, resources
- Identify, inform or develop professional development options to meet needs of LLE workers, including national qualifications and non-accredited options, including communities of practice and networking forums
- Identify, inform or develop training for non-LLE staff, managers of LLE workers and to support organisational readiness for a LLE workforce, including communities of practice
- Develop a LLE supervision framework and upskilling of people with experience in LLE roles to train as supervisors
- A recruitment guide including HR processes, criminal record checks, interview and onboarding of LLE workers
- This paper to inform collaboration with NSW Ministry of Health, NUAA, AIVL and other key stakeholders seeking to progress LLEW development in NSW and nationally
- NADA to have ongoing engagement with membership to continue to informing NADA's activity to build the LLE workforce

Visit NADA website to [view the paper in full](#) [PDF]

Are you new to working in the non-government alcohol and other drugs (AOD) sector?



Welcome to



Welcome to this extraordinary space! People are drawn to work in this sector for a range of reasons, including the ability to support people from a variety of backgrounds, to practice a broad range of skills, the ethical nature of the work, and much more. You'll be inspired by the people you work with—they're incredibly motivated, committed, and enthusiastic.

AOD people rock. AOD people must be protected¹ at all costs!

That's where we come in. We're the Network of Alcohol and other Drugs Agencies, or NADA, for short. We're the peak organisation for the non-government AOD sector in NSW, representing 80 organisational members that provide services in over 100 locations across NSW.

We're here for you. If your employer is a NADA member, that means you are too. A big part of what we do is provide free training, resources, and a range of tools to support you to excel in your role.

The NADA induction kit

We have a kitbag of tools, resources and training that are yours for the taking.

1

Keep an eye out for an orientation resource 'Alcohol and other drug job-ready guide: Essentials for NSW alcohol and other drug sector workers' is coming soon. It includes chapters representing a vital area of AOD practice, including our people, treatment approaches, monitoring outcomes, and useful information like AOD-relevant acronyms and contact directories.

2

Access free training Jump to the [events page](#) on our website to see what's on. Take eLearning modules on the [NADA learning portal](#) to enhance your AOD core knowledge and skills. Watch a webinar series on [emerging drugs](#) used by people in the community. Apply for a [training grant](#) if you're set on taking training by another provider.

The NADA induction kit

continued

3

Language matters Language is powerful—especially when discussing AOD and the people who use them. Learn how to [use language to empower clients](#) and reinforce a person-centered approach.

6

Look after your wellbeing While AOD work is incredibly rewarding, it is also demanding. That's why it's important that you invest as much time and care looking after your health as you do others. [Watch videos and download posters](#) that prompt you to enhance your wellbeing. Ensure you access [clinical supervision](#), a vital part of professional development for all client facing staff.

4

Download practice resources Access [free resources](#) to support your work with clients. We've also developed the [AOD resource finder](#), so you can quickly find AOD resources from trusted service providers.

7

Network with colleagues Join a NADA network to feel supported in your role. There are networks for those who support [women, young people, and gender and sexuality diverse people](#). There are networks for [consumers, peer workers, nurses, practice leaders, and data and research professionals](#). You can also join the [Community Mental Health Drug and Alcohol Research Network](#), a network that builds the research ability of the mental health and AOD sectors.

5

Stay in touch with NADA publications [Subscribe to Frontline](#), our monthly email newsletter to receive practical know-how, tips, and resources. [Subscribe to the Advocate](#) to learn about current themes in the sector and diverse ways the sector responds.

8

Reach out to NADA [Visit our website](#) to learn more about what we do. Contact us anytime if you have a question, discuss an issue, or suggest ideas for professional development. Simply email feedback@nada.org.au and we'll get back to you. We hope to see you soon!

Visit the NADA website www.nada.org.au

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How do services engage the extraordinary people who work in this sector



Bo Justin Xiao

Coordinator—Sexualised Drug Use and PLHIV Leadership Programs, ACON Health

How did you get to this place in your career and role?

There are days I still feel surprised with where I am in life, especially when I realise that I've been in this role of a chemsex peer support coordinator at ACON for 5 years. I graduated from art school in my mid 20s but ended up in retail jobs, and with my drug use at the time, life was chaotic to say the least. ACON was one of the organisations that supported me during those years, and I've always thought the ethics of their workers aligned with my own. To me, that is important when choosing a job, because I wanted to work with people who I share same values with.

Describe a typical day at work. And, what does a *great day at work* look like?

It's hard to define a typical day at work when the job isn't a typical one. I would say one needs to be pretty versatile for this role. Clearly as peer support workers, a large portion of our time goes to client facing work. This can look like providing consultations in a meeting room, calling clients for intake or appointment scheduling, or facilitating forums and group workshops. I also participate in activities that can contribute to my self-improvement, including trainings, research webinars, focus groups, team meetings, and cross-divisional collaborations. With peer work in AOD still being somewhat a novel concept in Australia, I think it's crucial that we keep an open mind and get exposed to what other people in the sector are working on and share our learnings with each other. Hopefully this will bring new ideas into the services available to clients.

How does your employer support and engage you?

Being a peer worker in the AOD sector can be challenging. It is a profession, it is activism, it is also our own life stories. To many of us, drug use is something so close to our hearts. I suppose if someone wants to make a career out of this kind of lived/living experience, maintaining that work/life balance is the key. I'm not saying I do it well all the time.

Fortunately, ACON has been able to provide adequate support to us peer workers. We get daily debriefing meetings with team members or manager when we see clients; we work alongside the Substance Support Counselling team, and they are available to support us whenever we need advice for client work. We also get monthly clinical supervision with an external supervisor who understands the communities we serve. Some might consider this mechanism to be excessive, but in my opinion, peer work deserves such levels of support, and it is only sustainable when organisations value our work and are ready to invest in us.

I'm always looking to grow, both personally and professionally. Yet career progression isn't always clear to peer workers, not many people know what that path looks like. Whenever I felt lost or burnt out, my managers were able to sit down with me and help plan that career path for me. That really grounded me in my role and gave me new purpose during tough times.

When I first started in my role, nobody knew what a peer-led chemsex support service would be, but over the last 5 years, our team built M3THOD from scratch, and that is one thing I'm most proud of. I know I am trusted by my colleagues, so I feel safe and supported even when the work itself gets overwhelming.

Katy McLean

Case Worker—AOD CCC (Continuing Coordinated Care) Program, Mission Australia

How did you get to this place in your career and role?

I am where I am today not only because I wanted to support and guide people into recovery, but also due to my own life experiences with mental health and substance use. I grew up in a small community deeply affected by AOD, and my family was impacted by alcohol-fuelled domestic violence—so it is easy for me to empathise when I see others experience the same thing. It's a difficult road to take on your own and it feels nearly impossible when you do not feel supported.

Describe a typical day at work. And what does a great day at work look like?

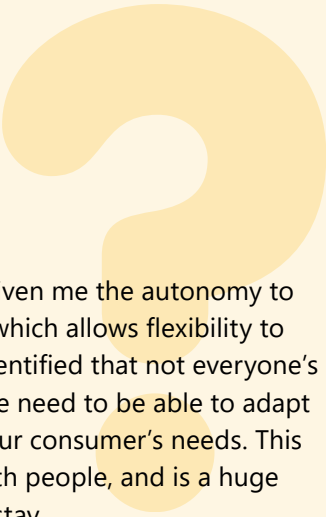
The beauty of the program I work in (AOD CCC) is that we have the capacity to help map out people's goals and support them in such a unique way to achieve the best possible outcomes. I am out of the office most days of the week, advocating for people and supporting them to reduce any barriers they may have to begin, or maintain, their recovery. We recognise the importance of communicating their needs to other services and we try to make overwhelming processes easier to navigate.

A great day is when we recognise that consumers have gained valuable insight into their own recovery, and they are ready to do the work. They don't have to have huge goals, but goals that make a difference to their recovery, like reducing their use, feeling more connected to their community, reconnecting with a family member, gaining a tenancy, nurturing their relationships with their children, etc.

How does your employer support and engage you?

Mission Australia are big on celebrating each other's outcomes which really reflects the work you do on an individual level, and the importance of your role. I feel incredibly valued, not only in my team, but within the organisation as a whole.

I believe the outcomes of consumers are the number one reason I stay in the AOD sector. I love watching consumers grow and begin to believe in themselves again. Taking back control over your life after many years of AOD use is an extremely difficult thing to do, and I highly admire the people that have the willingness to change their lives.



In addition, my employer has given me the autonomy to work with consumers in a way which allows flexibility to carry out my role. They have identified that not everyone's recovery looks the same and we need to be able to adapt and navigate change to meet our consumer's needs. This compliments the way I work with people, and is a huge contributing factor as to why I stay.

Dr Emma Scott

Senior Research Analyst—Policy Research and Social Justice, The Salvation Army

How did you get to this place in your career and role?

I've always been curious about people and the different ways they live. At university, I majored in psychology and anthropology to better understand how culture and society shapes our experiences. I loved teaching undergraduate students and observing breakthroughs in their understanding. For my PhD fieldwork, I spent 16 months in Venezuela, living and working with Indigenous communities. After I received my PhD in anthropology, I wanted to use my research skills to promote social justice, educate others, and advocate for a better world. The Salvation Army gave me this opportunity, nurtured me, and supported me to grow into this role.

Describe a typical day at work. And what does a great day at work look like?

I like to begin the day by replying to emails or reading some relevant literature. There may be meetings with internal and external stakeholders to discuss various research projects, such as outcomes and process evaluations, monitoring and evaluation frameworks, and sharing data and insights within the social sector. I work closely with my team to share learnings and troubleshoot any issues. I sometimes collect data through interviews, focus groups, surveys, or through analysis of CRM data. I may spend time conducting statistical and thematic analysis, writing reports, and presenting findings.

A great day at work for me is when I can have a chat with community members and hear the personal stories they choose to share. Last year, I visited Darwin with three members of my team to facilitate lived experience

WE ASKED YOU

consultations with community members participating in our homelessness and AOD services. I felt grateful and privileged that they trusted us enough to share their struggles and triumphs, so that we can learn from their expertise and improve our services. Similarly, I enjoy presenting our research findings and hearing feedback from our participants, staff, leadership, and funders. Interacting with people who are passionate about their work is energising for me and I learn so much from their different perspectives.

How does your employer support and engage you?

The Salvation Army provides a supportive environment for me to grow as researcher and person. My team and I often exchange ideas, participate in training as a team, and discuss new developments in social research. We

are currently developing more accessible, engaging and innovative ways to share our research findings and promote continuous learning within the organisation, such as video and animation. Further, the organisation invests in me and allows me to work flexibly. These opportunities make me feel valued as an employee and supported in my career.

In my role, I can actively contribute my research skills to improving the lives of all Australians. I am aligned with The Salvation Army's commitment to providing services that are person-centred, trauma-informed and based on quality evidence. Also, I work with a fantastic team from a variety of backgrounds. I appreciate their never-ending curiosity and thoughtful insights, which help to sustain me as a researcher and human being.



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Moving on up

Michele Campbell

NADA

Moving into a leadership role for the first time can be daunting. There are some unique challenges when moving up from within your workplace; now you are leading and managing your co-workers who were once your peers.

You need to adapt and evolve a different perspective, maintain boundaries, and hold confidences. Not only do you need to learn to lead the team, but you need to also manage up. Moving from a technical or expert role into a leadership role requires a shift in focus from technical aspects—to the people and processes that will make your team successful.

Leadership is about people, establishing a new connection with your team, by showing them you care and that it's okay to be vulnerable. Nobody knows everything. Observation and communication, and reflection on your leadership style are important.

Emotional intelligence (EQ) is one skill that is important in leadership. First introduced by psychologists in the 1990s, EQ is the ability to recognise, understand and manage your own emotions, as well as recognising and understanding others' emotions, and respond appropriately. It is a valuable skill that allows for greater communication and understanding to enable you to get the best out of your team.

Tips for moving up

- Be humble, you won't get everything right and that's okay
- Ask plenty of questions—learning is ongoing
- Role model the desired behaviours for your team
- Find a mentor, someone you look up to who models the same values
- Connect with peers, learning can be gained from both peers in similar situations and more experienced peers
- Ask your team, peers and manager for feedback and reflect on where you can learn and develop as a leader

The 4 main competencies of EQ are:

1. **Self-awareness** An understanding of your strengths and weaknesses, and the ability to recognise your emotions and their impact on others. This relates to having productive conversations by checking in on your own emotions and any triggers you may feel; monitor your body language and that of the other person. Pause to think about how the other person may be feeling.
2. **Self-management** The ability to regulate your emotions and recognise when you are triggered into reacting rather than responding. For example, if you are provoked by an email, leave it for 24 hours and see if you still feel the same way, consider the intent and your response before firing it back. Assess the impact of emotions on your body and behaviour and that of the other person. Reframe negatives into positives.
3. **Social awareness** You need to be able to read a room and the emotions of others. Leaders who are empathic rate highly in social awareness. Check in and confirm the reasons for the other person's behaviour, assumptions are not always accurate.
4. **Relational management** This relates to the ability to manage conflicts, coach, mentor, and influence others. Make sure the other person feels heard, use active and reflective listening; make sure the conversation is held at an appropriate time and place, and collaborate on a path forward.

Resources



[Shaping great work experiences](#)

This resource will help you better understand your work experience and offer ways you can improve it as an individual worker or a team leader or manager in a role that supports others.

- [Eight things you can do to make your internal promotion a success](#), Melbourne Business School
- [Transitioning from team member to team leader - the do's and don't's](#), The Change Network
- [How to 'step up' after a big promotion](#), Harvard Business Review
- [Emotional intelligence in leadership: why it's important](#), Harvard Business School Online

Growing AOD team leaders and managers

Effective organisational leaders can positively influence other workers' satisfaction, professional growth, and dedication. Developing leaders via formal professional development opportunities was considered essential in [recent research](#). So, in 2023, NADA partnered with the Centre for Community Welfare Training (CCWT) to provide leaders and managers in NADA member services the opportunity to undertake the nationally recognised Diploma of Leadership and Management, with funding from the Ministry of Health, Centre for Alcohol and Other Drugs.

Sharon Lee (NADA) spoke to emerging team leaders and managers who successfully applied for the course: David Chivers from the Community Restorative Centre, Aaron More from The Glen, Alexa Robles from WHOS New Beginnings, and Jenna Bottrell from Mission Australia.

NADA: What was your favourite takeaway from the Diploma of Leadership and Management course?

David: I've really enjoyed exploring the importance of coaching in leadership and the different styles of coaching. Learning about staying curious, and asking the right questions, rather than providing people with the answers. Some of the skills are transferable from frontline work with clients, like motivational skills, especially Motivational Interviewing.

Alexa: The course opened my eyes to how much is involved in management. It's not just about managing the day-to-day, but it's more about looking at a broader perspective, across your service and across your team.

Aaron: I've been speaking to my clinical supervisor a lot about developing emotional intelligence in a professional sense. So, emotional intelligence was the best part of the course for me. You know when you're at home, it's okay to slow down, put some music on, and say, 'I'll speak to you about that later. Can we come back to that?' But when you're in a high-pressure situation, it's a whole different ball game.

Jenna: I think my biggest takeaway was around communicating with influence, how to improve workplace communication, and diverse ways we can work with our teams.



Photo: Diploma of Leadership and Management candidates with course facilitator, Peter Watson (CCWT).

NADA: How did the course change your views on leadership and management?

Alexa: The course didn't change my views so much, but it provided me with the skillset to perform the role. Knowing that you need to have your eye on the big picture and what you see in front of you, is not always what's in front of you.

Jenna: I think it helped me, maybe as a leader, put a bit more focus on upskilling myself. When we become leaders, we become focused on developing our teams and training needs that they may have, and we leave ourselves to last. I think it reminded me about taking that time to work on your own skills. I've learned a lot of that over the years, but it was great being in a room full of other leaders from other organisations. You hear a lot of different perspectives, different lessons learned from them. So, learning the lessons of others.

David: It was fantastic to share knowledge with my peers, working on scenarios that are familiar to us all. Like, we might feel that we're confident in dealing with situations in our own workplace, but the course gave me the opportunity to hear about different scenarios and different approaches.

Aaron: Well, it didn't really change my views. Before starting this role, I thought it was going to be challenging, not in a negative sense, but it's something new for me, it's exciting. And the course is challenging in an educational sense, so it falls in line with the role. Peter Watson (course facilitator) acknowledges this.

Growing AOD team leaders and managers

continued

NADA: How will this course positively affect you or your team?

Jenna: The course reminded us of checking in with your team, and not just focusing on outcomes and outputs, in terms of quality improvement, but quality improvement in how we can be a better team. We're always giving our teams feedback, but what about feedback for us about how they feel we are as a leader? It's about ensuring that two-way feedback becomes a regular thing and more of a comfortable thing. So, like a culture, you know that open, honest, candid communication back and forth to one another.

Aaron: What I'm learning is already filtering through, particularly the emotional intelligence stuff. Many people have commented and said they've noticed I've slowed down and am thinking about things more. So, it's starting to play out already and affecting the team in a positive way.

David: The course reminded me about the importance of a clear sense of direction across all levels of the organisation. And how every team member should be involved in the creation of that, it should just be imposed top-down. There's been a lot of change with the team I manage over the last few years, and we've not had the chance to pause and reflect. So, I've booked a Team Day in February to review our operational plan. This is time to stop, re-examine our objectives and renew our team identity.

Alexa: Having a holistic view of the team, learning that people work in quite diverse ways, and being more aware that they have unique needs. Like, if you have a team member who's not performing, knowing there might be something going on for them. That and building my skills in project planning and performance appraisal; these are two areas that I didn't really have a lot to do with before.

NADA: What areas of leadership and management would you like to explore further or develop in?

Aaron: I'm looking forward to the lead difficult conversations module coming in a few months. Because in the residential rehab space, we have difficult conversations daily. The way I lead those difficult conversations has changed in the last few months, so building on emotional intelligence with the stuff we're going to learn is exciting.

David: Compassionate leadership and ensuring how to balance with performance management. I think it's often falsely assumed that you can't be a strong leader if you show compassion and empathy.

Jenna: I'd like to explore further and develop the servant leadership model. There's a lot of diverse ways that people take servant leadership, but I think it is about being that flexible leader, leading with empathy, really listening and being there to serve our teams. It focuses on building a thriving team rather than focusing on those KPIs and things like that. That will come if you lead with empathy, tailoring to your team's needs and your individual staff member's needs.

Alexa: I think I would still like to do a bit more work on performance appraisal and developing work plans.

NADA: What would you like to tell someone who is keen to move into a leadership role?

Jenna: If you are moving into a leadership role for the first time, it is important to always be true to yourself, to be a collaborative leader and not stop learning. Your goal should always be to create more leaders. You should never be the strongest in the team forever. You should want to create a team of leaders. Be honest with your team and build genuine trust.

But also, don't forget that it's okay to be vulnerable. I think a lot of people sometimes feel the pressure as a leader to know the answer. You can be vulnerable and promote people to be vulnerable within your team because it promotes open and honest conversations and that's where the real strength is.

David: Mistakes are inevitable, and these are opportunities to learn and grow. Don't be afraid to ask for help and set time aside for reflection. Model self-care—prioritise taking care of yourself and remember that there's so much that's outside of your control. You can be a mentor, as well as regularly reviewing progress and setting clear expectations.

Alexa: It's important to understand all aspects of where you're working. So, if you are set on a leadership role, then perhaps take a sideways move so that you can get across that part. And put up your hand and say, 'Well, I'll step into that role for a bit.' And then get across how that works. So, you have a picture of how all the pieces fit together.

The only other thing that I would suggest is to find a mentor. It doesn't need to be your direct line manager, but somebody in the service who you have seen work with people, and you like their approach or their leadership skills. Get advice, be open to feedback, open to reflecting on that and have accountability. You're going to make mistakes, we're only human.

Aaron: Go for it!



Regional engagement

People living in rural and remote areas face a range of challenges due to their geographic location, including poorer health outcomes. The Royal Flying Doctor Service (RFDS) delivers healthcare where mainstream services cannot be accessed. Program Manager David Honeysett shares how the RFDS engages and retains their employees.

Describe a day in the life of the Royal Flying Doctors Service worker.

No two days are ever the same and the answer will vary greatly depending on who you ask. For our Mental Health and Other Drugs (MHAOD) team working out of Dubbo, they work alongside RFDS doctors, nurses, pilots, dentists, engineers and community engagement workers to deliver vital services and programs to communities and people.

Some days the MHAOD clinicians could be on the road travelling to a community awareness day in Lightning Ridge or a Field Day at Narromine, the next day they could be having a confidential, one-on-one meeting with their client. We also collaborate with several other not-for-profit and health organisations to either support each other in the delivery of our work, or to bring communities together for events. Then we have team members who also run specific programs, like delivering early prevention education programs at schools. It's a very diverse and rewarding environment.

Working across central west NSW, we are lucky enough to visit many towns and meet some truly wonderful people and learn about the unique challenges and strengths of rural and remote communities. Through their community work and one-on-one appointments, the MHAOD team have a direct impact on improving people's everyday lives and community wellbeing.

What are the unique challenges you face for service in rural and remote areas?

Some of the biggest challenges are isolation and distance. Travelling to a regional centre isn't an option for most people and is a real barrier to seeking support. This is why our teams mainly drive in-drive-out to rural and remote areas to meet with communities and offer our programs, services and support. In the year 2022–23, the RFDS Southeastern section conducted 3,787 face-to-face mental health consultations and provided 1,776 mental health clinics and programs across 30 locations. These are incredible figures, especially considering the RFDS is the only healthcare provider for many of these rural and remote communities.

How do you retain workers and keep them engaged?

Our team includes some of the most passionate, dedicated and caring healthcare workers in the region and we are so lucky to have their expertise at the RFDS.

We provide professional development through continuous education and training opportunities and hold regular team meetings to ensure communication is high, but also so staff feel supported and acknowledged for their hard work.

Regional engagement

continued

To avoid burnout and ensure staff retention, we regularly host team-building exercises, encourage good communication, work together to develop strategies and goals, plus discuss how we as managers can support them.

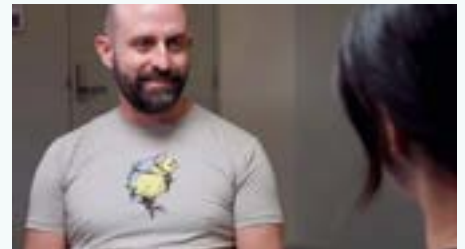
As a complex organisation, we also make sure to celebrate our people and our successes. This helps people to know more about what we do across the whole breadth of our organisation, but also showcases the impact of what we do. The RFDS has such a long history in regional, rural and remote communities—we're nearly 100 years old. And while the MHAoD service is more recent, we've gone from strength to strength because of how trusted our brand is, and our ability to reach communities that many other providers can't. That's a great motivator and attractor for our people.

How do you shape a great work experience?

Similar to the previous answer, but it's also about ensuring we include lots of teamwork, collaboration opportunities and make the workplace an enjoyable place to be.

For many of the smaller rural towns we visit, the RFDS has a strong presence, from the clinics we run through to the community events. You'll rarely find the MHAoD team on its own—particularly when we attend community events and fairs to build awareness of preventable health issues and our services. We collaborate with primary health nurses, dentists and our community engagement team to provide a 'one stop shop' for primary health, mental health and wellbeing services.

Learn online with NADA



NADA has moved its learning content to Insight QLD's platform. Insight are specialist providers of AOD training, education, clinical resources and practice advice for workers and service.

Visit the NADA learning portal

1. Go to the [NADA website](#) and follow the instructions to sign up
2. Log in to Insight and click the 'Learning Portals' button

The NADA learning portal is only available to learners in New South Wales so make sure to update your profile to capture this information.

Modules include:

- Comprehensive treatment and standards of care
- Engaging with families and significant others
- Asking questions on gender and sexuality

Plus many more to enhance your AOD core knowledge and skills.

[Learn online](#)



Fostering cultural safety

Cultural safety enriches the quality of the services we provide and contributes to the robustness of the AOD workforce. What does cultural safety mean in practice and what can organisations do to cultivate it? By Levii Griffith (Allawaw Aboriginal Corporation), Raechel Wallace (NADA) and Antonia Ravesi (NADA)

First introduced in New Zealand by Māori nurse Irihapeti Ramsden, cultural safety in the workplace refers to a work environment in which First Nations people feel welcomed, respected, and where systems and service processes are informed by cultural protocols. Cultural safety is a whole of organisation commitment which moves far beyond an artwork in the foyer or a cultural question in an intake form. Aboriginal workers in the AOD sector report that a high standard of cultural safety and environments in which their lived and living experiences are valued, improves job satisfaction, wellbeing, and retention in the AOD sector.

Cultural safety in practice

Organisations benefit from providing ongoing opportunities for reflection, cultural learning and consultations with Aboriginal workers and clients. Safety is reflected in policies and procedures that sit within cultural governance frameworks, and include cultural protocols for data collection and management, client processes and staffing. For non-Aboriginal services it is about building relationships with community and Aboriginal networks, being consistent, and turning up.

Safe spaces for reflection

Organisations can provide safe, trauma-informed forums and support for staff to explore and learn. It is important to look into the dark places in Australia's history, to reflect,

consider and make sense of past traumas and losses, to be able to work towards a place of reconciliation. Reflection allows us to recognise our conscious and unconscious biases and to harness this opportunity to grow and develop.

Non-Aboriginal workers can reflect on their own cultural background and how this intersects with Aboriginal history. Some workers may experience a resonance with First Nations People and with the impact of colonialism, genocide and assimilation policies and practices, while others may find this reflection confronting.

Learn the local stories

Learn the history of the area, the places and events of significance for Aboriginal and Torres Strait Islander communities. This information may be included in staff and client orientation packs, subject to approval by Elders and Leaders in the community.

This can be incredibly insightful. For example, a women's health centre located on Wiradjuri Country identified that few Aboriginal women were accessing the service. To understand the barriers, the staff had conversations with Elders in the community and learnt that the centre stood on a massacre site which had occurred in 1824 during the battles between European settlers and the Traditional Owners. When the Centre decided to relocate, they were

Fostering cultural safety

continued

guided by local Elders and community representatives in ensuring their new location was safe for Aboriginal women.

Workers can build relationships with Aboriginal services, and local Land Councils, who can put you in touch with community representatives authorised to provide this information. Always ensure that you offer adequate financial remuneration for this expertise.

Employee benefits

Organisations can offer benefits to their Aboriginal staff in recognition of their cultural knowledge, relationships with community and the lived experience of intergenerational trauma from colonisation as well as cultural perspectives on mental health, substance use, and healing.

Cultural supervision is crucial in supporting Aboriginal workers to navigate and balance their roles between work and community. Workers always carry a cultural load, which means their work often continues past the end of their working day, when they meet a member of the community in distress at their local supermarket, or on the school run when picking up their children.

Aboriginal workers are often sole workers and may request cultural mentoring which can be organised through the worker's own connections in the community, Land Councils and Aboriginal worker networks such as Aboriginal Drug and Alcohol Network (ADAN).

Pathways to leadership and management positions

For organisations who employ Aboriginal workers, it is important to consider whether there are opportunities for career progression and development. Where these exist,

it is helpful for pathways to leadership and management positions to be articulated, and opportunities to be provided for workers to act-up in roles. This ensures that the NGO sector can retain the high level of cultural expertise that workers bring to the AOD sector.

Cultural humility

Organisations with a culture of humility encourage reflection on how mainstream treatment practices, social events such as the referendum and political discourse impacts on First Nations workers and clients. It is this openness to understanding and improving that creates spaces to identify opportunities for collective healing and knowledge sharing.

Inclusive services are co-designed and collaborative

The contributors to cultural safety need to be identified by Aboriginal staff and clients through collaboration and co-design of program and service delivery.

Ensure there are clear mechanisms for review and feedback from clients, families and supporters, and that Aboriginal consumer consultations are organised regularly.

Cultural safety is demonstrated in how the service responds to days of significance, Sorry business, data collection and recognition of First Nations data sovereignty, builds and maintains relationships with community, and service delivery that incorporates and values cultural perspectives. Cultural safety is experienced through the recognition of the impacts of colonisation and the legacy of intergenerational trauma, and the appreciation of Aboriginal perspectives, practices and values.



Have you subscribed to the Advocate and Frontline

Help your colleagues stay current with AOD resources, training and information

There has been a lot of movement in the sector, and we want to stay in touch. Help your colleagues keep up to date with NADA communications. They can subscribe on the NADA homepage or write to sharon@nada.org.au from their new email address.



Developing the workforce to respond to culturally and linguistically diverse clients

Findings from a cultural inclusion evaluation report assessing cultural inclusion in AOD services

Horwitz, R., Prankumar, S. K., Bryant, J., de Jesus, T., Jaworski, A., Jadran, A., and Brener, L.

In order to improve services for clients from cultural and linguistic diverse (CALD) backgrounds, AOD services need to be culturally aware and need to implement strategies to ensure accessible and appropriate care for all clients.^{1,2} This research aimed to assess the extent to which non-government AOD services in New South Wales have adopted culturally inclusive practices as well as to evaluate the acceptability of a cultural inclusion audit across four AOD sites. This initiative by NADA and the former DAMEC included the development and implementation of an audit tool (a structured organisational tool that focuses on cultural inclusiveness in mainstream services), with our role being to evaluate the implementation of this tool.

What we found

A recurring notion identified in the evaluation is the possible misunderstanding among staff about what cultural inclusion entails. These misunderstandings can fortify the idea that staff and services are unwilling and unable to engage with suitable cultural inclusion practices, when in fact they may simply not know what these are, highlighting the importance of training and development of staff.³

Areas in the workforce that need better developing include:

- **increased use of workers from different cultural backgrounds.**
- **better training of staff in cultural inclusion practices.** This involves supervision and mentoring for staff who are from different cultural backgrounds, training programs on cultural competence and putting processes in place to get feedback on and review cross cultural skills of staff.
- **language and communication support.** Language should be inclusive, using person-centred terminology. Not only is there a lack of information about service programs, policies and procedures in the primary languages of consumers, staff answering the telephones are sometimes unable to communicate in the languages of the speakers and forms that clients need to sign are often not written in their preferred language. There is a need for educational material and pamphlets to be available in different languages and recruitment of and use of skilled peers, workers and translators from diverse culturally backgrounds.

Given Australia's culturally diverse population and its increasing international migrants, AOD services need to be more attentive when designing their services and training the workforce. The benefits of implementing an innovative cultural inclusion audit can be seen in this study and based on reports from participants, this process appears effective in raising awareness and understanding of what cultural inclusion entails. The evaluation highlights the importance of promoting stronger ties between mainstream AOD services and CALD communities with a focus on improving service access for people from diverse cultural backgrounds that need AOD treatment. Instead of focusing on dominant culture practices and adjusting them to reflect different cultures, systems should be in place that are designed for all people. Through strong development and training of an inclusive workforce to respond to CALD clients, AOD services will be able to better respond and meet the needs of all Australians.

Learn more

Horwitz, R., Prankumar, S.K., Bryant, J., de Jesus, T., Jaworski, A., Jadran, A., and Brener, L. (2022). [Cultural Inclusion Evaluation Report: Assessing cultural inclusion in AOD services and the acceptability of a cultural inclusion audit at four pilot sites.](#)

Bibliography

1. Centre for Alcohol and Other Drugs, NSW Health (2020). Clinical Care Standards – Alcohol and Other Drug Treatment. Sydney: NSW Ministry of Health
2. Network of Alcohol and other Drugs Agencies (2020). Workforce Capability Framework: Core Capabilities for the NSW Non Government Alcohol and Other Drugs Sector. Sydney: NADA.
3. Jongen, C., McCalman, J., & Bainbridge, R. (2018). Health workforce cultural competency interventions: a systematic scoping review. BMC health services research, 18(1), 1-15.

AOD Clinical Care Standards

By Dr Suzie Hudson, Clinical Advisor, Centre for Alcohol and Other Drugs, Ministry of Health

Welcome to this new regular feature in the NADA Advocate, keeping you linked in and up to date with all things Centre for Alcohol and Other Drugs related at the Ministry of Health. This month we invite you to get involved in the delivery of state-wide AOD Clinical Care Standards workshops.

We're coming to you!

NSW Health AOD Clinical Care Standards Workshop Roadshows

We have started planning for a year of [AOD Clinical Care Standards Handbook](#) workshops across the state, and we are coming to you. The workshops aim to improve skills, knowledge and confidence in clinicians by ensuring that the care they provide people accessing AOD treatment is aligned with the AOD Clinical Care Standards and is trauma informed.

What are the workshops about?

These one-day workshops are aimed at clinical leads, educators and the AOD frontline workforce champions who can integrate the information into practice for themselves and support their colleagues to do the same. Each workshop will bring together your organisation, other NGOs providing treatment in each Local Health District (LHD) and staff from the LHD services. NADA is also part of this collaboration. If you were unable to attend the NSW AOD CCS Roadshow Planning Webinar in November last year, you can find [the recording here](#). It will provide you with more background information.

Take me back a step!

What are the NSW Health AOD Clinical Care Standards?

The Clinical Care Standards describe how to deliver treatment in the basic elements of AOD treatment and are designed to support good clinical service delivery for every person reaching out for support. It's work that you and your teams are already doing to varying extents.

There are six AOD Clinical Care Standards:

- Standard 1: Intake
- Standard 2: Comprehensive Assessment
- Standard 3: Care Planning
- Standard 4: Identifying, responding to, and ongoing monitoring of risk
- Standard 5: Monitoring treatment progress and outcomes
- Standard 6: Transfer of care

The great news is that you can find out more information about each standard [here](#) in the AOD Clinical Care Standards Handbook. It provides tools to measure how you are going with embedding each standard via an organisational audit.

How are the AOD Clinical Care Standards useful for my work?

Each standard describes a process in the delivery of quality AOD treatment. How they are implemented will be guided by your service, your business processes, professional training, clinical guidelines, best practice, your models of care and local integration practices with other relevant services.

The AOD Clinical Care Standards have been mapped to accreditation processes for you, making it easier to demonstrate the high quality of care you provide. To access some more support you can find resources as part of the [NADA Policy Toolkit](#), webinars on the [NADA Resource page](#) and online learning on the [NADA eLearning portal](#).

Are the AOD Clinical Care Standards helpful for consumers?

The standards provide guidance for consumers of AOD services about what they can expect from AOD treatment. They support consumers to actively participate in their treatment and collaborate with their AOD treatment team providing the AOD care.

Every person who accesses AOD treatment deserves high-quality care. Consumers have told us how important it is to be respected for their choices, and involved and collaborated with in terms of their treatment goals:

'We want a deal where you listen to our own aims and goals, and we take your advice on board. It's about you sharing your skills and your power with us, and us sharing our trust with you, so we end up with the best outcome possible – and so do you.'
(Consumer feedback – CCS eLearning)

Catch up with the CAOD

continued

Consumers have been involved in the development of the Clinical Care Standards and will be presenting at each workshop across the state.

How can I get involved?

NADA members have been contributing to this best practice journey through working groups, communities of practice, workshops and webinars. Many of the [NADA Practice Leadership Group](#) representatives have been part of these discussions and have provided advice. But that isn't the end of the story.

NADA members will be invited to participate in planning the workshops in your area.

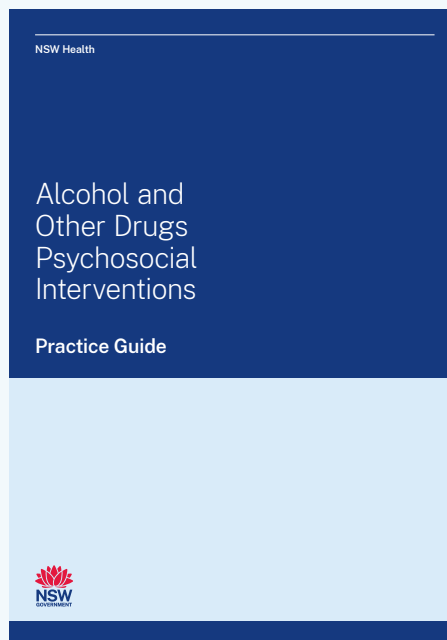
What will be available after the workshops?

To make this a sustainable process all the materials used in the workshops will be made available to you afterwards:

- Each standard will have a slide deck containing activities that will facilitate an hour-long presentation. The deck will demonstrate how *trauma informed* and integrated practices inform and shape the standard in practice.
- Each standard will have accompanying example of how it benefits consumers via an *experiential story from a consumer*, an example of how it benefits clinician/workers via an *experiential story from a clinician/worker* and how it benefits managers via an *experiential story from a manager*.
- A facilitator will guide you on how to deliver each standard and the related activities so anyone can pick it up and run a workshop in their service.

Want to find out more?

Email us at: Suzie.Hudson@health.nsw.gov.au or MOH-clinicalcarestandards@health.nsw.gov.au



Download this new guide

Alcohol and other drugs psychosocial interventions practice guide

This practice guide has been developed to support the AOD workforce who provide psychosocial interventions for people accessing specialist AOD treatment in NSW.

It provides contemporary evidence-based guidance on psychosocial interventions, guidance on responding to people with co-occurring concerns, and resources for education on AOD service provision.

[Download this practice guide](#) {PDF}

Member profile

Bobby Goldsmith Foundation

We help people living with HIV to thrive

Who we are

The Bobby Goldsmith Foundation (BGF) is Australia's longest-running HIV charity. Founded in 1984, BGF has gone on to provide individualised care to thousands of Australians living with HIV.

And while HIV treatment has come a long way since 1984, the need for support remains.

In 2022/23 we supported 716 people who accessed a range of BGF services, including:

- 2300 occasions of financial counselling
- 587 psychosocial services
- 15,200 hours of community support
- 1530 occasions of practical support
- 287 participating clients in health and wellbeing programs.

We exist to help anyone having difficulty living with HIV. We know that HIV can affect every part of life, from employment and relationships to physical and mental health. We meet our clients where they are and help them move forward through practical, tailored support. Our proven approach is guided by 40 years of experience and a team of trained professionals.

We provide frontline services and support to all people living with HIV no matter their age, race, ethnicity, sexual orientation, religion or gender.

Our team

BGF employs a dedicated, diverse and tireless team and the success of BGF is built on the compassion and enthusiasm that they show every day to the people we are here to serve.

Our Community Ambassadors also represent a diverse body of advocates who help shed light on the issues facing those living with HIV. They also play a crucial role in helping BGF raise important funds that support our programs. We are also honoured to have the Honorable Michael Kirby AC, CMG and Ita Buttrose AC, OBE serve as our Patrons.

BGF is governed by a board of directors who each bring extensive experience to the organisation and ensure that BGF's strategic and financial positions remain sustainable.

How we can help

Case management Providing those community members with complex needs with more holistic support and care coordination.

Case work Supporting our community members in practical, financial and emotional ways whilst linking them to the services they need.

Financial counselling Supporting and advocating for people with HIV who are also experiencing significant financial stress, impacting their overall quality of life.

HIV/AOD integrated services Providing support to people with HIV who are also experiencing homelessness, alcohol and/or drug dependency issues, providing a wide range of HIV-related support to address their physical, mental and social needs.

Community support program Delivering regular in-home community-based practical assistance and care.

Health and wellbeing programs Programs that develop practical life-skills, support self-expression, reduce social isolation and build peer connections.

Get in touch

Sydney

Level 3, 111-117 Devonshire Street, Surry Hills NSW 2010

Western Sydney

Level 3, 90 Phillip Street, Parramatta NSW 2150

Phone 02 9283 8666

Email bgf@bgf.org.au

Web www.bgf.org.au

Bobby Goldsmith
Foundation

Profile

NADA board member



Carmel Tebbutt
CEO, Odyssey House

How long have you been associated with NADA?

I was elected to the NADA Board in November last year. Although relatively new to the AOD sector, I am no stranger to NADA. Prior to joining Odyssey House, I spent six years as CEO of Mental Health Coordinating Council. The intersection between AOD and mental health runs deep and in my time in mental health I worked closely with NADA on shared challenges, projects and initiatives.

What does an average day look like for you?

There is no average day! Odyssey provides both residential and community-based services across Sydney and NSW. There's always something happening, and I am continually inspired by the dedication and impact of our highly skilled team and the courage and determination of our clients. My favourite days are when I can spend time with the people Odyssey House supports and listen to their stories.

What experience do you bring to the NADA Board?

The delivery of AOD services occurs in a complex environment increasingly reliant on government funding. I have deep knowledge and experience of government processes and decision-making, most recently at MHCC and previously from my long parliamentary career in the NSW Parliament. I hope my understanding of how to effectively impact government policy along with my governance experience will be of value to the Board.

What are you most excited about as part of the NADA Board?

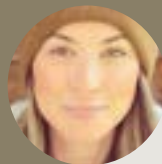
I'm particularly interested in the upcoming Drug Summit, a significant opportunity for NADA to influence AOD policy and funding. We need far greater investment in treatment and other services, we need funding for research and evaluation, and law reform that supports a health response.

What else are you currently involved in?

If you're talking professionally, I have served as a director on several boards, including Mental Health Australia, Media Super and the Woolcock Institute of Medical Research. Outside of work I enjoy yoga, tennis, travel, live music and time with my friends and family.

A day in the life of...

Sector worker profile



Kate Johnson, Peer Support Worker, AOD Services Katoomba Lithgow, Lives Lived Well

How long have you been working with your organisation?

I have been with Lives Lived Well for 8 months.

How did you get to this place and time in your career?

I began my career in 2011 as a peer program team leader in an intermediate stay mental health unit. This program is now known as Flourish.

It's so beautiful to see the language shift around peer workers. Back then, the language was 'peer work has potential', now it is, 'peer work is an essential part of service provision'.

In 2021 I was determined to find work in an organisation that valued the lived experience perspective and was committed to embedding these values throughout its services. I truly found this at Lives Lived Well. . .

What does an average work day involve for you?

I facilitate SMART recovery groups between our two sites and work 1:1 with clients who have identified a need for support in achieving their recovery goals. The rest of my day is filled with case management, checking in with clients and seeking feedback on the services we provide so we can better meet the needs of the people.

What is the best thing about your job?

I can be myself. I get to meet people where they are at with their journey and hold hope for them.

What is one thing you would like to see different in the non government AOD sector? What needs to change to get there?

Service provision that is not time sensitive due to funding limitations. A greater understanding of the barriers service users face when accessing support.

What do you find works for you in terms of self-care?

Self-care is an interesting one as a lived experience worker. I believe having 'self-care' embedded into the way I live my life is crucial for my ongoing recovery. Overall, I would say it is less about the 'big' quantifiable acts of self-care and more about the little steps towards self-compassion/ self-acceptance every day.

News and events



Drug summit update

NADA has continued to represent members in the lead up to the NSW Drug Summit. Here are the key activities:

- We've been meeting with a number of NSW Parliamentarians and key stakeholders to brief them on NADA's position paper to ensure they understand the collective views of members.
- A Drug Summit Roundtable was held at the NUAA office in December with key AOD sector representatives. We collectively discussed our shared values and advocacy goals for the summit. Its positive to note that there is a lot of alignment across these areas.
- In addition to a monthly information sharing meeting held by the Drug Policy Modelling Program (DPMP), regular meetings have started with NUAA, Uniting-Fair Treatment, DPMP and NADA to ensure alignment of activities.
- The NADA CEO wrote an opinion piece that was published in Croakey Health Media in February on changes to related to minor drug possession and promoting our position.
- At the NADA Board meeting we have discussed the need for a supplementary paper on NGO AOD sector funding approaches to expand on this position from the position paper. We'll be consulting with members on a draft in the coming months.

—Dr Robert Stirling, CEO

Changes to the NADA team

Goodbye, farewell!

We bid a fond farewell to Alice Guirguis, Project Support Officer, who brought order and enthusiasm in equal measure to her role. We wish her luck with her studies, and keenly await her return to the sector.

Hello, hello, hello!

We are excited to welcome John Fenech, program manager for workforce development, who will be focusing on designing and progressing sector-wide initiatives that positively influence sector workforce skills and leadership development. Working with members, John will identify emerging trends, opportunities and skill shortages, and in response, design strategic initiatives to capitalise on, or address these. Members can [contact John](#) with ideas or needs for AOD workforce development.

We are happy to announce that Jo Penhallurick has a role at NADA, co-ordinating the NGO Service Development Grant and the Research and Evaluation Capacity Building programs. Jo has worked in the non-government sector for 15 years, most recently as the CMHDARN project coordinator. [Contact Jo](#).

We also warmly welcome Egbert Liu, who is responsible for event planning and project support, and training grant administration. Members can [contact Egbert](#) for event or training grant queries.

NADA events

26 March NADA data forum—A strategic approach to NGO data

10 April Collaborative Connections: Mental Health and AOD Symposium 2024

17 April Working with men who use domestic and family violence

[Register now](#)

NADA network updates

NADA practice leadership group

The NADA Practice Leadership Group (NPLG) met for the first time this year on 27 February 2024 after a long well-deserved break. Everyone either joined in-person at NADA's office or online!

Dr Robert Stirling, the CEO of NADA, provided an update on the Drug Summit, sector funding, annual needs assessment and the upcoming Data Forum on 26 March. Chris Keyes, the Deputy CEO of NADA, also came to the meeting to share news on the second round of the Sector Development Grants, Diploma of Leadership and Management and the upcoming MHCC and NADA Symposium on 10 April.

Dr Suzie Hudson updated the group on NSW Health's Ice Inquiry Implementation Progress and discussed a number of challenges that the NGO sector was facing (e.g., length of contracts, competition from the private and public sector, and workforce sustainability) as well as opportunities (e.g., potential collaborations with Local Health District).

Dr Elena Cama, from UNSW Sydney, kindly agreed to present her research on stigma reduction approach at the NPLG meeting and explored possibilities to work with NPLG members on other projects.

The NPLG will attend a full-day workshop on reflective practice in April, which no doubt will not only benefit themselves professionally, but also support the teams in their organisation.

NADA data and research advisory group

The group is hard at work preparing for the upcoming NADA Data forum on 26 March. Here, they will join other NADA members, researchers and funders in discussing best practices in collecting, analysing and data for people who access NGO AOD services. Join us as we collaborate to develop a data strategy that underpins our commitment to timely service delivery and evidence-based care in the AOD sector. NADA members and funders can [register via the NADA website](#).

Youth AOD services network

At the February meeting, network members provided updates on the exciting events they were organising for NSW Youth Week in April. The meeting also included a get together of the Schools Working Group—a subgroup in the network which discusses AOD education that network members are rolling out in schools.

The Youth AOD Network offers training, networking opportunities and an information sharing space for AOD workers who support young people. If you would like to learn more about the network, and how to join, please check out the [group webpage](#).

Women's clinical care network

In March, a number of Women's Network members attended the NADA International Women's Day Forum. The theme for this day focused on economic empowerment for women, and the forum included sessions focused on this theme, in addition to broader health equity issues for women and those in non-binary communities who feel some affiliation with womanhood. The event spotlighted the perspectives of women with lived and/or living experience of accessing AOD services, included a session on inclusive healthcare practice for non-binary women, and a session on the significance of First Nations Data Sovereignty for First Nations women in healthcare. The forum also included a presentation by Dr Mei Lin Lee, NADA, about the outcomes of women accessing women's specific AOD service, in comparison to mixed gender services.

If you are interested in joining the Women's Clinical Care Network, check out the [group webpage](#).

The network is a space for AOD workers to support one another and share information on research, projects, and training opportunities to improve service provision for women accessing AOD services.

NADA network updates

continued

Consumer advisory group

NADA has welcomed four new members to its Consumer Advisory Group (CAG) this year. The CAG is made up of 8 people with living/lived experience of AOD use and service access. We have exciting plans for 2024, including policy co-design and research programs aimed at addressing stigma and loneliness. If you're interested in working with our CAG or establishing one for your service, please contact [Jen Uzabeaga](#).

Nurses network

In January, the Nurses Network came together to provide input on new and improved withdrawal management pathways. There was also robust discussion of the various experiences of the AOD nursing sector. The group welcomed new members from various locations around NSW, and are always open to new members!

If you are a registered nurse working in a NADA member service and would like to be a part of the network, please contact [Jo Murphy](#).

Gender and sexuality diverse AOD network

The network welcomed a new co-chair, Elke Wooderson (The Buttery), who will work alongside co-chair Sasha Bailey to lead the group. Network meetings are a support space for gender and sexuality diverse (GSD) people who work in AOD, and a space for consultation, sharing projects and research related to improving inclusivity for GSD people in AOD work. Network members are currently contributing to a research project about young trans people's experience of AOD support across the continent, which will include a nationwide survey of trans young people around their experience of AOD use and service provision.

To learn more about the network and how to join, please check out the [group webpage](#). If you would like to have a confidential chat about the network, you can contact [Sasha Bailey](#) or [Elke Wooderson](#).

Peer community of practice

The NADA LLE/Peer Community of Practice is held online every 6 weeks. It's a supportive and peer-based space where people can share their experiences of working as a peer worker or using their living/lived experience in the non-government AOD sector. If you would like to get involved, please contact [Jen Uzabeaga](#)

CMHDARN

The Community Mental Health Drug and Alcohol Research Network (CMHDARN) has so many exciting projects in the pipeline, we can't wait to share! Expect to see short-animated videos, resources to keep your research trauma-informed, and more.

We recently developed a poster to highlight the many ways that data collection tools can be used in your service. Workers often feel that conducting surveys with people accessing their service is just a 'tick-a-box' activity to collect data for compliance measures or reporting to funding bodies, so this poster helps bring more meaning to routine data collection. [Find it here](#).

We encourage all NADA members with an interest in research practice, and keeping up-to-date with new evidence-based resources to sign up to the network.

Don't forget to check out CMHDARN's existing resources to help improve your capacity to undertake research.

And be sure to tap into the CMHDARN Research Ethics Consultation Committee who help provide ethical advice and guidance for your research or evaluation project. If you have any questions, or would like to join the network, email the [project coordinator](#).





NADAbase update

Mei Lin Lee PhD

NADA

Annual data reporting

NADA reported members' data to the following:

- Monthly minimum dataset to InforMH for members who receive Ministry of Health funding
- 2nd Quarter for FY23/24 (Oct–Dec 2023) data report (including outcomes data) for members who receive Primary Health Network funding.

Behind the scenes

NADA has been working with the Ministry of Health and members who receive funding for the Continuing Coordinated Care (CCC) and methamphetamine programs to include ATOP data in the Jul–Dec 2023 biannual data report.

What's new

NADAbase went serverless

Transitioning NADAbase to a serverless application model increases the efficiency and flexibility of the NADAbase application to accommodate the volume of data and the number of improvement features introduced since 2010.

Validation checks now live

What does it mean? The validation checks will now return prompt errors messages if there are:

- potential duplicate records in terms of identical episodes within a client or identical clients
- inappropriate treatment type for clients who seek treatment for others (Type 2 clients)
- conflicting injection information between 'method of use' and history of using the primary substance
- inconsistent response for method of using the primary substance of concern e.g. 'smoke' for alcohol
- invalid other drug of concern (blank spaces or values of 1)
- invalid letters of family name or letters of given name
- consistent values between the sex (at birth) and the sex component of the SLK variable
- episodes that are open for more than 90 days for withdrawal management or assessment
- invalid responses recorded for Severity of Dependence scores, Kessler 10 (K10) assessments scores, EUROHIS Quality of Life Scale (WHO QoL-8), ATOP Psychological Health assessment, ATOP Quality of Life assessment, ATOP Physical Health assessment.

The validation checks will now return a warning if:

- episodes that are open for more than 12 months

So what next?

An error means that the data is incorrect. This information must be re-entered (or re-upload, for importers) with the correct values.

Updates to the GSD fields

The response for 'trans male' and 'trans female' will be removed for the data item 'Gender'. Identification of transgender people will be facilitated by combining both information on the person's sex (at birth) and gender.

What are we working on? Watch this space

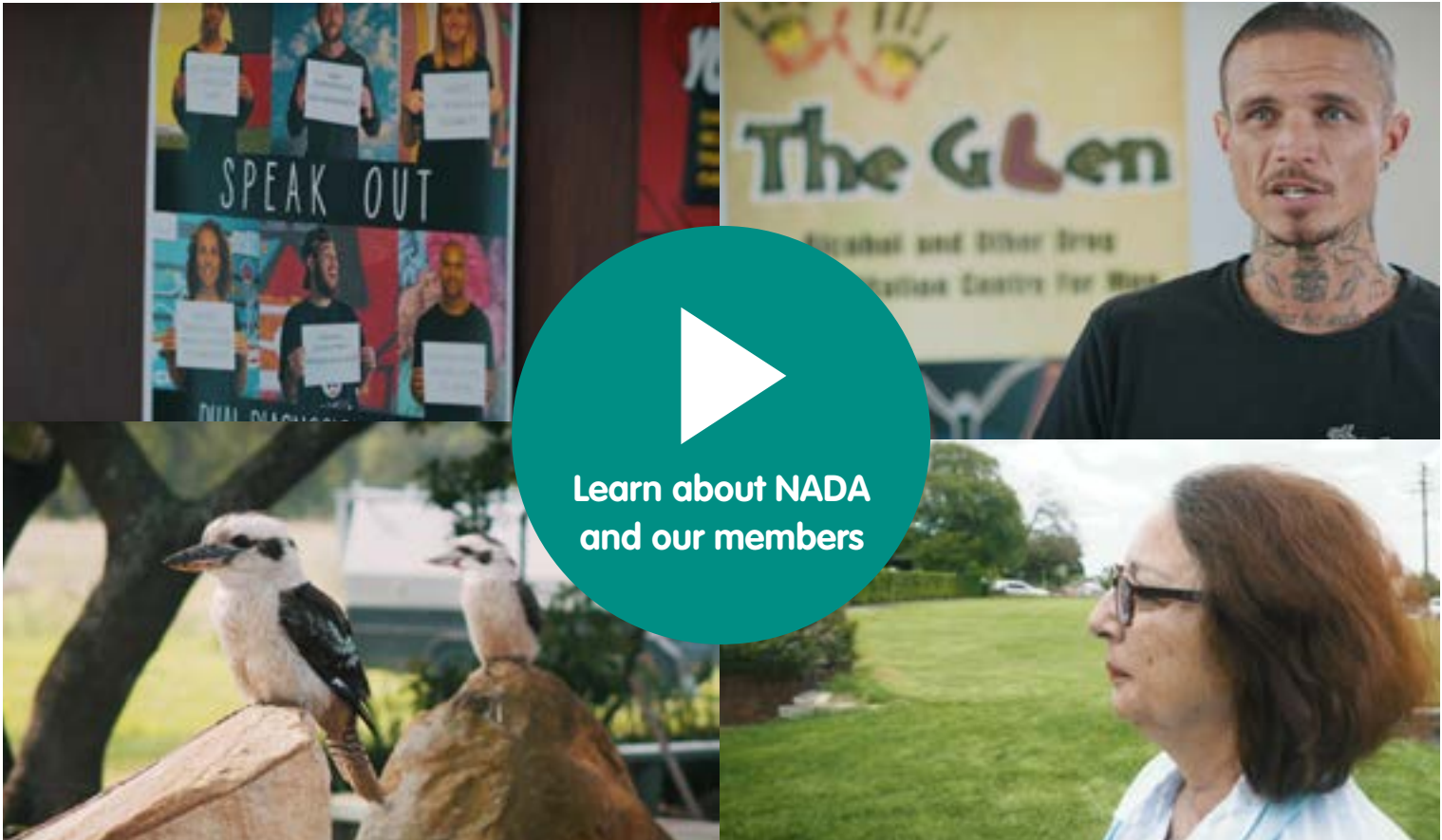
- **Refreshing NADAbase tutorials** including reviewing and updating the NADAbase tutorials.
- **Introducing outcomes dashboard** for data quality improvement activities and ease of reporting.
- **Upcoming NADA Data Forum**, 26 Mar, for more information, [visit the NADA website](#).

For all queries relating to NADAbase, please email nadabasesupport@nada.org.au.



Enhance the quality of your service, the experiences of people accessing support, and worker wellbeing.

[Download resources](#)



Advocacy highlights

Policy and submissions

- Provided input to a number of submissions and position statements coordinated by Australian [Alcohol and other Drugs Council](#) (AADC).
 - [2024-25 Pre-Budget Submission](#) (January 2024)
 - [Submission to the Blueprint Expert Advisory Group](#) (BERG) Not-for-Profit Sector Development Blueprint consultation (December 2023)
 - [Submission to the Australian National Audit Office's audit into the effectiveness of the Department of Health and Aged Care's performance management of the PHN program](#) (December 2023)
- Published a [position paper](#) on vaping on the NADA website.
- Signed open letter to Chris Minns against proposed bail changes, which [attained coverage](#) in ABC news.

Advocacy and representation

- Activities have been undertaken in relation to the Drug Summit:
 - Roundtable held at NUAA, with key AOD sector representatives.
 - Meeting held with DPMP, NUAA, Uniting Fair Treatment and NADA, clarifying the intent of bringing the sector together, ensure alignment and reduce the number of meetings.
 - Sent letters to 12 NSW Parliamentarians requesting briefings; meetings held with Matt Kean (Shadow Health Minister), Roy Butler's office (Barwon), Dugald Saunders (Dubbo) and Adam Hall, Political Division Secretary, Health Services Union, with more scheduled.
 - To clarify actioned recommendations from the Special Commission, and not duplicate efforts, NADA have coordinated with DPMP to set up a [register](#) that can be shared with the sector to update.
 - [Article](#) by NADA CEO on changes to law for minor drug possession and NADA's position paper (Croakey Health Media, February)
- NADA CEO met with DOHAC along with all AOD peak body representatives in Canberra. Discussed NGO AOD concerns and [AADC Pre-Budget Submission](#). A strategic approach to funding is required to ensure the sustainability of the sector.
- NADA CEO and Deputy CEO met with those Assisting the Special Commission of Inquiry into HealthCare Funding regarding our submission. They requested the [BAFM Position paper](#), and requested case examples of specific NGO funding and tendering concerns, such as true costs, contract duration and procurement processes.
- NADA CEO's EOI for the Secure Jobs and Funding Certainty Taskforce Leadership Group has been accepted by Minister Washington, which will position NADA's members views well to improve NSW Government NGO funding arrangements. The first meeting has been held which covers a range of policy recommendations such as longer terms contracts for NGOs funded by the NSW Government.
- NADA CEO has commenced a new role as Chair of the NCETA (Flinders Uni) Advisory Board and chaired a keynote panel at the [NCETA Symposium](#) on the AOD workforce.
- NADA CEO been appointed Deputy Chair of the Australian Alcohol and other Drugs Council (AADC).

Information on NADA's policy and advocacy work, including Sector Watch, and the meetings where NADA represents its members, is available on the [NADA website](#).

Contact NADA

Phone
02 9698 8669

Post
Gadigal people of the Eora Nation
PO Box 1266, Potts Point, NSW 1335

Robert Stirling
Chief Executive Officer
(02) 8113 1320

Chris Keyes
Deputy Chief Executive Officer
(02) 8113 1309

Michele Campbell
Clinical Director
(02) 8113 1322

Raechel Wallace
Aboriginal Program Manager
0456 575 136

Antonia Ravesi
Program Manager
(02) 8113 1322

John Fenech
Program Manager
(02) 8113 1306

Hannah Gillard
Project Coordinator
(02) 8113 1365

Jennifer Lucas
Consumer Engagement Coordinator
(02) 8113 1307

Egbert Liu
Project Support Officer
(02) 8113 1324

Mei Lin Lee
Senior Research Officer
(02) 8113 1319

Michelle Black
Research Project Officer
(02) 8113 1320

Sharon Lee
Communications Officer
(02) 8113 1315

Maricar Navarro
Operations Manager
(02) 8113 1305

Jo Murphy
Admin and Project Support Officer
(02) 8113 1311

Photo by Kris Ashpole