Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies Issue 4: December 2020

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NADA
network of alcohol and other drugs agencies

CEO report

Robert Stirling NADA

As we come to the end of 2020, we reflect on the year we've had. Bushfires, COVID-19, and the departure of long serving NADA CEO, Mr Larry Pierce. Larry has been instrumental in putting NADA in the position we are today, and I feel privileged to take over in representing and progressing the interests of the NADA membership.

This issue of the NADA Advocate is focusing on access and equity—ensuring that people can access the right care, at the right time, regardless of who they are or where they come from. We know that ensuring we're able to provide the best possible services to people impacted by AOD is at the heart of what our members do.

COVID-19 has changed the way we deliver services and the way we live our lives. Virtual care has been essential in ensuring access to AOD treatment services this year. However, we know that virtual care can only ever be part of a range of treatment and support options provided by AOD services. We've heard from members that virtual care may not be well suited to Aboriginal and Torres Strait Islander people, culturally diverse groups, and vulnerable populations such as those who experience homelessness. As a sector, we need to ensure that the menu of options available will meet the needs of all people in the community.

NADA recently commissioned the University of NSW to undertake a study exploring the barriers and enablers associated with access and equity in AOD treatment in NSW. The report provides great recommendations for NADA and our members to understand what supports successful entry into treatment, supporting people to stay in treatment, and maintaining those positive outcomes after leaving. We'll be working in partnership with members over the next 12 months to support the implementation of the recommendations. Essential to this implementation will be learning from the experiences of people who access treatment, and who have, or do, support others to access treatment.

In order to ensure we can further reduce those barriers to access and equity in treatment, the sector needs to be appropriately resourced. Increased and sustainable funding is the sector's number one advocacy priority. The Special Commission of Inquiry into the Drug 'Ice' spoke with many of our members as well as people who need access to treatment, and their families. The recommendations from the Special Commission call for significant investment in treatment, as well as a range of other measures to ensure that people can access the best available care when they need it. NADA has called on the NSW Government to develop a long-term plan for incremental increases in funding for the AOD sector. A longer-term approach will ensure that we have the capacity and workforce growth to respond to demand.

In order to ensure we can further reduce those barriers to access and equity in treatment, the sector needs to be appropriately resourced.

2020 has been a challenging year, and we hope that the AOD workforce will take a much needed break over the coming months, and ensure your own health and wellbeing, so you can continue to support the communities we serve.

Best wishes from the NADA staff and board and we look forward to connecting with you all in 2021.

Come together at the conference of the year

Join us at NADA Conference 2021, to be held on 22–23 April in Sydney. Showcasing interventions designed to improve outcomes for clients, this event will inform with new ideas, engage with the evidence base and provide networking opportunities. **Early bird registrations close 11 February.**

Register now and save

Consumer insights

By Trinka Kent, NADA

The experience of accessing AOD treatment is not the same for everyone. People have a diverse range of experiences, needs, capacities, supports and access to resources, which can influence how they can navigate, access and stay engaged in treatment, as well as sustain the positive outcomes. Understanding the enablers and barriers for the different phases of treatment can help us to improve the practices that facilitate equitable access and better treatment experiences. To augment the existing research, I spoke with several consumers at later stages of residential programs about their experiences navigating to services, entry into services and remaining engaged in treatment.

Inequalities are most likely be found at the early stages of treatment such as making contact and support during waiting periods. People who have access to support are more likely to make contact with a service and remain engaged with waiting period commitments as opposed to those who entered treatment via the intervention of police or a court requirement.

'When I first came to rehab, I was doing it more for my family than for myself ... my family reminded me to keep calling in while on the waiting list,' said Izac.

'After getting out of jail I was homeless, sleeping in cars and temporary accommodation. Fortunately, I was given a MERIT order and had a worker who strongly advocated for me to get into rehab quickly ... When I went to my MERIT appointments I was able to do check-ins with the rehab otherwise I probably wouldn't have managed with the chaos I was in,' said Ben.

'Due to COVID I was on a waiting list for a quite a few weeks but was offered counselling support over zoom once a week ... The rehab also called me to check in to see how I was going and if I needed support getting things organised ... I felt cared for and trusted the service which kept me engaged,' said Byron.

Having correct information upfront about service requirements was deemed critical to continued engagement: 'Before this rehab, I tried another program. I was told I was able to practice Falun Dufa, an important spiritual practice for me. After being there a week or so, I was then informed I would not be able to practice until much later in the program, which was months later. I also became aware that the program was religious. Had I known earlier, I would never have gone. I ended up leaving after a short period of time,' Lee stated.

When I asked what helped them to remain in treatment, the overall theme was service culture: staff that were warm, responsive and welcoming; service delivery that valued and supported client self-determination; and having staff that shared from lived experience.

'From my first interaction I had with the service, I knew it was the right one for me. They wanted to know what was

Consumer insights

continued

important to me, what my goals were and how they could support those goals. It was as if Moses had parted the seas. My treatment plan was very inclusive and collaborative. It was like nothing I had experienced before and I have had a bit of experiences with treatment services,' Byron said.

When he was asked to elaborate on how this approach had supported his recovery, Byron explained: 'I had put on a lot of weight from the amount of alcohol I was drinking. I had begun exercising before entering rehab and had lost a bit of weight. It was important for me to continue with this as it was helping with my self-esteem and good for my mental health … I was also able to take leave from the program from quite early on to surf and engage with my spiritual community.'

Others shared similar experiences:
'I practice Islamic faith. The last time I did this program, I was here during Ramadan. The rehab allowed me to go to Friday prayers with a peer who was in higher stage of the program. I was also allowed to go home in the evening to break fast with my family. My family and my faith are something really important to me so really appreciated I was able to do this,' declared Izac.

'From pre-treatment my partner was able to attend counselling sessions with me which I initially felt I needed. My partner became part of my recovery plan, which was important to me, as he is my biggest motivator,' said Lee.

Ben explained the benefits of staff with lived experience: 'Having staff work with lived experience has been great. I've been engaged with services all my life and am always been more inclined to listen to people who have been through similar experiences. Listening to other people seems a bit like a man trying to explain what it feels like to have a baby.'

Consumers viewed service integration and co-ordination important to ease their pathways into stable housing, mental health care and more: 'What's been really comforting is having all of my support services communicate with one another and all be on the same page. I do not feel overwhelmed and feel totally supported. I have five children in care who I am trying to have restored, my own justice matter, a psychiatrist and a case worker. They all communicate with each other and know what my strengths and weaknesses are, there is no overlap and I feel completely supported,' Ben concludes.

Bright path to your door

By Sharon Lee, NADA

If someone is experiencing issues with their AOD use, where do they turn for help? If they've accessed AOD services before, it's easier for them to make a call. If they can talk with family and friends, they can ask for advice. But what if they haven't? And what if they can't? The AOD sector is virtually shrouded in fog; governments have spent too much on campaigns scaring people and too little providing information and support, so the community can find it difficult to seek help, and this is compounded by stigma. The good news is that AOD services can help. Here's how.

When people make a decision to obtain a service that's important to them, like applying for a mortgage; or complex, like deciding a new mobile phone plan; they go through a certain process. Search for information, consider the options, and then evaluation post-purchase. Broadly speaking, obtaining AOD services is not dissimilar. I describe the steps below, illustrating them via the experience of a first-time help seeker in the community, and suggest ways AOD services can assist.

Information search

People seeking help for their AOD use, or supporters seeking help on their behalf, need to spend considerable time—and have the cognitive capacity and perseverance—to find, then understand information to access treatment and support. They have to push through stigma surrounding AOD treatment, and the commonly held belief that it's the option of last resort.

Scenario

Natasha has realised her use of AOD is impacting her job and personal relationships. She's never sought help before, but finds herself at a fork in the road. But, like many people, she's unclear about what AOD 'support and treatment' is, and there's no obvious place to find help. She can't ask her friends or family because she doesn't want them to know. So she turns to Google. She finds the information is inconsistent, inadequate, or somewhat inaccessible; it isn't much use in helping her make an informed decision. Natasha is feeling alone, scared, shame and overwhelmed.

Strategies for AOD services

- Have an up-to-date website and visibility on search engine results
- Provide detailed, yet clear information about your specific services
- Use common language, not medical lingo or unexplained acronyms
- Be connected to networks where prospective clients are likely to ask for help e.g. GP, peer workers, community leader, other health and welfare services.

Identification and evaluation of different ways to achieve satisfaction

Services are intangible, which makes it difficult for people to assess which is right for them; prospective clients can't sample the offerings. It's not like buying products, which they can see firsthand, like trying on clothes. For people seeking AOD support, it's difficult to select the right 'fit' for

Bright path to your door
continued

them; it's often a leap of faith. Additionally, a prospective client's ability to process and evaluate the different criteria may be impaired by their cognitive ability, lack of time or emotional distress, so it's helpful to support detailed information with simple cues or mental shortcuts.

Scenario
Natasha narrows down her list to a few services that appear to look okay, though her ability to evaluate the range of programs is limited. She tries to weigh up the information from the different services. 'What makes them different?' 'What happens if I go there and I don't like it?' 'Can I still smoke?' 'What kind of people will be there?'

These questions swim through her mind as she debates whether to obtain treatment at all; she feels anxious about going through withdrawal. She's also nervous about making the phone calls. 'What are they going to ask me?' 'What should I be asking them?'

Strategies for AOD services
Weighing up the different criteria can be challenging so provide reassurance on your website through messaging and signs. Watch WHO's virtual tours for a good example.

- Show the physical environment through photographs or videos of the setting
- Show positive service encounters e.g. photos of frontline staff interacting with clients
- Display signs or symbols to promote the feeling of safety e.g. rainbow or Aboriginal flag
- Promote desired feelings (e.g. warmth, reassurance, calm) through your brand: logo, copywriting and imagery
- Communicate the benefits of your services

Provide information about your programs and service, including:

- entry criteria and intake procedure
- geographic location (e.g. metropolitan/regional setting)
- what happens during treatment and the intended treatment outcomes
- program models (e.g. abstinence, harm reduction), length of service and cost
- rules and responsibilities while in treatment e.g. smoking policies
- how you cater to diverse clients' needs or cultural safety e.g. nursery for children, Aboriginal and multilingual staff
- living arrangements e.g. room-sharing, outdoor spaces
- religious/spiritual affiliations
- accreditation.

Post-purchase evaluation

After purchasing a product or service, a person determines whether they are satisfied. They compare their feelings with any expectations they had. Did the service meet or exceed their expectations? And, should a past client experience further issues, can you offer post-purchase support?

Scenario
After spending six weeks in a residential service, Natasha exits the program. She reflects upon her experience. She feels apprehensive about continuing to meet her goals while dealing with life's challenges without the comradery of peers and support.

Strategies for AOD services
Create accurate expectations of your service and AOD treatment by:

- using clients' experience to explain treatment and what to expect
- disclosing rules and responsibilities upfront (as previously mentioned).

Provide information about how your service can help after the program

- Smaller: a care plan, follow-up phone call or referral to a mutual aid group
- Larger: fellowship programs, supported housing, ongoing counselling

This article provides general guidance; it's a good idea to ask your primary target market, consumers, for feedback and to provide suggestions for improvement.

For support on engaging with consumers to inform your service delivery, contact Trinka Kent, NADA's consumer engagement co-ordinator, who can visit your service and talk about how you can enhance your consumer participation through using NADA's Consumer participation audit tool.

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Engaged, not waiting

Long waiting lists, a longstanding characteristic of the AOD treatment experience, produces inequities where people with more financial resources can access treatment immediately while others are forced to wait.[1] Latha Nithyanandam (Kathleen York House) and Lisa Hopwood (The Buttery) spoke to NADA's Michelle Ridley about how they've supported clients prior to treatment entry.

'Responding immediately when someone reaches out for help is paramount. If people don't receive support when they ask, it's easy for them to fall between the gaps,' says Latha Nithyanandam, CEO of Kathleen York House (KYH), a residential rehabilitation program for women and children.

Waiting lists also create situations in which clients must 'play the game' and demonstrate sufficient motivation for treatment.[2] This compounds the inequity as people who seek entry into AOD services experience co-occurring issues like mental health and homelessness, complicating their ability to advocate for themselves; they may also be negotiating access while in crisis.

Insufficient AOD treatment places are a structural problem that requires governments to provide sustainable and increased funding to the sector. Following are two initiatives that give clients a leg up.

Building a bridge over structural barriers

Clients may gain entry into AOD services when their families and support people help them to navigate the service system and treatment entry. Also, prior experience gaining access to treatment gives people knowledge and skills that those new to the system lack.[3] In lieu of the clients having these, Latha advocates for organisations to step in.

'Extending support to people while they're still in the community helps to create rapport, so they follow through to the service, overcoming one less barrier to entry. Often when potential clients are ambiguous in their state of change, a support person can help them maintain momentum and put things in perspective,' says Latha.

During 2017–2018, 292 people contacted KYH for a bed, but they could only accommodate 17 into the program. KYH were unable to provide any services to the remaining 275 people, and their outcomes are unknown.

Supported by NADA and Ministry of Health, KYH undertook a project to remedy this situation, to better support women through tele-help. 'We developed a brief intervention and an enhanced engagement package, with a designated staff member who contacted clients on the waiting list, providing support until a bed became available. The support included directing them to different services and program, helping them to maintain motivation, as well as providing strategies to keep themselves safe,' Latha explains.

During the onset of COVID-19, KYH used the resources and experience gained from the project and continued to implement the package to support women who contacted their service. 'While there was an increase in the number of women contacting services, our intake person was

Engaged, not waiting
continued

Practice tips from KYH
- Make sure you allocate enough time to check-in with clients to see how they are progressing.
- Support clients with practical skills.
- Maintain information on other services and programs; and refer clients to these regularly.
- Update clients on where they are on the waiting list to give them more certainty and hope.
- An outreach person designated to just support the waitlisted clients would be ideal.

equipped to support them over the telephone, during the pandemic particularly, when most services were closed,' Latha concludes.

Wrap around support
The state-wide, community based Continuing Coordinated Care (CCC) program helps people to link in with, and/or maintain engagement in AOD treatment with intensive outreach wrap around support.

'During the intake process for AOD treatment we may provide the participant with a multitude of differing supports depending on the needs of the person. We could liaise with the service providing the referral, attend face-to-face meetings with our participant, provide weekly check-in support for the duration of the wait time, to relieve their anxiety. Referral to an AOD counsellor to help with relapse prevention during this time could also be part of the treatment plan,' says Lisa Hopwood, who coordinates the CCC program at the Buttery.

The CCC program develops holistic action plans in collaboration with their participants after their needs have been identified. 'Our support facilitators use their relationships within the community to make referrals to services that can support our participants to reach their individual goals. These can be across multiple domains such as housing, legal, financial, mental health, physical health and family,' says Lisa.

Throughout the time a participant is engaged with the program they meet with their support facilitators regularly to check in with their goals and also to provide coordination of care and follow up on the referrals.

'Fundamentally it comes down to supporting the whole of the person and not just the issues that see them needing treatment and on the waiting list in the first place.'

NADA's CCC clinical consultant will be extending support to the wider membership, to strengthen and expand the AOD continuing care services within the non government sector. To learn more about this service, or for more information about this article, contact michelle@nada.org.au.

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1. Bryant, J., Horwitz, R., Gray, R. et al (2020). *Barriers and enablers associated with access and equity in alcohol and other drug treatment in NSW.* Sydney: Centre for Social Research in Health UNSW
2. Ibid.
3. Ibid.


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Creating a safe space

A welcoming and skilful intake process not only helps people to access AOD treatment, but also to achieve better outcomes during treatment.[1] Services can achieve this by ensuring their intake procedures put less onus on clients, paying attention to their psychosocial needs and circumstances, skilfully and accurately collecting information, and doing this in a welcoming manner.[2] Suzie Hudson (NADA) shares what this means in practice through a story of organisational change from The Buttery, and the experience of a client of Kedesh House.

'Instead of just "taking" information, we need to give our clients something to hold on to in the first session as well,' Daryl Chow writes in his book, *The first kiss*.

Despite the high level of demand for residential treatment, the evidence tells us that a high proportion of people drop out from first contact to admission, and also after the first session of therapy. To address this, Daryl espouses the significance of intake and the need to focus on the needs of the person we are seeking to engage in treatment.

So how can we improve the client's experience? Alongside gaining some understanding of why the person is there and what support they are seeking, we need to focus more on:

- engagement
- building a relationship with the person
- creating an environment of safety
- orientating a person to the treatment.

The Buttery

Previously at The Buttery, each program had their own processes, phone numbers and client management software to undertake intake and assessment. This often resulted in clients needing to repeat their story multiple times; difficulties for referrers, clients and families in understanding the different symptoms; and poor continuity of care.

In 2019, The Buttery developed a centralised intake and assessment process for all residential and outreach programs across the organisation. Sam Booker, Intake Coordinator and Clinical Psychologist at The Buttery, spoke with Tata de Jesus (NADA) about some of the recent changes they made to create a more client centred approach:

'The most important change, by far, is that we have created a small team that treat clients with warmth and empathy, and who aim to be responsive to the needs of their clients. As the intake team is the first point of contact for clients with The Buttery, the opportunity for facilitating the therapeutic relationship at this stage is very important.'

'Within the intake team, we have someone with a lived experience, someone who has worked in the organisation for over 25 years and a clinician, so the collective experience is comprehensive. As a team, we are confident that we can provide a safe, accessible and supportive service to our clients.'

Creating a safe space
continued

The Buttery created a comfortable and supportive space for clients to disclose sensitive information. 'We located the intake team into a new office so enquiries and assessments could be undertaken in a quiet and more confidential location. New admissions to residential programs are now conducted in this location and the feedback received is that this is a much more "welcoming and warm" environment than the previous space,' says Sam.

To ensure phone calls with The Buttery were not too cumbersome for clients, they made changes to these too. 'Phone assessments for the residential programs can now be booked in at a time convenient for the client and available any day of the week. 'Keeping in touch' [waiting list] calls are also flexible and arrangements can be made dependent on the clients' circumstances,' says Sam.

Kedesh House

A residential client from the Kedesh House spoke with Trinka Kent (NADA) about how a safe and comfortable experience was created for them during their treatment intake, which included the resident being asked to provide sensitive information about themselves:

'When I completed my intake interview, the worker sounded warm and caring, and explained to me what kind of questions would be asked and the reasons for asking them. They also explained who would have access to this information. I was told to only answer what I was comfortable with too, as we could come back to the missed questions at a later date. This helped me feel more relaxed and at ease with what was about to take place.'

'It's hard to put my finger on what it was about the staff that made it feel safe and comfortable to talk about sensitive topics. I guess there were things they did that demonstrated a genuine care for me, like ringing up to check in with me every week and asking questions about what was important to me. Feeling cared and seen just made it easier to trust them and open up. I think it's the rapport building strategies imbedded in their process that create that safe and supportive space.'

Bibliography

1. Bryant, J., Horwitz, R., Gray, R. et al (2020). *Barriers and enablers associated with access and equity in alcohol and other drug treatment in NSW.* Sydney: Centre for Social Research in Health, UNSW
2. Ibid.

Learn more

The first kiss: Undoing the intake model and igniting engagement from the first session in psychotherapy

Daryl Chow is a keynote speaker at the upcoming NADA Conference 2021. In his talk, Daryl will explore why people disengage from treatment so early and ways to increase engagement with clients' right from the first session. Learn more.

The Glen: Welcome guide

It takes a lot of courage to reach out for help, let alone walk into an AOD service for the first time. So welcoming a person into treatment can set the tone for their journey. A warm and welcoming culture can help them to feel safe and accepted, which according to the access and equity research, is key.

The Glen developed an orientation book to help new people to familiarise themselves with their service. It contains a brief history of the Glen, their values and what the person can expect from the treatment experience. It also provides example timetables, care plans and descriptions of staff roles. Being developed by a former resident gives it the right pitch; it speaks from peer to peer.

TRANSLATING STANDARDS INTO PRACTICE

Clinical care standards

Creating a person centered AOD sector

The NSW Clinical Care Standards for Alcohol and Other Drug (AOD) Treatment, known as the Standards, have been developed as a tool to ensure that safe and high-quality care is constantly provided to all AOD clients. In upcoming issues of the Advocate, there will be a focus on one or more of the Standards, to orient the non government sector and showcase what the Standards mean in practice.

This issue will focus on *Standard 1: Intake* and *Standard 2: Comprehensive assessment*. Find the Standards here.

Standard 1: Intake

A person seeking information or treatment for AOD use will have access to advise, referral and appropriate treatment options.

Intake is the initial contact between a person and the AOD treatment system and is an important first step in the person's treatment journey. Intake is a time to identify client needs, provide information on appropriate treatment options, help with any urgent or critical risks and engage clients in their treatment. The staff member will, at this point, develop a plan of action with the person seeking treatment. Immediate matters of concern are managed and triaged or directed, into the most appropriate treatment response.

This first point of contact is important since it allows the person seeking treatment to be involved in their plan and establish a connection with the service. Clients should leave this experience feeling they have a point of contact, appropriate assessment or referral information and know what to do if any urgent issues arise.

Service providers facilitate client engagement and wellbeing by ensuring staff are trained in intake and supported in their practice. Services can support staff through implementing clear systems of referral and pathways for care and intervention. Services should also ensure appropriate supervision and training is available for all staff—specifically as it relates to Intake.

Standard 2: Comprehensive assessment

A client presenting to an AOD service will have a comprehensive assessment that informs their treatment needs and planning.

Comprehensive assessment provides the client with the opportunity to discuss their needs, priorities and treatment goals. It is encouraged that staff explore strengths and other requirements to promote engagement. To effectively define the most appropriate treatment option and support strategies, staff should consider the person's family and medical history, current and past substance use, psychological health, social circumstances, and previous treatment history. Comprehensive assessment identifies risks and mitigation strategies based on the outcome(s) a person is seeking.

Services providers should implement systems that support timely access to assessment and treatment. Services must also consider support for staff to identify and evaluate all levels of risk and provide appropriate pathways for care.

NSW GOVERNMENT Health

If you have implemented the Standards in your service, the Clinical Care Standards team would love to hear from you! Please email to showcase your work. The team also provide orientation and implementation support. If you have any feedback, questions or require support, please contact the team using the email above.

Deepen understanding

Helen Mentha and Dr Kylie Thomson

To work in the treatment of AOD concerns is to work with everyone. Substance use is a behaviour chosen by many people from different walks of life, beliefs, struggles and hopes. One of the challenges facing the AOD clinician is 'How do I work on the substance use with this person?' when the client may be facing vastly different concerns than the people attending the appointment before or after.

Assessment is a gathering of data, a collection of little pieces of information about the person that come from many sources to build up as rich a picture as we can get on who this person is and what is going on for them. It is an act of respect and humanity, and honouring of the client to accept this is not a simple process.

No one piece of information is most important, rather it is about building up many little details to gain insight into their world, their needs and the best way to work together. The aim is not to reach a conclusion but to continually deepen our understanding.

What does the assessment process offer the clinician and client? Assessment is an important and potentially exciting part of the work with the client. It is important because information gathered from the client during assessment forms the basis of a shared understanding between client and clinician about what is going on for the client. It is exciting because it is often a time of discovery for both the client and clinician.

Many clients find the experience of talking about themselves in the context of their lives, where they have been, where they are at right now and their hopes for their future, both enlightening and inspiring.

From the clinician's perspective, they are learning about a unique individual, their story, their way of being in the world and their hopes and dreams for their future. Through the assessment process, client and clinician can deepen their understanding of what is going on for the client and, ultimately, what might be helpful to them.

The assessment process provides an opportunity for a client to feel accepted and cared for, 'warts and all', by another. Assessment is also collaboration in action, a demonstration by the clinician that they cannot assume anything about the client and are curious to know them as best they can before forming a clear idea of what treatment options may best fit the client's needs.

Assessing resources, strengths and values

Of equal importance to assessing problems and opportunities for treatment, we need to assess for resources. What's going well? What are they good at? What supports do they have? What motivates them? Who is important to them? What makes them feel good about themselves? What opportunities do they have? What does 'quality of life' mean to them? In particular, we want to ask what are their core strengths, values and hopes.

Strengths go beyond skills. They are those personal qualities we draw on in everyday and exceptional circumstances, such as courage, flexibility, determination and creativity. Strengths are separate from the purpose for which they are used; to survive ten years of heavy heroin use a person may draw on many strengths to do dangerous or even destructive behaviours. Those very qualities are the same ones that may help them to face the significant challenge of overcoming addiction, long standing habits and a way of life.

Values go beyond likes. They are the core of who we are, what is important to us and gives other aspects of life its meaning. Values are fundamental and yet can be hard to articulate, and may have become hard to access in the face of ongoing or chronic adversity.

Hopes go beyond goals. What kind of a life do they want? What kind of life would be worth putting in the hard work of making change without guarantee of succeeding? What is it they want to be different in their life as a result of treatment or making change?

Deepen understanding

continued

Formulation: What do we make of the information we have?

Assessment is only one part of the process. The skill of formulation is one way that we try to make sense of the information we have gathered.

For our purpose, formulation is an informed understanding of the challenges the person is facing and offers some clarity on a next step they could take toward a more positive future. At its best, formulation synthesises a large amount of information into a brief, working summary of what is going on for the person that both validates that their suffering is genuine and inspires hope that life could improve.

Principles of strength based formulation

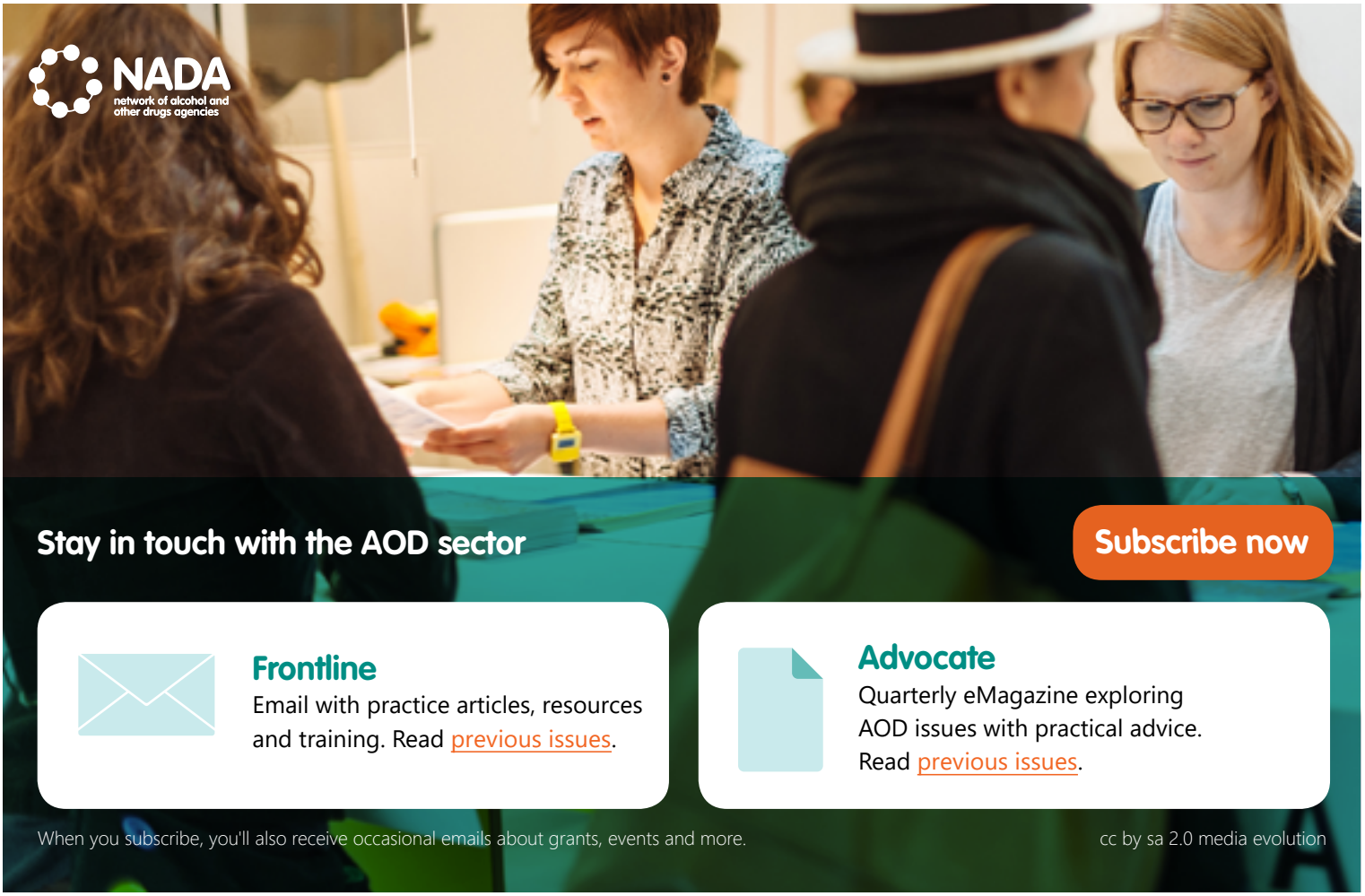
A good place to start is to take a strengths based approach to formulation as a way of trying to make more sense of both what is going on for the client and what might be helpful for them to invest their energy in to enhance their well-being.

A good formulation can be like discovering a map when we are in difficult or unfamiliar terrain. It shows us where we have come from and suggests a path to place where we may feel better about ourselves and the life we are living.

A strength based formulation is one that:

- honours the client's dignity and humanity
- makes sense of a diverse range presenting concerns or symptoms
- locates the problem in changeable behaviour rather than the person
- provides a direction for what could help
- is only ever speculation and is never assumed to be fact.

Excerpt from Mentha, H., & Thomson, K. (2012). *Engaging conversations: Substance use and therapeutic process*



Access and equity

Could peer support improve access to AOD treatment and reduce inequities?

Joanne Bryant, Robyn Horwitz, Rebecca Gray, Lise Lafferty, Paula Jops, Hazel Blunden, Loren Brener
Centre for Social Research in Health, University of New South Wales
Social Policy Research Centre, University of New South Wales

One of the compelling issues for those working in the AOD treatment sector concerns the reported difficulties that some clients have in accessing treatment. Entry pathways can be difficult to navigate when services are not well-integrated and where there are insufficient treatment places. This difficulty is intensified for clients in crisis, and those without family or other social support. This was demonstrated in our own recent research[1] funded by NADA, where participants told vastly different stories about their entry experiences: some gained treatment entry because they had families that paid for their treatment or could give them a safe place to stay while waiting for a treatment place, while others navigated entry while managing chronic homelessness, significant health issues and with no family or friends to support them.

An important conclusion from our research was that we should consider the potential of peer support in the treatment entry experience as one possible mechanism to address the inequities that exist in treatment access. We develop this idea further in this article.

Peer support: What the literature says

There is an enormous amount of research on the barriers to AOD treatment. Homelessness, co-occurring mental health problems, and the presence of a criminal record are well-established barriers to treatment access, as is the stigma attached to substance use and the poor treatment that some AOD clients experience in the health care system.[2,3,4] The role of peer support in improving treatment access and outcomes is less clear but there is a growing interest and evidence base. In a systematic literature review, peer support was shown to be beneficial in decreasing substance use and increasing treatment engagement.[5] Other research has suggested that peer support improves clients' post treatment experiences by reducing 'relapse' and increasing a sense of community affiliation.[6]

There is a related literature looking at 'consumer participation' in the provision of AOD services which shows there is general support across the sector to increase the contributions of people with lived experience to service provision. This literature shows that peer contributions are seen to be fundamental to an effective AOD treatment system[7,8] but the extent to which practitioners and policymakers support consumer participation is variable. For example, one of the main barriers to implementing consumer participation has been the belief among staff that peers should not contribute to 'high level' activities such as policy and practice decision making,[9] although these beliefs have diminished in recent years.[10] The positive potential of peer participation is also evident in this literature, which shows how giving consumers 'a voice' can disrupt the deficit and stigmatising meanings that can be attributed to people with substance use problems.[11]

What our research said about peer support

Our recent research[12] funded by NADA and conducted in AOD services in NSW that looked at clients' experiences of accessing treatment, sustaining engagement with treatment, and maintaining their positive outcomes in the post-treatment period. We used qualitative research strategies to interview 20 clients and 15 sector stakeholders. Client participants identified a number of factors that supported their treatment journeys, including: the availability of detailed and accessible information; having warm and welcoming intake procedures; service cultures that were non-judgmental, warm and accepting and where consumer self-determination was valued. In some cases having social and material support, such as family and friend support networks, secure accommodation, and private health cover was also identified as being supportive.

The role of support from peers was identified by respondents at all stages of the treatment journey as being supportive. Participants talked about the value of their peers during the treatment period, describing the 'lovely people' that they formed relationships with at treatment services and how this supported 'healing together'. This was also true for the 'post-treatment' or aftercare period where participants described how peer support (usually through self-help groups including Alcoholics Anonymous and Narcotics Anonymous groups) provided much-needed social connection, mentoring and an opportunity for ongoing self-reflection. Peer relationships were valued by participants because they felt 'non-judgmental' and they created a sense of belonging with others who had similar experiences (of drug/alcohol use, as well as stigma and marginalisation, for example). In the AOD treatment setting, these relationships had therapeutic benefit by setting up a mutual obligation between service consumers to stay in treatment, even during times when they felt like leaving. Thus, even when initial motivations for treatment varied, positive treatment outcomes could be bolstered if supportive and meaningful relationships among peers were made.

Importantly, and of primary relevance to this article, support from peers played a positive role in participants entry pathways by helping them find a place in treatment. Some participants reported how they drew on peer connections to gain contact information or to leverage entry if they knew staff at the service. Peers could also share information about the type and quality of treatment services, such as the sorts of rules and regulations a service had, information about staff and the quality of indoor and outdoor spaces. This information-sharing made a difference to participants' access experiences by helping to smooth the way into treatment. This suggests that peer support could work in more formal ways to improve access to treatment and reduce inequity.

Peer support in treatment access
A strengths based approach to reducing inequity

In our research report[13] we suggest that peer support in the treatment entry experience could take a range of forms. For example, it could be made available through the expansion of the existing consumer participation activities at treatment services, by adding an outreach element whereby specialist peer support workers advocate for and assist with treatment entry for those clients who need it (those on waiting lists, for example). This would be particularly valuable for those who do not have others to do this for them, such as family members.

'Importantly, and of primary relevance to this article, support from peers played a positive role in participants entry pathways by helping them find a place in treatment.'

Our research findings contribute to the growing practices of valuing consumer engagement and the role of peers in supporting the client treatment journey. Regardless of the form it takes, peer support is good practice.

The benefits of peer support

- The peer support approach is strengths based.
- Support from peers seeks to promote and recognise the capacities and skills of consumers.
- Peer support approaches focus on and prioritise the expert knowledge that consumers possess about treatment services and how to access them.
- Treatment services that involves consumer engagement acknowledges their capacities for positive, mutually respectful relationships and leadership.
- Involvement of consumer engagement or peer workers are powerful because they can undermine the deeply entrenched stigmas about people with substance use problems.
- Peer support approaches reveal the way that consumers can be a positive and skillful source of help, rather than always and necessarily being 'in need' of help.

In summary, AOD treatment services that adopt strengths based approaches which include consumer engagement strategies and peer support will maximise the positive treatment journeys of their clients, by using methods that can directly address and decrease the stigma they experience.

NADA would like to acknowledge the support of the NSW Ministry of Health in commissioning this research.

Digital strategies for alcohol support

Can you help meet the needs of priority groups?

Hello Sunday Morning is an Australian not-for-profit with a mission to help people to change their relationship with alcohol, and to provide them with the tools for doing that. Since 2016 our main focus has been on refining our Daybreak app, an online program that helps people to change through a supportive community, habit-change experiments, and one-on-one chats with health coaches.

The data capture capabilities of Daybreak give us insights into member needs and outcomes which help us to improve our service delivery. But we're also able to use the data to reveal groups who are under-represented on Daybreak, and we are seeking partners who can help us to design digital health strategies and products for these people.

Some of the disparities may be due to the way Daybreak is designed, or to cultural alcohol support-seeking behaviours. For instance, it's well-established that women are more likely to seek help for an alcohol use disorder than men, and women are more likely to use technology based interventions in general. We find that 73% of new Daybreak members are female, so there is a clear gap that needs to be addressed for men. There's also an age based barrier to adopting online health services, and we see a disproportionate fall-off in members aged over 60—only 13% of recent NSW Daybreak members, versus 21% of the population.

Other inequities may have arisen in response to the distribution and targeting of health services, or even transport and IT infrastructure. An example: smaller towns have poorer access to health services and less anonymity, so the need for online based alcohol support is probably greater the further you travel from metropolitan centres, but we find that the uptake of Daybreak falls faster than the population gradient. In NSW, 24.4% of people live outside of major cities, versus only 18.2% of Daybreak members.

We'd be interested in hearing from members of the NADA community who can partner with us to dig deeper into this data and design strategies and digital health tools to meet the needs of priority groups. If that's you, please contact our CEO Andy Moore at andy@hellosundaymorning.org

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Is housing a worry for you?

'No one starts recovery from addiction while homeless. How can you stop using drugs, or recover from a psychotic episode, while you are sleeping on the streets?' **Nicole Yade, General Manager (Lou's Place)**

By Sarah Ticehurst

Homelessness is one of the biggest barriers for people accessing AOD treatment.[1] So to improve equitable access to AOD treatment, we need to address homelessness among people with AOD issue.[2] But how do we do this? Where do we even start? Impacting over 116,000 people in Australia,[3] homelessness is a large and entrenched issue. People experiencing homelessness have marked health inequities with some estimates suggesting their mortality rates are ten times higher compared to people with safe and secure housing.[4,5] Considering the extent of the problem, addressing homelessness may seem like an insurmountable task for an AOD worker or service.

How can we help AOD clients experiencing homelessness?

First things first, learning about your client's housing status is vital. Rethinking how you ask questions about a client's housing status can help to more accurately show how AOD use and homelessness intersect.[6] But this isn't straightforward, as there's no single definition of what being homeless is. Many people needing support may not even recognise that they're experiencing homelessness. The lack of a standard definition makes it incredibly challenging to accurately count the number of people experiencing homelessness and therefore, direct the necessary attention and adequate resources to this area.

The Australian Bureau of Statistics defines homelessness as when a person does not have suitable accommodation alternatives. They are considered homeless if their current living arrangement:

- is in a dwelling that is inadequate
- has no tenure, or if their initial tenure is short and not extendable
- does not allow them to have control of, and access to space for social relations.[7]

To better describe someone's living situation, additional categories may be used,[8] including:

- **Primary homelessness** People without conventional accommodation, e.g., sleeping rough, squatting, sleeping in cars
- **Secondary homelessness** People who move frequently between different forms of temporary shelter, e.g., emergency shelters, refuges, couch surfing, staying with friends or family
- **Tertiary homelessness** People staying in unconventional accommodation on a medium to long term basis (13+ weeks), e.g., boarding houses, hostels, caravan parks, do not have a secure lease
- **Marginally housed** People in situations close to the minimum standard, e.g., overcrowded dwellings, inpatient facilities, residential rehab, prison.

So it's impossible to gauge the true extent of homelessness among people accessing AOD treatment unless we collect information on a client's usual accommodation and living arrangements. AOD services are in a unique position to offer access to basic medical care and referrals to specialists for people experiencing homelessness, therefore improving their access to AOD treatment is vital.

'One of the challenges is looking at what is needed at the systems level to reduce homelessness, and then translating that into client centred care that results in better housing outcomes for people. Frontline workers are the lynchpin, because they can help manage the barriers to accessing stable housing during a client's engagement with a service.' **Grace Rullis, Manager—Homelessness Programs and Clinical Lead (The Haymarket Foundation)**

Is housing a worry for you?

continued

Consumer perspective

'When I was last arrested, I was homeless, unemployable and isolated. It was my seventh or the eighth time I had returned to prison for drug related crimes. And like many other inmates when I was released, I came out into relative homelessness. Through no fault of our own, prisoners are forced into homelessness but if there was more affordable accommodation, the likelihood of someone reoffending as a result of homelessness could be substantially reduced. Housing provides security and peace of mind—it's important.' **Don, 45**

Homelessness and people engaging with NADA member services

Over the last 10 years, a large number of NADA clients, approximately 18%, reported that their usual accommodation was consistent with the definitions of primary, secondary or tertiary homelessness, or of being marginally housed.[9]

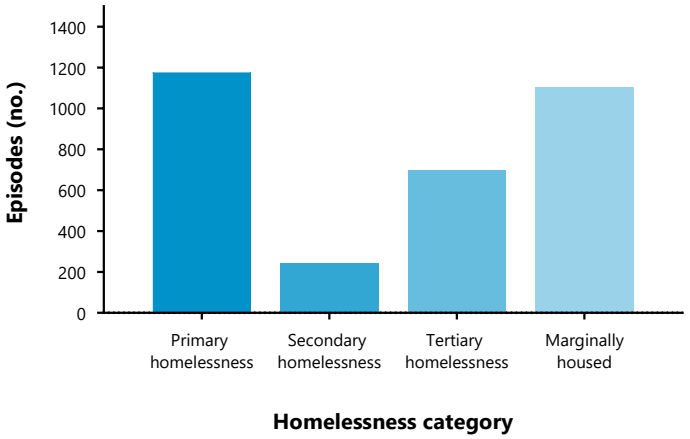

Figure 1. Number of MDS reporting usual accommodation to NADA member services from July 2019 to June 2020, categorised by primary, secondary or tertiary homelessness status, as well as marginally housed status. Data featured in this figure was exported from NADAbase on 6 October, 2020.

However, this statistic is likely to be an underestimate. According to Nicole Yade (Lou's Place), the underreporting of homelessness may be due to the high degree of shame and stigma felt by people experiencing homelessness, coupled with the awkwardness felt by AOD workers asking questions related to accommodation.

Practice tips and resources

- Provide clients experiencing homelessness with a holistic response which attends to the diversity of their needs, experiences and identities.
- When asking a client about their housing, start with a broad question such as 'is housing a worry for you?' This can help you to understand the safety and security of the person's housing situation. Revisit this question if needed, as assessment needs to occur at all points of your engagement with a client.
- Engage with cross-sector services such as housing, domestic and family violence, GPs and mental health.
- Consult with and use peer workers wherever possible. Peer workers bring additional knowledge and skills to support clients, building unique relationships allowing them to more effectively address barriers affecting their transition to secure housing.[10]
- For information and referral support for housing assistance refer to Link2home and Shelter NSW
- Get advice from the Ask Izzy website that connects people to housing, a meal, money help, family violence support, counselling and more.
- LGBTIQ+ inclusive practice guidelines for homelessness and housing sectors in Australia
- Access and equity project: Barriers and enablers associated with access and equity in alcohol and other drug treatment in NSW.

NADA will be exploring this area in the near future. For more information, contact Rose Miller.

Sarah Ticehurst is undertaking an internship with NADA, and is completing a Master of Public Health and Health Management at UNSW. Sarah is passionate about turning large and complex data into approachable research and contributing to the creation of sensible and inclusive policy.

ADARRN: Aboriginal culture is key

The Aboriginal Drug and Alcohol Residential Rehabilitation Network (ADARRN) is a new national network of Aboriginal community controlled residential rehabilitation services. The network advocates for the Aboriginal AOD sector, Aboriginal AOD issues, shares their knowledge and experience, and provides support to one another. Raechel Wallace (NADA) spoke to Norm Henderson, ADARRN Chairperson, to find out more.

Developing a new model of care

ADARRN has developed a model of care highlighting the unique work of Aboriginal services. The network identified what made them different from mainstream services and the specific program elements that made them responsive to the needs of Aboriginal and Torres Strait Islander clients. The model of care expresses the importance of culture in the healing from harmful AOD use for Aboriginal and Torres Strait Islander people, which is why Aboriginal community controlled residential rehabilitation services are important. Essentially, they have Aboriginal culture at the centre of their service delivery.

An Aboriginal workforce is vital

'A lot of residents who come into the Aboriginal residential rehabilitation services are off country when they are in treatment, so as an Aboriginal service we still need to ensure the cultural safety of those residents,' says Norm.

Aboriginal workers provide this. 'It is also acknowledging that Aboriginal people have specific needs, that our services cater to them, and the self-determination of Aboriginal people.'

Increasing access and equity for AOD support

Norm suggested a raft of strategies to increase access and equity for Aboriginal people seeking AOD support.

'We need more qualified Aboriginal workers in this sector. We can employ younger workers and train them on the job while they gain qualifications. They could also shadow specialist workers, like psychologists, and this could be a two-way learning experience,' he says.

'The local Aboriginal community should be trained to work in community,' says Norm. 'Fly in and fly out doesn't work in regional and rural areas. You need trust and rapport.'

'The Weigelli and Orana Haven Hub project is a good example of this,' he concludes.

Find out more, visit the ADARRN website.

Is housing a worry for you?

continued

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Enhancing partnerships with child protection

By Michelle Ridley, NADA

A key finding from the access and equity research was the importance of involving families and support networks in a client's treatment journey (if this is the client's choice). Positive relationships with families, friends and other support networks are a key motivator for treatment completion. Services that can incorporate families and supportive networks in the treatment journey will likely be more successful in helping their clients achieve their treatment goals and retaining them over the long-term.

Yet involving children and families in AOD treatment isn't always straightforward; AOD and child protection services have traditionally experienced difficult working relationships. The two sectors often work independently due to different organisational goals, values, regulations and policies. And if statutory child protection is involved, the difficulties are heightened.

Since working at NADA I'm regularly asked for support around working with child protection. Issues members most commonly discuss with me are: limited and unclear communication from child protection, inappropriate referrals to AOD services, and a lack of understanding of AOD treatment and trust in the expertise of AOD practitioners.

To help improve partnerships, NADA helped to facilitate a sector roundtable with members who provide specialist women's AOD residential services, the Department of Communities and Justice (DCJ) and the Ministry of Health. This roundtable started with women's specific residential services, as their clients often have the most contact with child protection, as high as 98% in recent years. This includes any DCJ involvement such as: Final Orders, children in Out of Home Care (OOHC) and kinship placements, or older children in OOHC and younger kids still in mum's care at the AOD residential service.

The roundtable meetings will help to address some of the systemic issues between our sectors, and enhance partnerships and working relations between child protection and all AOD services. The first roundtable was held in September, with the second in November, and the discussion and motivation towards improving partnerships was really encouraging. Ideas that have been discussed include cross system training, the development of an escalation pathway for AOD services, site visits across the two agencies and greater communication across the sectors.

But what else can be done to improve working relationships with DCJ? What are some practical ways that you can help someone you're working with now, who is involved with DCJ?

Practice ideas and tips

- Open lines of communication. Invite your local DCJ workers to attend your service or meet online with your staff.
- Learn about the different roles and teams within DCJ, as this can help when communicating with their staff. Refer to DCJ child protection services website and the NADA—navigating the child protection system for tips for AOD workers on working with child protection and DCJ.
- For comprehensive fact sheets for workers and families refer to Legal Aid NSW factsheets on working with child protection and DCJ. Legal Aid have developed six booklets that provide very useful information including DCJ want to talk about my kids what will happen, Going to Childrens court, Things have changed and I want my kids back what can I do.
- Provide information about AOD and treatment. Many child protection staff that do not have experience or training in AOD so it's helpful for you to provide them with information about drugs, their effects, withdrawal and intoxication. Also inform them about what AOD treatment entails, such as detox and residential rehabilitation.
- For general information to enhance your skills and knowledge for engaging and supporting families and significant others of people with substance use issues refer to NADA'S Engaging with families and significant others in the AOD sector and Dovetail: Working with families eLearning modules.

If you have any questions about working with DCJ or would like support in this area please contact michelle@nada.org.au.

How do we encourage support networks in AOD treatment

Sydney Drug Education & Counselling Centre (SDECC)

Belinda Volkov, Clinical Coordinator

Why is it important to include support networks (families, friends, etc.) in AOD treatment?
Evidence tells us that family support is an important protective factor for recovery. SDECC views that AOD issues don't just happen to a person but happens to a family; it's not about being causal, but about respecting that all families have their own unique cultures. At SDECC, we view a young person in the context of their environment which is inclusive of their lived experience in and outside the home. For parents and close contacts bearing witness to someone you love taking risks with their life can create a monumental level of stress and we often see families get caught in a web of desperation and despair. SDECC often works with young people and their families simultaneously, however, when we work with parents whose young person is not accessing treatment then we see increases in the likelihood of them engaging in treatment.

How can services encourage support networks to engage in a client's treatment journey?
When individuals present for treatment, services have a great opportunity to prepare families and friends for their role of support. Offering information and support is an opportunity to ensure that they understand what type of treatment their family member is engaged in and what this entails. In line with ensuring confidentiality, services can work with providing support and information without disclosing particular details about their family member. By normalising and helping families to understand that treatment can take time, that lapse is usual and that no treatment is a one size fits all we can create an environment more conducive to recovery. Most importantly, services can help reduce stigma, the greatest barrier to change, by helping families and friends see that they may unknowingly be using language that isn't reflective of positive communication.

Family Recovery

Jeffrey Taylor, Manager

Why is it important to include support networks (families, friends, etc.) in AOD treatment?
It's understandable when treating problematic substance use—gambling and co-occurring mental health problems—that the primary health focus is on the person struggling with these issues. Yet it is important to note that families are not only impacted by a member's addiction but are usually well positioned to play an integral role in facilitating change.

By working with family members, services are able to identify relationship dynamics that may be inadvertently keeping the family locked in rigid patterns that increase anxiety and prevent recovery. Through sharing perspectives, clients learn different approaches and practice new strategies that encourage self-responsibility and enhance communication and connection in relationships.

Jane Singleton, Adult Programs Co-ordinator

How can services encourage support networks to engage in a client's treatment journey?
The first thing is to listen to people—we often hear from family members that they feel unheard and that they are struggling in silence. So when family members contacts a service where their family member might be attending, just listen and validate their experience.

Secondly is to ask the client if it's okay for the service to communicate with their family and ask them what the limits of those boundaries are. It is essential to put some context how their family's involvement can impact their treatment: 'Is it okay if we make contact with your family just to send them a few brochures where they can get some support for themselves? Your family can work on themselves while you're working on yourself, we know that when looking at recovery it works much better when everyone is on the same page.'

Family Drug Support
Tony Trimmingham, CEO

Why is it important to include support networks (families, friends, etc.) in AOD treatment?
We have heard from many families and substance users that family support has been the crucial element in getting them through treatment. No one understands a substance user like the family. They are aware of what strategies are likely to elicit a positive response and also those to be met with resistance and negativity.

When we started our work over 20 years ago, families were often ignored or sidelined. Treatment services are now more likely to engage with families which gives them an additional tool to help with their work.

How can services encourage support networks to engage in a client's treatment journey?
Families are at the centre for Family Drug Support and we acknowledge, support and validate their importance, and we encourage you to engage with them too.

When talking with support networks and families it is really important to firstly:

- **validate**—listen to the concerned family member, hear their distress and validate the way they are feeling
- **educate**—provide factual information that fits with where they are at
- **facilitate**—link them in with further supports, facilitate these introductions where you can.

It is also important:

- to provide the family with some AOD treatment information. Talk with the family about what treatment looks (e.g. what is an assessment, a care plan), try and take a family member through what occurs in treatment and help them to navigate their involvement.
- that as workers, we change our language when engaging with families and support networks. We need to drop labels and acronyms, refrain from unhelpful words and concepts. And most importantly remember—whoever the person is, they are somebody, and a person who someone cares about and loves.

Family Drug Support runs a brief program called 'Support the family—Improve the outcome' which provides information to treatment facilities and services on how to engage with family members. This program highlights the various stages families go through in their journey and offers information on how to deal with each stage.

Missed a webinar? Catch up now.

Watch videos

What does ethics have to do with it?

The importance of ethics cannot be understated when working with clients. Adhering to ethical principles allows us to ensure clients are treated with respect, that the information we collect from clients is both necessary and useful, privacy is upheld, and that the client understands what the data will be used for. Considering how you apply ethical principles in your work can also help you identify the most effective ways in which you can support your clients and provide the best possible care for them. Joann Fildes, Head of Research and Evaluation at Mission Australia, spoke with Rose Miller (NADA) about how to adhere to ethical principles while conducting research and evaluation with clients within a service environment.

'It is important when designing an evaluation that things such as location and the approach are agreed to with the input of service staff. In the example of Junaa Buwa!, staff had a central role in providing support to clients in understanding and inviting them to participate in the evaluation. This included allowing flexibility around whether the evaluation was discussed in groups or on a one-to-one basis.'

'A flexible approach to data collection is important too, such as having options for data collection to occur in person or via the phone. This gives the participant choice in how they choose to engage with the research project, which is essential when building space that is safe and responsive to the trauma that may be being processed by participants as they progress through either drug and alcohol treatment.'

It is important to protect the identity of a client when collecting sensitive information from them, and Joann describes how Mission Australia achieves this: 'There have been times were we used initial unique identifiers that are generated by client information systems to help in the process. This allows an increased level of anonymity between the researcher and the participant from the commencement but enable re-identification in the case a risk of harm or legal obligation requires it.'

'Other times it may be deemed more appropriate to assign a code independently to each participant. Additionally, qualitative data, particularly quotes need to be cautiously selected, with a level of awareness from the research around what may lead to a quote to be identifiable on a local level despite the use of pseudonyms. This may include ensuring quote do not use terminology that is particular to a participants way of expression or includes aspects of a story that would be immediately identifiable.'

Resources

NADA

Asking sensitive questions: practical tips for data collection

Research

CMHDARN webinar—Ethical and Inclusive research

National Statement on Ethical Conduct in Human Research (2007)—Updated 2018

Strengthening the role of people with lived experience

A key theme throughout the access and equity research was the importance of having people with lived experience working in AOD services in peer or consumer roles. Two of the main recommendations from research included strengthening the role of people with lived experience in all aspects of the treatment journey, and to consider ways to increase the size and contributions of the peer workforce. NADA's Michelle Ridley asked people with lived experience to share their thoughts on the role of consumers and peer workers, and how the AOD sector can achieve these recommendations.

Maureen Steele
Peer Worker, non government AOD service

Peer or consumer worker—is there a difference? Traditionally, the terms 'peer worker' and 'consumer worker' have been used interchangeably to describe the same thing. But maybe they're different? This might be worth considering. A peer worker uses their lived experience to help individuals gain insight into their own patient journey. We try to help people with AOD issues to get the best possible outcome that meets their individual needs, drawing on our own experiences.

Consumer workers use their lived experience to advocate for improvements in the overall healthcare system, in our case, AOD services. Consumer work can occur on two levels. Firstly, by helping individuals who might be having problems with a service, or who wish to make a complaint, and secondly, at a systems level, in order to improve the structure as a whole for consumers, by contributing to areas such as policy formulation, governance, and quality improvement.

Of course, the roles of peer workers and consumer workers overlap. Peer work is an important part of consumer work, at the very least, in order to stay across the issues affecting service users. And certainly peer workers engage in consumer work, for example, helping a client with a complaint or to resolve an issue.

But AOD services that want to undertake peer and consumer work can have over realistic expectations of what a peer or consumer worker can offer. A service might employ a peer worker and not only expect them to support individuals through patient journeys, but to also contribute to policy and resource development, research, educate staff and input into governance and quality improvement. These activities require very different skillsets that very few peer/consumer workers—or any worker for that matter—fully possess.

Workers need training in policy development to provide good feedback about policy, they need training in research skills if you want them to be involved in developing and overseeing research projects. Consumer/peer workers need to be given the opportunity to develop competencies in these areas. And some workers might not want to obtain these competencies. Some people are naturally better at direct client contact work while others might be more interested in research.

It's fantastic that AOD organisations want consumer participation and peer work to happen, but it seems that some organisations don't know exactly what they want. Therefore, the expectations put on a part-time peer/consumer worker is simply unachievable, which is not fair for all parties concerned.

Trinka Kent
Consumer Engagement Coordinator, NADA

As NADA's consumer engagement coordinator, I engage with consumers to gain their insights into their treatment experiences; what works and doesn't work so well. I record their responses in each edition of the Advocate; the part of my job I enjoy the most.

Strengthening the role of people with lived experience

continued

Consumers provide unique insights when asked what they have found most helpful during treatment and achievable suggestions for improvement. When asked what has been most helpful, close to all of them say: 'Having workers with lived experience working at the service'. When I ask them to expand on why, they say: 'I don't feel judged', 'I feel understood', 'I feel less alone' and 'there is a common understanding that does not need explaining as to why I do the things I do'.

While it's well known that AOD workers with lived experience have therapeutic value for clients, this practice is not embedded into organizational policy or sector best practice frameworks. Workers in the sector with lived experience aren't usually in identified peer roles; if they converse with service users about shared experiences, it's informal. The service may ask them not to disclose it to clients, or they may choose not to disclose themselves, due to stigma and discrimination.

With growing formal evidence recognising the value of AOD peer workers and consumer participation, NADA has employed me to undertake the Consumer Engagement Project, to support member services to improve their approach to meaningful consumer participation and representation.

In my role, I can visit NADA member services and use the 'Consumer participation audit tool' to help them gauge where they are currently situated in relation to consumer participation in all areas of service delivery, policy and program development, governance, etc. Using the outcome of this tool, I can work alongside the service, support them to develop a plan and achieve their goals.

Look out for an expression of interest to achieve your consumer participation goals! Also coming soon is our Community of Practice forum where people can share their experiences of working as a consumer representative or peer worker. To learn more, please email me.

Fabian

Consumer representative on NADA's consumer subcommittee and other services advisory groups and boards

I've worked as a consumer representative for two years, and I've found it to be a rewarding experience. It's shown me that my lived experience is valued which gives me confidence to share my story. I'm grateful and appreciative for this opportunity to contribute.

But it's also been challenging. I've found it difficult to know my place in board meetings and unsure about how much I should share. Thankfully, I've attended training and workshops that have helped me build my knowledge and confidence.

When a project is being developed, organisations need to develop clear goals about what they want to achieve with consumer representation. They should provide consumer representatives with training to give them the confidence to use their voices. It would be helpful to explain medical/therapy and sector lingo. Staff needs to be educated so they understand the consumer representative's role and the benefits of having one.

In the past, doctors and other health professionals may have assumed that they knew best, but it's now being seen that services can improve when consumers with lived experience are listened to. People with lived experience really know what's needed.

Do you have something to share

Contribute to the Advocate to connect with NADA members and stakeholders. Promote new services and projects, innovative partnerships, awards and achievements, or research activity.

Email an expression of interest to Sharon Lee.

Extending support post-treatment

When a person completes treatment, having an ongoing connection to a service, such as through an outreach worker from their treating program, helps to support post treatment success. Establishing aftercare planning early in a person's treatment and collaborating across the service system to help clients to access housing, mental health care and other services is vital for supporting clients maintain positive outcomes.

Guthrie House is a residential program in Sydney, for women involved in the criminal justice system and their accompanying children. Guthrie House Case Manager—Intake and Outreach, Axel Anthonisz, spoke to NADA's Michelle Ridley about how and why they provide after care support:

'Our residential case managers work intensively with our clients to develop case plans that are centred on a holistic and client centred approach to recovery. A core service delivery policy is that we do not exit clients into homelessness, and we work with our clients to help them achieve the goals they identify as important to them prior to exit. This sets the premise for clients to engage in integration and service delivery without the stress of homelessness or precarious living arrangements.'

'Additionally, our outreach worker starts developing an outreach relationship with clients who wish to participate in post-residential support at the residential stage of their treatment. This is important because it allows the continuation of service delivery and support based on familiarity and trust with the organisation which was established from the onset. We develop outreach case plans to continue the momentum achieved during the residential stage. A key success factor for clients is that they feel safe with an organisation and workers they have already established a relational partnership with, and security is established because they move into secure housing.'

'Guthrie House works in partnership with community housing providers to provide transitional housing for some of our clients. This enables us to provide stable housing attached to a twelve-month outreach program. We also work with our clients from the onset to achieve reintegrate with family and other positive support networks.'

'The main tips for supporting post treatment success that I suggest from our work at Guthrie House is:

- offer the option of longer-term outreach services to clients from the onset of service delivery
- where possible, provide a relational style outreach service based around regular home visits and continued case planning and service referrals. This provides clients with the support needed to take the next transitional steps beyond residential support with a sense of confidence, knowing they have someone walking a path by their side.'

Workforce capability framework

Central to workforce performance are capabilities—the knowledge, skills and attributes that all workers in this sector must demonstrate to perform their roles effectively.

The *Workforce Capability Framework: Core capabilities for the NSW non government alcohol and other drugs sector* describes the core capabilities and associated behaviours expected of all NSW non government AOD workers.

Capabilities related to 'Access and equity' fall under Domain 3 (see figure). Under this domain, NSW non government AOD workers are expected to promote cultural safety, responsiveness and equity in service delivery and in practice, and actively pursue opportunities to promote social inclusion and to eliminate stigma and discrimination.

See the framework

A human rights approach

By Michelle Ridley, NADA

It takes an extraordinary amount of courage for clients and their significant others to reach out for assistance, so it's important they have ready access to services they require and receive equal treatment for equal need.[1] Access and equity in the context of service delivery means treating people fairly.[2] This is a human rights approach. In the context of access and equity, the human rights principles of equality and non-discrimination are particularly relevant.[3]

The access and equity research commissioned by NADA interviewed clients and staff of AOD services across a range of member organisations including; residential rehabilitation programs, outpatient counselling and day programs, and aftercare/continuing care services. Key findings were organised around three phases of the treatment journey—the period leading up to treatment, the period engaged in treatment and then the period directly after treatment.

Eleven recommendations came from the research and NADA will seek to address these in the next part of the project with the overall focus being to embed a human rights approach into AOD practice. This is particularly relevant for people who are vulnerable, marginalised or disadvantaged, as they are more likely to experience problems accessing services and face difficulties advocating for their rights without assistance. The key aims and outcomes for part two of the project correlate to the research recommendations and outlined in the table below.

Key aims include:

- To break down stigma and discrimination that people who use drugs can experience.
- More engagement with people with lived experience to learn how services can improve access and equity issues, and to increase employment of people with lived experience.
- Support workers to consistently use reflective practice. Workers need to use unconditional positive regard when engaging with clients and continuingly reflect on their practice, even when they believe they are doing it well.
- Enhance collaborative practice across AOD services and other organisations and sectors.

Key outcomes include:

- Helping the sector to standardise the publicly available information about the treatment service they provide to increase community knowledge of what to expect from treatment.
- Developing tools that assist with the standardising of the information being provided and processes in place to orientate new clients to the treatment service they are accessing.
- Supporting the sector to increase consumer engagement.
- Facilitate opportunities for the sector to further contribute to the growing body of evidence that suggests continuing care is an essential element of alcohol and other drug treatment.
- Continuing to promote access to resources that support greater inclusivity of family members and social supports in the treatment journey.

To achieve this, NADA will develop resources and tools to increase workforce capacity to support people to have equitable access to, and experience equitable service delivery of AOD treatment. The resources and tools will focus on enhancing access and orientation to AOD treatment, and increasing consumer engagement and families and community supports into treatment.

We will consult and work with the NADA Practice Leadership Group, NADA Consumer Sub-Committee and other NADA networks to guide the project deliverables and implementation. A human rights and access and equity forum will be facilitated at the NADA Conference 2021, to discuss the project and give members and delegates the opportunity to provide feedback.

For more details about the outcomes of the research, see the NADA website: Access and equity—Full report and Access and equity–Report summary. We are excited to be working on the next part of this project and we value the advice and feedback of consumers, members and key stakeholder. If you have any feedback or questions about this project please contact Michelle Ridley or Suzie Hudson.

Mary's story

An audio resource exploring alcohol use and COVID-19

Recently COVID-19 has transformed the way we live, work and play—increasing strain on many people's lives. People developed information on reducing AOD harms during COVID-19, but this information was not accessible to all. Much of it was developed in English, required a certain degree of literacy, computer access and skills, and tended to be hosted on platforms not typically used by CALD communities.

The African Companions Project developed a radio play to help share messages about staying safe around alcohol during the pandemic to CALD communities. Mary's story, written by Ms Yarrie Bangura and Mr Daniel Akinshola with help from community volunteers from the program, follows the journey a single mother who discovers while in lockdown that her son is using alcohol. The story explores intergenerational issues that play out in many communities around alcohol use and indicates strategies for families to use that can promote health and wellbeing.

Many community groups use storytelling as a way to teach and learn new things, and delivering stories through a radio play shares these learnings far and wide.

Additionally, using creative methods to broach sensitive topics like drug and alcohol use and mental health issues is a promising strategy.

For more information about the project please phone DAMEC on (02) 8706 0150.

Listen to Mary's story Available in English, Dinka, Swahili, Arabic and French.

Listen now

Running for over 15 years, the African Companions Project trains African community members to educate their peers about healthier and safer ways to respond to AOD related issues. Volunteers from the Africans Companion Project are supported by organisations including the Drug and Alcohol Multicultural Education Centre, the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors, Family Drug Support and NSW Police Multicultural Community Liaison Officers. The program currently receives funding from the Australian government through the Alcohol and Drug Foundation.

A human rights approach

continued

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NADAbase update

Tata de Jesus NADA

Reporting

October is a busy month for the NADAbase team because we submit a handful of reports to funding bodies, namely:

- monthly data reports to InforMH for members who receive Ministry of Health funding
- quarter 1 July–September data report for members to the Ministry of Health
- quarter 1 July–September data reports for members who receive Primary Health Network funding
- annual data report to the Australian Institute of Health and Welfare for members who receive Primary Health Network and Ministry of Health funding.

If you are a member who has recently Ministry and/or Primary Health Network funding and would like NADA to report on your behalf, email NADAbasesupport@nada.org.au.

Quality improvement

We've also been working on improving the quality of data reports and extracts. These enhancements undergo a process of evaluation and analysis, and will be continually worked on to reflect the changing needs of the sector. We're currently working to enhance data reports provided to funding bodies to better represent NADA members. Future work will focus on building better data checks and validations, security enhancements and data dictionary updates.

Research and analysis

NADA's Research and Data Management Officer, Dr Rosemaree Miller, presented at the APSAD Conference 2020 on 'Nicotine dependence in clients receiving treatment for alcohol and other drug use.' The presentation was part of the Early to Mid-Career Researcher Webinar program, and showcased new and exciting research from Australasia's early career researchers working in the field. Watch the presentation.

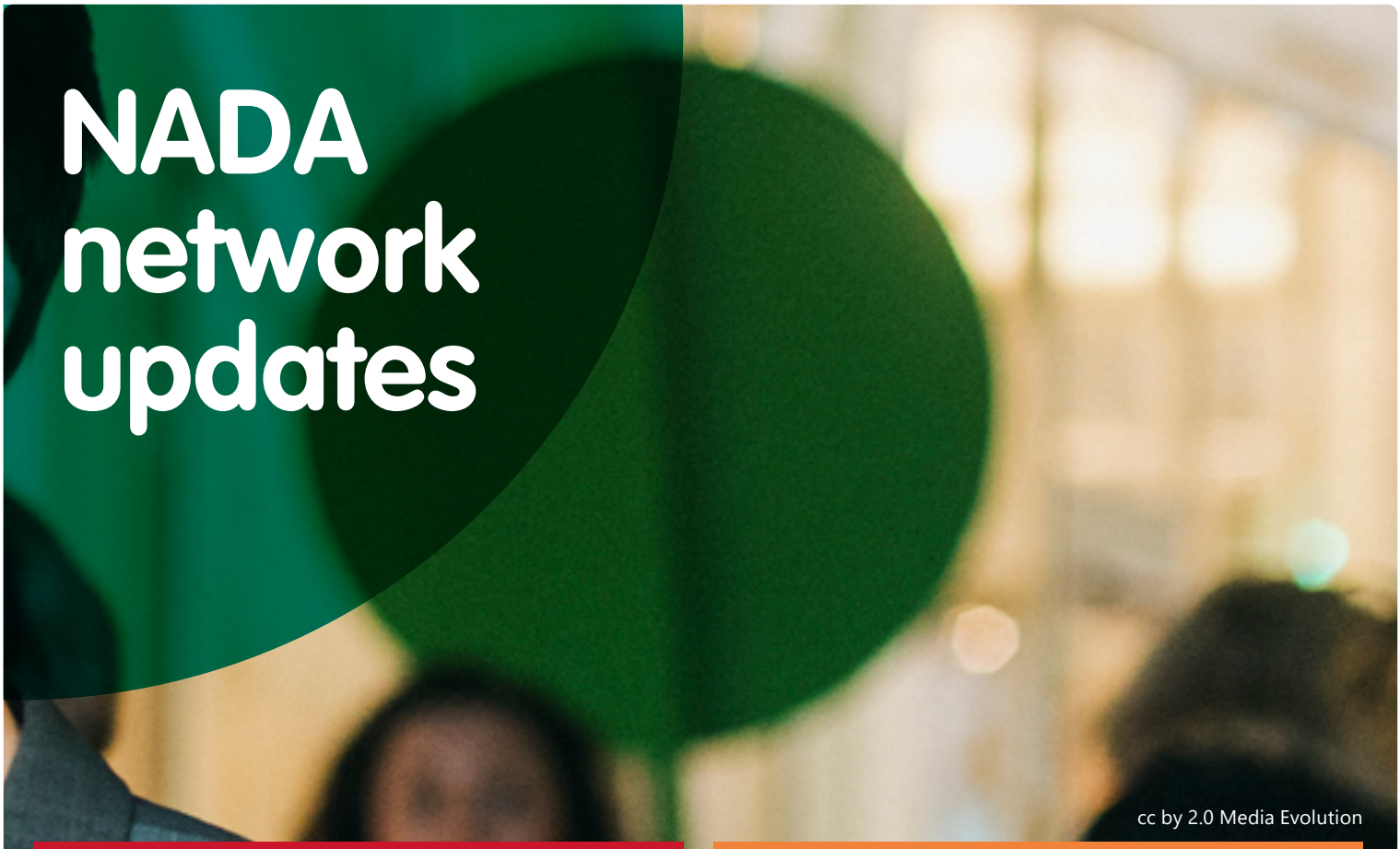
NADAbase education

Asking sensitive questions: Considering the consumer perspective Asking sensitive questions is core to the work of clinicians and AOD workers, as these guarantee clients receive the best care planning possible. Trinka Kent, NADA's consumer engagement project co-ordinator, along with three people with lived experience, share their experiences and give advice on how to broach difficult topics with clients. Watch the video.

Asking the question: Inclusive data collection for gender and sexuality diverse clients Creating lasting health outcomes means considering the client's lived experience of gender identity, sexual orientation or intersex status and weaving this into their treatment plan. Gender and sexuality diverse clients have additional barriers in seeking appropriate treatment. NADA hosted a webinar on practical tips workers can use when collecting gender and sexuality diverse data. Watch the video.

NADAbase: Why collect data? Sometimes data collection feels so removed from the work we do in the AOD sector, when in fact, data informs so much of it. We created a short animation on the importance of data collection, and how it impacts AOD workers, organisations and the rest of the sector. Watch the video.

NADA network updates



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NADA Practice Leadership Group

The NADA Practice Leadership Group continue to discuss the implementation of the NADA Capability Framework, with the group directing its attention to clinical supervision, with a specific focus on remote supervision.

A particular highlight of the September meeting were discussions on building workforce capacity and confidence around domestic and family violence and the different angles through which this may be addressed.

Other highlights of the September meeting were:

- Supervision (professional, clinical, cultural, and remote) support continues to be important; the NPLG is working towards supporting the needs of the sector, especially around support pathways for managerial positions.
- The NPLG recognises the need to support Aboriginal workers in non-Aboriginal community controlled organisations through regular catch-ups.
- The NPLG actively contributes to NADA's access and equity research, providing advice on future work.

Youth AOD Services Network

The Youth Network continued its bi-monthly online community of practice meeting on 18 November. Youth Network member, the Ted Noffs Foundation, presented on the expansion of their online Street University in response to COVID-related social distancing and other limitations on traditional service delivery, and attendees updated each other on the successes and challenges of their continuing adaptations to practice and service delivery in the post-COVID environment.

The long-awaited Find Hope (Suicide ASIST) workshop was held on 22 October in line with NADA's COVID-safe policy and procedures for face-to-face meetings. The workshop, designed to improve suicide and self-harm prevention skills for those working within the community services sector, proved to be particularly relevant and timely given recent modelling by NCOSS predicting an increase in high or very high mental distress in young people by as much as 16.8% in the wake of the COVID pandemic.

Women's Clinical Care Network

The Women's Clinical Care Network held its first online community of practice for frontline workers on 4 November. This meeting was planned with a deliberate focus on clinical practice, to support the development of skills and professional relationships between NADA's members services who work with women at the 'coal face'. The meeting was well received, and attendees provided plenty of feedback to NADA on how best to support and strengthen the Women's Network over the next 12 months.

The dialectical behavioural therapy (DBT) skills workshop for Women's Network members that was previously planned for the first half of 2020 finally took place on 9 December with the additional second day of training scheduled for 16 December. The much-anticipated training was held in line with NADA's COVID-safe policy and procedures. Due to the high demand for places in this workshop, NADA and the Women's Network is investigating the possibility of repeating DBT training in the future.

Gender and Sexuality Diverse AOD Worker Network

The network hosted a webinar on 'Providing inclusive AOD treatment for gender and sexuality diverse people.' A panel led the discussion to support participants to:

- understand the importance of using inclusive language and asking about people's gender and sexuality in AOD settings
- hear from the perspective of a service user and frontline workers to understand any barriers and enablers
- explore approaches to having conversations about gender and sexuality and how it can be applied in AOD settings, including data collection.

Watch the webinar recording.

The network is now developing a position statement to advocate for the inclusion of gender and sexuality specific data items in the AIHW AODTS-NMDS and other data sources.

If you're interested in joining the network, contact NADA.

Community Mental Health, Drug and Alcohol Research Network

CMHDARN continues to support and build the capacity of the non government AOD and mental health sectors through several programs. Below is an update on just two of the programs CMHDARN supports.

The CMHDARN Research skills webinar series increases understanding and skills in research. We've explored topics like: why we do research, how to develop a research question and why ethical research is important. Register now for a webinar on co-design in research.

Applications are open for CMHDARN's Community research mentoring program. Open to MHCC or NADA organisational members, this program helps those who want to develop and conduct research, with guidance by an expert mentor. Designed to support practice based research, this program helps to build the skills of the mentee and to equip them with the knowledge about research processes and measuring impact and outcomes. Apply by email or visit the CMHDARN website.

CMHDARN
Community Mental Health, Drug & Alcohol
RESEARCH NETWORK

Profile

NADA staff member

Trinka Kent
Consumer Engagement Co-ordinator

How long have you been with NADA?

I have been with NADA since February 2020.

What experiences do you bring to NADA?

As the consumer engagement co-ordinator, I am someone who has lived experience of illicit drug use and accessing AOD treatment services. I have also worked in the community services sector for a number of years, mostly with people experiencing complex needs and involved in the criminal justice system. I have a real passion for social justice and draw on both my lived and professional experiences to provide unique perspectives on NADA related activities.

What NADA activities are you currently working on?

The 'Consumer engagement project', a core feature of my role, is to promote the importance and value of the consumer voice in the design and delivery of AOD treatment services, as well as support services to identify and implement consumer engagement strategies.

I am also currently working on a series of webinars, to inform stakeholders of the ethical responsibility and benefits of including consumers at all levels of planning, delivery and evaluation of the AOD services they access. The webinar also informs how to support consumer workers, particularly in non-peer organisations.

What is the most interesting part of your role?

Listening to the insights of consumers who have diverse backgrounds and experiences. I like to hear about their unique challenges related to drug use, unique needs and experiences of treatment. It broadens my understanding of some of the important issues. Many of the consumers I speak with have great insights into what the gaps are and what could be done to remedy them.

What else are you currently involved in?

Really value spending time with family (I'm usually with my son and grandson) and doing things to help me maintain a positive mindframe, I catch up with friends, spend time in nature, a bit of exercise or yoga. I am working six days a week, so resting is important.

A day in the life of...

Sector worker profile

Nicole Yade
General Manager, Lou's Place

How long have you been working with your organisation?

Three years.

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

I have worked for over 20 years in human services; mostly in trauma with refugees, asylum seekers, Aboriginal people, survivors of child sexual abuse and domestic violence.

What does an average work day involve for you?

There might not be an average day at Lou's. As a drop in service you never know what to expect! Every day is different but most days involve supporting women with the wonderful Lou's team, running groups, meeting with donors, co-ordinating volunteers and students, writing reports and eating chocolate!

What is the best thing about your job?

Never a dull moment! Lots of variety and great that we are independent. As we receive no government funding—we can have an independent voice in our advocacy to government. We are also able to be flexible in our responses to the women we serve and innovation is a big part of our approach.

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

It's always hard for us at Lou's when someone comes in and is ready to take the next step in their recovery and all services are full. We would love to see more funding in the sector to avoid that situation. So many of our clients prefer women's only settings, so it would be great to see more of those too.

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

I meditate every day and have been lucky to learn transcendental meditation. In partnership with the David Lynch Foundation the transcendental meditation centre of Sydney now teaches women in our centre for free! I'm also a big reader and lots of hugs from the kids also helps.

Member profile

Newcastle Bridge Youth and Family Program

The Newcastle Bridge Youth and Family (NBYF) program provides a range of free and confidential services, including case management, education and brief interventions, to assist young people aged 12 to 25 and their families affected by anger, AOD.

NBYF is part of The Salvation Army Oasis Hunter located at Hamilton, New South Wales, and services the Newcastle, Lake Macquarie, and Hunter regions.

NBYF aims to empower young people and their families to better deal with the difficulties posed by substance use and anger, through the provision of education and best practice strategies that promote harm reduction, improved health and wellbeing.

Access to the NBYF program is by self, family or agency referral.

Service highlights

Case management is provided using a trauma informed, client centred, strength based, and holistic approach that supports young people and fosters a collaborative relationship to plan and coordinate an individualised package of health, community and social services, and access to other necessary resources to meet individual needs. Case management is typically provided to a maximum of 12-weeks per episode.

Bridge Journey program is NBYF's signature AOD education program, which gives participants a foundation for understanding the short- and long-term impact of substance use, and equips them for change towards a life of freedom from drugs of dependence.

NBYF's **anger management** program helps young people to identify and contextualise the triggers and self-talk that leads to aggression and violence, and teaches techniques to manage anger in a positive way. Relapse prevention supports young people that have reduced or ceased substance use. Support sessions educate young people on the high-risk situations that trigger use, develop techniques to effectively deal with urges and cravings, and implement relapse prevention strategies.

Family support is offered to parents, caregivers and family members affected by a loved one's substance use. Support is typically provided through a series of sessions to discuss the impact of substance use on individuals and the family, the journey to dependence, treatment options, and strategies to help family members with difficult situations.

AOD and anger awareness education is offered to youth and community services, local high schools, TAFE and vocational institutions, and government agencies, and delivered through in-service presentations and workshops that can be custom designed to fit the needs of the group.

Brief interventions provide information and strategies to increase young people's awareness and ability to identify high-risk situations, solve problems, make positive decisions, and increase motivation for change.

Our staff

NBYF has a team of professional and dedicated staff that share a mix of tertiary and vocational qualifications, along with diverse knowledge and experience that enables effective engagement with young people and their families, and build therapeutic relationships which allow for ease of re-engagement should further support be needed.

Contact us

Newcastle Bridge Youth and Family Program
The Salvation Army Oasis Hunter
67 Cleary Street, Hamilton NSW 2303
T 02 4969 8066
W www.salvationarmy.org.au/oasishunter

Updates

Programs

The AOD continuing care sector Continuing Coordinated Care

The Buttery, Mission Australia and St Vincent De Paul continue to deliver the Continuing Coordinated Care (CCC) program across the state. Since the onset of COVID-19, the CCC programs adapted their service provision to online, remote support, via telephone, online meetings, etc. More recently, some of the teams have started to provide face-to-face support and are continually reviewing their service delivery model to adapt to the ever-changing environment.

NADA's clinical support role continues to work with the CCC programs and has also been extended to support the wider NADA membership, with the goal to strengthen and expand the AOD continuing care services within the non government sector so people can better access quality, person centred, integrated services.

NADA's clinical program manager has:

- facilitated monthly Community of Practice zoom meetings for all CCC staff across the state
- organised with DCJ the roundtable meeting with DCJ, NADA member women's residential rehabilitation services and MOH to improve collaboration and referral pathways
- been leading in the program and content development for the NADA Conference 2021: Enhancing connections.

For more information, email michelle@nada.org.au

Consumer engagement

NADA's consumer engagement co-ordinator has been conducting site visits to member services and meeting with staff and consumers to hear their feedback about consumer participation. Our consumer engagement co-ordinator has also meet with consumers of NADA member services to hear their insights about access and equity for this edition of the Advocate.

The consumer engagement co-ordinator held a networking meeting with consumer representatives and services involved in the 2017 Consumer Participation Project. Further networking meetings are being planned and an expression of interest will be distributed to all consumer representatives working with NADA member services. Our consumer engagement co-ordinator has also held a webinar in early December to discuss consumer engagement in AOD services.

For more information, email trinka@nada.org.au

Online resource finder for AOD workers

NADA is collaborating with the Peaks Capacity Building Network to develop an online resource finder for AOD workers. The searchable directory will include links to resources developed by the peaks, jurisdictional policy directives and guidelines, and more! Watch this space.

For more information, email sianne@nada.org.au

Person (Patient) reported experience measure project

The Centre for Alcohol and Other Drugs at the NSW Ministry of Health is leading the Person (Patient) Reported Experience Measure (PREM) Project. The project aims to establish a state-wide client feedback system that drives AOD service improvement to enhance people's experience of service that reflects the principles of human centred care.

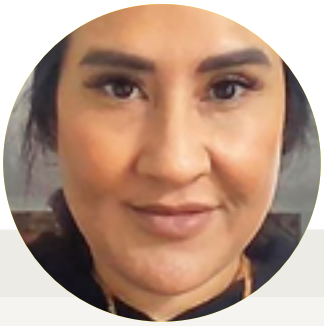
A PREM is a feedback survey used to capture a person's perception of their recent experience of treatment and care at an AOD service. Their direct feedback on their care can be used to drive and support improvement in AOD services.

An AOD-specific PREM will be developed based on the National Mental Health Your Experience of Service (YES) Survey. The process for modifying the YES Survey will involve:

- conducting a series of consultations with service managers, consumer representatives and peer workers across government and non-government sectors
- piloting the AOD modified YES Survey.

Opportunities for clients, consumer representatives and NGO provider input is planned in early 2021. For more information about the PREM Project, please contact Angela Hua, Senior Project Officer.

Services that already have established client feedback systems in place can continue with these or move to the AOD specific PREM system once piloted.



NADA practice leadership group

Meet a member

Yasmin Iese Deputy Executive Officer / Clinical Manager Damec Counselling Services

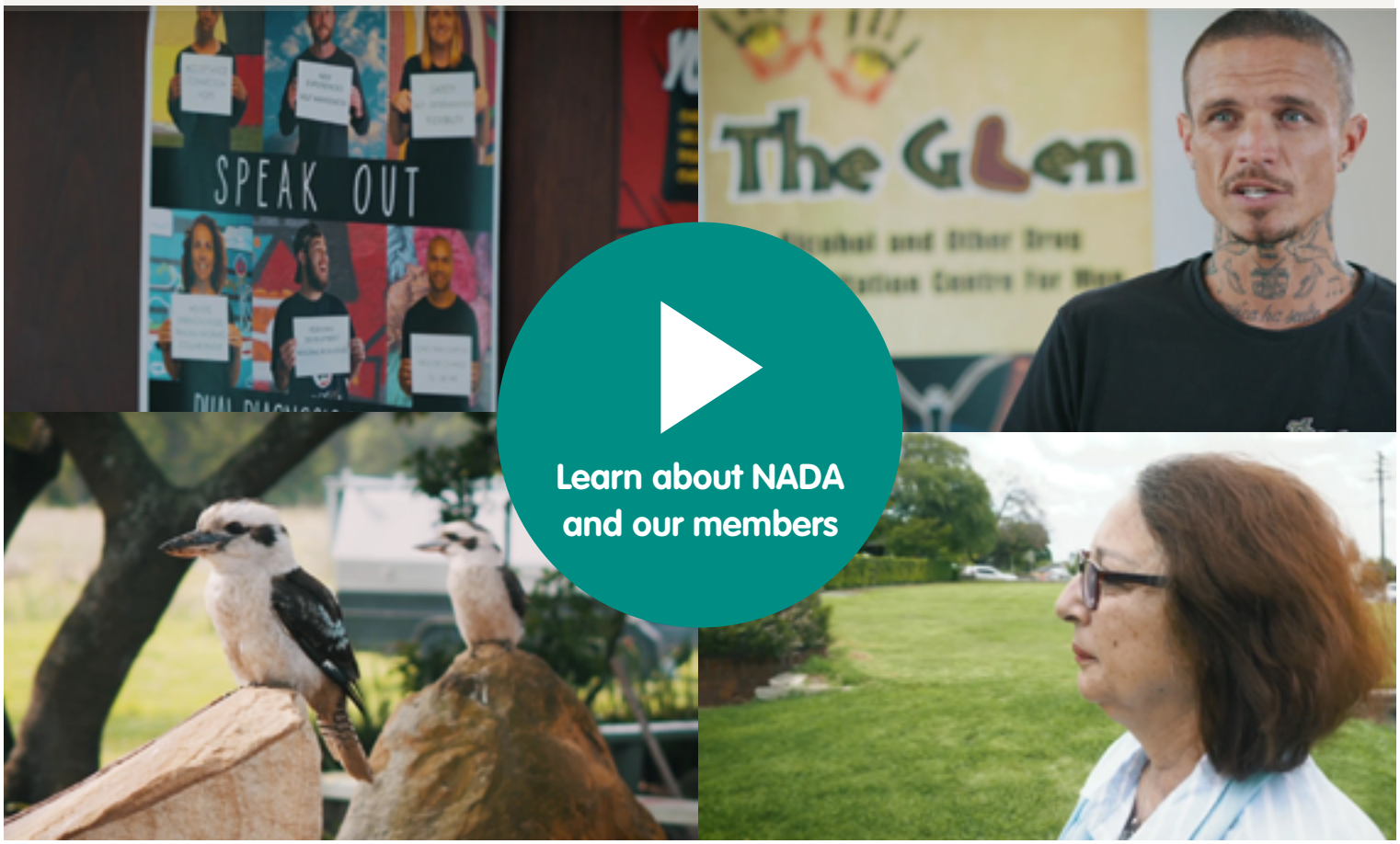
How long have you been working with your organisation? How long have you been a part of the NPLG?
I have been working with DAMEC for almost eight years now. I am a newbie to the NPLG and joined in 2019.

What has the NPLG been working on lately?
The NPLG has been working on the implementation of both Capability Framework and Clinical Care Standards as well as the non government AOD sector's needs around supervision, and the need for support pathways for managerial positions.

What are your areas of interest/experience—in terms of practice, clinical approaches and research?
I have a clinical background, and am by heart, always the clinician. I have been working in the AOD sector for almost two decades. I specialise in working with young people, and in particular, implementing culturally appropriate interventions in treatment. I have a special interest in navigating and negotiating the gap between specific cultural understandings and perspectives within a mainstream AOD sector. This is easily said than done in the face of systemic and rigid mainstream policy and practice; we need more carefully constructed culturally and linguistically diverse (CALD) specific research projects.

What do you find works for you in terms of self-care?
Taking time out and meditating to slow down amidst a busy life. Now more than ever it is important to take some time to yourself to reflect and gain perspective.

What support can you offer to NADA members in terms of advice?
I can offer advice on CALD communities and culturally responsive models of practice. Working within a culturally appropriate framework requires specific and purposely designed culturally responsive approaches.



Advocacy highlights

Policy and submissions

- Provided submissions to the Department of Health's Consultation Paper: Development of the National Preventive Health Strategy and SafeWork NSW's Draft Code of Practice on managing risks to psychological health in the workplace
- Supported two submissions from a coalition of Australian AOD peaks and treatments providers to a range of ministers and the Department of Health on 'Supporting digital access, tele-mentoring and telehealth in the AOD sector' and 'Supporting investment in AOD services across regional, rural and remote Australia in response to COVID-19'.
- Sent a letter to NSW ministers regarding the draft Liquor Amendment (24-hour Economy) Bill 2020 to express concerns regarding increased access to alcohol in the community. We also supported a FARE media release on the issue.
- Wrote to the NSW Treasurer supporting the establishment of a new AOD facility in Dubbo and calling on the NSW Government to respond to the Special Commission of Inquiry into the Drug 'Ice' recommendation to establish a whole of government AOD policy that includes a plan for an incremental increase in AOD treatment funding over 10 years.

Advocacy and representation

- NADA staff and board representatives participated in a consultation with representatives from the NSW Ministry of Health and NSW Premier and Cabinet regarding the NSW Government response to the Special Commission of Inquiry into the Drug 'Ice'
- NADA CEO and President met with the NSW Health Minister's AOD Advisor to discuss the NADA member needs assessment, impact of COVID-19 and the NSW Government's response to the Special Commission of Inquiry into the Drug 'Ice' Report
- NADA continues to represent members on a range of COVID-19 meeting structures: NSW Ministry of COVID-19 Clinical Council, NGO Community of Practice, and the AOD Community of Practice.
- Key meetings: Australian Government Department of Health, Department of Social Services, National Indigenous Australians Agency, NSW Ministry of Health, NSW Department of Communities and Justice, Mental Health Commission of NSW, NSW Council of Social Services, AOD Peaks Network and Australian Alcohol and other Drugs Council (AADC)
- NADA continues to take part in the steering committee and working group tasked with informing the development and delivery of a workforce development package and implementation strategy for the NSW Clinical Care Standards: Alcohol and Other Drug Treatment

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.

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Feedback **Training grants**

Photo by Kris Ashpole