NADA Member Needs Assessment
Responding to the needs of members

November 2020

ABOUT NADA

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

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

Together, we work to reduce the harms related to AOD use across the NSW community.

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

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

PREPARATION OF THIS ASSESSMENT

This assessment has been undertaken through the annual NADA member and workforce surveys, and regular engagement with members and member networks. A content analysis was undertaken with qualitative data provided by member feedback. Comparison has been made with the needs assessment from 2019, as well as supported by sector research that supports the data. The results were then validated with the NADA Advocacy Subcommittee (a subcommittee of the NADA Board), and with members at the NADA 2020 Annual General Meeting.

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

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

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POLICY AND ADVOCACY NEEDS

What were the priorities and recommendations in 2019?

1. NADA to use the following advocacy points on behalf of members when meeting with Ministers and government departments as the key priorities for members:

    *   Access to sustainable and increased funding was consistent across feedback collected from services. This included funding for Aboriginal AOD services, services that support women and their children, young people and increases in beds for withdrawal management and residential rehabilitation as well as treatment availability in non-residential settings.

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

    *   Increased length of contracts for non-government services has been an advocacy priority for many years. NADA and its members recommend a move to five-year contracts.

    *   Respond to the reporting burden through consistent approaches to reporting across funders, with common KPIs including contracts.

2. NADA to consider providing training to members in advocacy.
3. NADA to provide more opportunities to bring members together.

Analysis of 2020 data:

*   ***Increased and sustainable funding*** continues to be NADA members' top advocacy priority. This includes longer term and secure contracts, funding the true cost to deliver services, ensuring that indexation is reinstated, and the equal remuneration order remains after June 2021, and is included as part of base grants. Funds for capacity building (including cultural inclusion), workforce development, and research is also required. Investment in infrastructure of dated facilities and IT systems, and supporting accreditation and compliance costs continue to be an area of need. Ideally funding models to members would support sustainability of the sector, allowing for innovation and growth.

    "Advocating for more federal funding for AOD, indexation and continuation of SACS component."

    "Ongoing funding not insecure funding like it is year to year or couple of years then you don't know what the politics are going to be."

    "Convince our PHN/Commonwealth funders to provide longer contracts with funding amounts increasing to match our costs."

*   ***Improving contracts and compliance*** with funders was again highlighted as an important area for change. Whilst longer term contracts (minimum 5 years duration) was linked to increasing the sustainability of services, members also reported the need to reduce reporting burden and to standardise KPIs. Human resources to support the delivery of quality performance data should also be considered by funders.

    "Reduce red tape with KPI's that are consistent across funders that suit Aboriginal services."

"Equitable and uniform KPIs used among agencies providing like services."

- **Increased access to service delivery and improved referral pathways**. Similar to previous years, several elements of increasing the accessibility of AOD treatment remain important for members, including bed availability, virtual care platforms, programs for families and young people and programs in regional and rural areas. Links to mental health and housing support in the referral pathways for people accessing AOD treatment also remains an important advocacy area for members. Compared to previous years, however, members also nominated prevention, early intervention and non-clinical AOD support as areas needing increased funding as well.

"Help non clinical AOD services be heard more amongst Government. Get more help to get more resources into non clinical AOD services. Early Intervention in AOD needs attention!"

"Funding for transitional accommodation programs for people with substance use and mental health."

"Develop ways to increase easy access to electronic engagement We need to increase case workers skill set and provide clients options to engage in a sustainable way."

- While the above areas were prioritised by members, there was also an increase in members' support of NADA advocating on **drug law reform** in areas such as decriminalization, pill testing, NSPs in prison and medicinal cannabis. Other areas identified by members included addressing stigma and discrimination of people who use drugs and resources to support members to undertake their own advocacy.

"Decriminalise the personal use of all substances."

"Depoliticise funding and advocate for drug law reform."

NADA discussed these results with the NADA Advocacy Sub Committee and members at the NADA AGM. It was agreed that whilst members are not opposed to drug law reform, they did not believe that this was an advocacy priority for NADA. There was useful discussion about the how NADA could frame issues that impact on people that access AOD treatment, in particular the impact of stigma and discrimination, as well as the impact of penalties on future employment and housing. NADA could also build capacity of members to advocate on issues pertinent to their services and local community.

"Addressing stigma within the community about substance use and that is created by policy and the approach to dealing with drug use in Australia. The amount of funds that go towards law enforcement in comparison the amount of funding that is spent on treatment."

The policy and advocacy priorities identified by NADA members are consistent with the recommendations handed down by The Special Commission of Inquiry into the Drug 'Ice'[1].

Recommendations in the area of policy and advocacy

1. NADA to use the following advocacy points on behalf of members when meeting with Ministers, government departments and key stakeholders:
   ‣ Increased and sustainable funding
   ‣ Improved contracts and compliance
   ‣ Increase access to service delivery and improved referral pathways (e.g. mental health, housing).

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

2. NADA to take advocacy on drug law reform to the NADA AGM, Board and Advocacy Sub-committee to scope members' perspective on NADA having a role in this space. It is important for NADA to understand the boundaries of this advocacy work in relation to our members' needs. **Completed**. NADA Advocacy Sub-committee to discuss the framing of communication that could respond to issues that impact on people that access AOD treatment. As reported above, the impact of stigma and discrimination, as well as the impact of penalties on future employment and housing.

3. *NADA to consider providing training to members in advocacy*: This is continued from the 2019 needs assessment as this activity was delayed due to the impact and change in NADA's priorities as a result of the COVID-19 pandemic. NADA plans to hold advocacy training for members as a pre-conference workshop in April 2021. NADA will also provide resources to support member advocacy as part of the NADA Policy Toolkit.

SERVICE DELIVERY NEEDS

What were the priorities and recommendations in 2019?

1. NADA to advocate to policy makers and funders on the range of service gaps and issues impacting on service delivery for members – linked to recommendations under *Policy and Advocacy* priorities.

   - Responding to people with co-existing mental health issues remains a high priority for members, including links with mental health services and access to psychiatry

   - Linkages with housing, employment and other health and social services to meet the holistic needs of people accessing AOD services. Housing, in particular was raised across most regions, especially for people leaving the criminal justice system

   - Members reported a lack of 24-hour crisis support services, Pre and Post treatment support, as well as prevention services. Access to withdrawal services was also raised, particularly by regional and rural members.

2. NADA to continue to build on the Policy Toolkit resource and provide direct support to members on accreditation
3. NADA to continue to deliver a range of sector capacity building activities to respond to members needs.

Analysis of 2020 data:

The first two priority areas of service delivery needs relate to the aforementioned advocacy priority area *increased access to service delivery and improved referral pathways.*

- ***Continuity of care and collaboration*** was highlighted by members as the most important area for development. The need for improved referral pathways and shared care with mental health and other service delivery partners was again empathised by members. There was also a call for improved service access pathways within the AOD sector, particularly with withdrawal management services. Establishment of regional networks as well other networks was suggested (including clinical leadership and supervision networks).

  "Less "siloed" service provision (no wrong door approach) and clearer referral practices between."

  "Help facilitate regional networks of AOD workers."

- **Treatment access and equity** was important, with members reporting barriers related to availability and wait times. Examples include lack of services (virtual and face to face), transport, pathways from withdrawal to residential care, and barriers to treatment, such as cost and eligibility requirements that reduce access for complex clients.

  "More residential rehab and detox beds, there is still a long wait for people to access these services, referral pathways for people to be able to go straight from detox to residential rehab if that is what they want to do."

  "Transport in remote areas."

  "Barriers for some clients being able to access residential rehabilitation such as up front costs for people to enter, previous criminal history, mental health."

  "Aboriginal women with children on country rehab."

- **Building service and workforce capacity** is viewed as important to supporting service delivery needs. Members are wanting support with applying evidence-based practice and undertake quality improvement initiatives. Access to financial support for information technology and assistance with innovative approaches to service delivery were also highlighted by members. Members also reported needing more staff, ways to increase skills and qualifications of current staff, peer workers and support with worker wellbeing and supervision.

  "Have grants that support creativity and out of the box thinking!"

  "Support financially the development of confidential "Cloud " electronic access to program material."

  "Peer workers more recognised and embedded in service delivery models."

  "Staff support, wellbeing and clinical supervision."

Again, we see that the service delivery priorities identified by NADA members are consistent with the recommendations handed down by The Special Commission of Inquiry into the Drug 'Ice'. This feedback on service delivery is also consistent with the findings of the Access and Equity Study commissioned by NADA in 2019[2].

Recommendations in the area of service delivery

1. NADA to advocate to policy makers and funders on the range of service gaps and issues impacting on service delivery for members – linked to recommendations under *Policy and Advocacy* priorities.

2. NADA to continue to deliver a range of sector capacity building activities to respond to members needs.

3. NADA to implement the recommendations from the Access and Equity Study.

4. NADA to continue to support current member networks, and explore other networks (regional, continuing care).

5. NADA to facilitate partnerships with related services and sectors (mental health housing, child protection).

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[2] https://www.nada.org.au/resources/access-and-equity-research/

WORKFORCE NEEDS

What were the priorities and recommendations in 2019?

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

Top training areas:
- Provide regular AOD 101 specific training, such as group facilitation, relapse prevention.
- Training in different approaches: Motivational interviewing, DBT, ACT
- Trauma informed care and practice
- Mental health
- Domestic violence
- Cultural competence, including working with Aboriginal communities

Analysis of 2020 data:

- Specific areas for workforce development in 2020 are identified below. Whilst this list is more extensive, the areas are consistent with the training gaps identified in the *Australia's Alcohol and Other Drug Workforce: National Survey Results 2019-2020*[3]. There is also reference to development related to the Clinical Care Standards for AOD Treatment[4].

  - Provide regular best practice approaches to AOD treatment is the number one priority for members. These methods included harm minimisation, strengths-based approaches, group work, case management and care planning
  - Mental health training continues to be an area of need
  - Cultural competence, including working with Aboriginal communities
  - Working with complexity, including trauma, crisis interventions and risk assessment, medication management
  - Training in different approaches: Motivational interviewing, mindfulness, DBT, ACT
  - Supporting the training needs of both the Women's and Youth Networks
  - Suicide prevention
  - Family and Domestic Violence
  - Supporting worker wellbeing, supervision, coaching and returning to work post COVID-19
  - Development and support of workers with lived experience
  - Current trends in AOD use in communities
  - Skills development in leadership, CQI, time management and performance management.

  Some more specific responses included:

  "The importance of providing staff with the flexibility to work with clients from a strengths-based, timely approach."

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[3] Skinner, N., McEntee, A. & Roche, A. (2020). Australia's Alcohol and Other Drug Workforce: National Survey Results 2019-2020. Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University
[4] https://www.health.nsw.gov.au/aod/Pages/clinical-care-standards-AOD.aspx

"Continue to help workforce to identify systemic barriers for clients."

"Professional boundaries, such as, transference and counter transference, being aware of own judgments or issues impacting on the therapeutic relationship etc."

"Continue to keep up to date with what we face as a nation and provide training relevant to this."

- Members reported on **a range of 'no cost' workforce development opportunities** that they would like provided. The request for more webinars has increased since last year, however this is consistent with the online delivery that NADA and other providers have been providing since the impact of COVID-19. There were also requests for workforce research that would be interesting to understand which areas.

  "Increase the workforce development grants program. Have more Webinars available for common areas of training requirements for the NGO sector."

  "Provide specific training for the Women's Network."

  "Tools for capacity building with staff."

  "Evaluation and research."

- **Workforce advocacy areas** for members included more funding be available to increase the number of staff working with services. In relation to workforce development, increasing the minimum qualifications held by service staff, training availability in regional and rural NSW and the professional development of Aboriginal workers were also highlighted as priorities.

  "More money for staff. we are overwhelmed."

  "Increased funding for workforce development."

  "Increase minimum qualifications from Cert 3 and 4 to higher/additional qualifications."

  "Be more active in regional areas re providing training etc."

  "Development of Aboriginal workers."

Recommendations in the area of workforce development

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

RESEARCH AND DATA NEEDS

What were the priorities and recommendations in 2019?

1. NADA to advocate for research priorities and access to research funding for members to policy makers, funders and academia

   Top research priorities:
   - Improve measurement of client outcomes. This included post treatment outcomes and the need to ensure there are mechanisms to track and follow up people after they have left services.
   - Members also commonly reported the need for research and evaluation on the effectiveness of their programs, including building the evidence base for the effectiveness of residential rehabilitation
   - Availability of funds to undertake and/or commission research.

2. NADA to provide direct data management support to members who use, and do not use, NADAbase. This includes training for the workforce on data collection, data mining, and ensuring that data collection supports effective and meaningful analysis and interpretation
3. NADA to continue to make improvements to NADAbase, especially in access to data and reporting templates.

Analysis of 2020 data:

- **Improvements to data systems and sets** as well as the improvements to enable data systems (including NADAbase) to be used for performance reporting. Members also reported the need for qualitative measures, as well as client experience/perception measures.

   1. Broader improvements required for data systems.

   "More opportunities by which there can be communication of the quality of client work (e.g. case studies) to be communicated to the funding body - so there's not so much focus on statistics: as statistics are not the essence of our client work."

   "Better data collection on trans and gender diverse people in AOD related surveys like NSP surveys"

   "Moving our database to a web based platform and build capacity for researchers to gain data."

   "Provide alternative ways to easily capture and report data."

   2. Improvements required for NADAbase.

   "Database linkage between NGO sector databases and NADA database."

   "Improve Nadabase so that it can better meet agency outcome needs re reporting Expand the capacity of NADABase."

   "Include prevention activities in NADAbase."

   "The CMS of a few members don't easily speak to NADAbase and don't have funds to improve their systems."

- A **range of research topics and areas** were raised by members.

    1. Delivery of programs and services.

"Building an evidence base for our own programs we have developed. The programs coming from overseas aren't catered to our direct community needs."

"Effectiveness of treatment interventions."

"Short to-medium term heath goal and envisaged long term outcomes"

"Quality of experience."

"Cost benefit analysis."

    2. AOD use, access to treatment

"Interaction between isolation and substance use (COVID-19)."

"AOD and daily behavior after treatment."

"Barriers for clients coming from regional areas."

    3. Research on specific populations included Aboriginal and Torres Strait Islanders, young people, families, CALD and people with experience of homelessness.

"Research Aboriginal people that had more money and accommodation during COVID period to see if harmful use reduced."

"Youth based research around gaming being the gatekeeper for gambling addiction in adulthood."

- **Capacity development in data and research** primarily related to data collection and utilisation of data, including benchmarking.

"Continued opportunities to learn about data and how to use it."

"Requested better capacity for longitudinal research (collecting follow up data)."

The needs of NADA members are consistent with the areas outlined in the *NSW Ministry of Health Strategic Prioritisation Framework for Alcohol and other Drugs Research and Evaluation 2020-21 to 2023-24*.

Some of the feedback described here is echoed in the independent evaluation of NADAbase regarding the need for better integration between member CMS, improvements to reporting and data usage capabilities and potential research linkages.

Recommendations in the area of research and data

1. NADA to use the information to inform the NADAbase work plan, direct member support and capacity development activities to respond to members data management needs. A communications plan should also be developed to communicate this body of work to members.

2. NADA to advocate to research bodies and funders on members' research and data systems priorities.

3. NADA to establish a Data and Research Leadership Group to provide guidance to NADA regarding data collection, reporting and research. This should include those working the prevention and early intervention space to fully understand their needs.