

# Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies

Issue 1: March 2023

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**NADA**  
network of alcohol and  
other drugs agencies



# CEO report

Dr Robert Stirling

NADA

We all know the saying 'change is the only constant in life'. As a sector, there is change that we fully embrace—increased funding, reduced reporting and compliance. However, we know that not all change is welcomed with the same level of enthusiasm. As leaders, managers and those delivering frontline services, we often need to become change agents to improve the outcomes and experiences for people that access AOD services.

This issue of the Advocate is focussed on making change, an apt theme with the change in government in NSW. We hope that Labor will prioritise AOD policy and appropriately fund treatment, prevention and harm reduction services; I recently wrote an [op-ed](#) for Croakey with this call.

We understand that there is bipartisan support for the NSW whole-of-government AOD strategy and the funding commitment. However, we don't know whether the change in government will bring about further change. Labor have committed to holding a [drug summit](#) in their first term. Many of the issues that members and communities voiced to the Special Commission of Inquiry into the Drug 'Ice' stand true today. However, we also know that the system is even more strained following environmental disasters and the pandemic—and the workforce crisis has intensified for NADA members. We hope the summit will be an opportunity to address ongoing systemic policy and funding issues.

We finalised our annual [needs assessment](#) [PDF] and will continue to push for change in members' top two priorities—increased and continuous funding as well as improved non-government contracts and compliance. Both are recommendations from the Special Commission, and our senior staff are around the table for these important discussions as part of the implementation of the recommendations.

On a personal level, I would like to thank NADA members and their funders, and importantly, people with lived and living experience, who participated in the performance measurement study. The purpose of the study was to reduce reporting burden and make measurement more meaningful by reaching consensus on a core set of performance measures. I feel privileged to have been able to lead this work on behalf of members. We sent a [position](#)

[paper](#) based on the research to all funders of NADA members. While the research is over, our work continues to improve reporting and compliance and we hope that you still have the enthusiasm to be part of this change.

NADA develops a range of resources to support organisations make changes to improve service delivery. More recently this has included [Trauma-informed practices for responding to difficult situations](#) and our partnership with ACON, MHCC and CESPHE on the [LGBTQ+ inclusive and affirming practice guidelines](#)—just in time for World Pride. However, we know that change is ultimately driven by the specific needs of members and the people who access their services—there are many resources that can support members, such as the [organisational change](#) [PDF] tool by NCETA, and the content in this issue of the Advocate.

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**We hope that the incoming NSW government will prioritise AOD policy and appropriately funded treatment, prevention and harm reduction services, to make a positive difference to the lives of many.**

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Internally, we've also made changes. As part of our commitment to reconciliation, we have provided staff with the option to work on the public holiday on 26 January or take a day off on another day. We're close to finalising our second Reconciliation Action Plan and look forward to sharing that with you as we drive this commitment in partnership with Aboriginal people and organisations.

We've also made a change to where we work. The team have fond memories of our Redfern office, where we could host events and regularly engage with members. We've moved (in the same building and floor of our Woolloomooloo office) to create such a space. Soon we'll be hosting many more training and small events at our office, and look forward to welcoming you. We'll also work out a process where members can book the space, when it's not in use, and communicate that to you.

We look forward to welcoming you to the [NADA Conference 2023: Creating safe spaces](#) in May, to bring everyone together to celebrate the great work of the NSW non-government AOD sector.

# NADA Conference 2023 Creating safe spaces

11-12 May | Sydney

Registrations close

**2 May**

See the draft  
program online

Showcasing interventions designed to improve outcomes for clients, this event will inform with new ideas, engage with the evidence base and provide networking opportunities. [Learn more.](#)

## Keynote speakers



**Dr Vikki Reynolds** (PhD RCC) is an activist/therapist who works to bridge the worlds of social justice activism with community work and therapy. Vikki is an Adjunct Professor and has written and presented internationally. [Read more.](#)



**Professor Jioji Ravulo** is the Chair of Social Work at The University of Sydney. His research, writing and areas of interest include mental health and wellbeing, alcohol and other drugs, youth development, marginality and decoloniality. [Read more.](#)



**Felicity Ryan** is a Wadi Wadi woman. She is highly respected for her workshops focussing on Aboriginal people and related issues. She also assists organisations to become more culturally inclusive in developing their cultural literacy. [Read more.](#)



**Dr Diana Kopua** is a fellow of the Royal Australia New Zealand College of Psychiatry, and recipient of the Ngarimu VC Manakura Award. Dr Di and Mark use a culturally sensitive new therapy to address mental distress and suffering amongst Maori. [Read more.](#)



**Mark Kopua—Tohunga** is considered a historian by his East Coast tribes. He is a master carver and moder Moko (traditional Maori tattoo) artist. He has been engaged in Moko Ihorei (tattooed head) repatriation work and the provenance of Maori carvings. [Read more.](#)



**Dan Howard** is the former Commissioner for the NSW Special Commission of Inquiry into the Drug 'Ice'. He is an advocate for drug law and policy reform and increased funding and support for the alcohol and other drugs sector. [Read more.](#)

Register at [www.nada.org.au](http://www.nada.org.au)



# The future AOD sector

**NADA has reflected on the change required to strengthen the existing service system, meet demand, and build a strong and capable workforce to improve the health and wellbeing of people who access AOD services. We share the first few priorities in this article, with more to follow. By Chris Keyes (NADA)**

## Funding models that reflect real costs of service delivery

### The change we want to see

- Funding models that address the chronic underfunding of NGO AOD services and reflect the rising costs of wages and other operating costs, including IT, research and evaluation, workforce development and infrastructure, based on regular assessment of need.
- New funding to support the existing service system that is struggling to meet demand and maintain a workforce.
- A coordinated and consistent approach to funding and indexation from all AOD funders.
- Funding certainty through long-term and rolling contracts for the AOD sector.

### How we are working to achieve this:

- We worked with the NSW Ministry of Health to undertake the Business and Funding Model Study. While the findings have not yet been used to inform change, we continue to advocate for new contracts to reflect these report findings and ensure funding models are sustainable and keep up with the real costs to deliver services.
- NADA advocates at both levels of government for the increase of AOD contract lengths to a minimum of 5 years, as recommended in the Special Commission of Inquiry report.

## Improved contracts and compliance

### The change we want to see

- A coordinated, consistent and streamlined approach to contracting, reporting and performance measurement of non-government AOD services by all funders of NSW NGO AOD treatment providers.
- Implementation of a core set of performance measures within future contracts by all funders, which has reached consensus with funders, peak bodies, treatment providers and people with living/lived experience.

### How we are working to achieve this

- We have developed a [position paper](#) [PDF] on performance measurement that addresses the accountability of public funds to NGO services. This includes collaboration between all funders of NSW NGO AOD services to provide a streamlined approach to performance management, reporting and contracting arrangements, to reduce burden on service providers.
- We are a member of the Ministry of Health NSW NGO AOD Reference Group, which provides an ongoing forum for collaboration between funding agencies and services around improving AOD NGO funding, contracting, performance management and service development.
- The NADA CEO is co-chair of the Ministry of Health NGO Advisory Committee that focuses on policy that impacts on all health-funded NGOs. Long-term contracts is a key matter being pushed.

# The future AOD sector

continued

## Attract, retain and develop a sustainable workforce

### The change we want to see

- Implementation of a National AOD Workforce Development Strategy and an aligning NSW plan together with investment in initiatives to attract, retain, support and strengthen the workforce and address gaps, developed in consultation with service providers and people with living/lived experience.
- A method of routine data collection on the scope and profile of the workforce to inform ongoing planning and resourcing.
- Investment in tailored solutions for building and supporting the living/lived experience workforce and Aboriginal AOD workforce.
- Creation of career pathways into the sector which lift the profile of AOD work, equip people through training and incentivise a range of professionals to the sector.
- Addressing current funding models and contracts lengths to increase workforce sustainability, providing funding certainty and allowing NGOs to provide comparable salary and conditions to public services.

### How we are working to achieve this

- We made a submission to the review of the National AOD workforce development strategy and are engaged in ongoing consultation with the NSW Ministry of Health on development of a NSW strategy to ensure it reflects needs and priorities for the NGO workforce.
- We released a [workforce issues paper](#) [PDF] to highlight critical issues facing the NGO AOD workforce, and have used this as a platform for collaborative action.
- We are working closely with TAFE and other stakeholders to ensure inclusion of AOD content across human services courses, increase access to AOD qualifications, increase practice placement in NGO AOD services and attract new workers to the sector.
- We recently secured funding through TAFE NSW to offer the AOD skill set to new frontline workers and are exploring options to extend this offering.
- In partnership with the NSW Ministry of Health, we commissioned NCETA to develop a resource for new workers to the NSW AOD sector.
- We are working with NUAA on setting the foundations for a strong and supported living/lived experience workforce.

**Congrats on your new role!**

**Have you subscribed to the Advocate and Frontline?**

### Help your colleagues stay current with NADA communications

There has been a lot of movement in the sector, and we want to stay in touch. Help your colleagues keep up-to-date with AOD resources, information and events. They can subscribe on the NADA homepage or write to [sharon@nada.org.au](mailto:sharon@nada.org.au) from their new email address.





## Shaping great work experiences

[Download this resource](#)

**If AOD organisations give attention to the growth, wellbeing and overall work experience of their people, the workforce is more motivated, intends to stay, and performs better.**

NADA, together with VAADA and Curtin University conducted a study into the various elements that comprise your total work experience. This is understood as a system of influences and processes that affect your mindset and behaviour at work, and thus how you contribute to organisational and client success.

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





## Culture for change

**How is change enabled in your workplace? Do people feel safe to bring up issues, raise new ideas, share unanticipated results, or ask for help? How can team leaders or managers ensure workers feel safe to do so?**  
By Sharon Lee (NADA)

Imagine if you saw people feeling challenged by your service's admission process. If you thought that you could work to improve the experience, would you feel comfortable to suggest that you could do so? Do you feel you can speak openly with your team, ask each other for help when you're over your head, or stuck on an issue, and speak frankly to get the bottom of things? Or do you feel suppressed? Does your culture enable people to resolve issues and make necessary and positive change?

### Do you feel safe to initiate change?

If people believe they will not be punished or humiliated for speaking up with ideas, questions, or concerns, and that the team support interpersonal risk-taking, they will do so. This is what a 'psychologically safe' workplace feels like. Amy Edmondson, Novartis Professor of Leadership and Management at the Harvard Business School, reminds us: 'Whatever form of excellence you are trying to achieve, you cannot do it without other people's voices, without other people's participation.'

On the other hand, a workplace that does not feel safe inhibits people speaking. Imagine if someone knew a potential way to solve a complex problem, but they chose to stay quiet. Imagine if someone had concerns about performance or safety, but they were not able to be heard. What if these moments were occurring every single day, and with silence, each opportunity for learning and improvement was lost?

### What's so good about psychological safety?

Psychological safety helps to unlock the contributions of every person and team, and ensures that everyone has a voice. It can facilitate creative problem solving, which enables teams to collaborate to reach their full potential. Organisations can gain all the information they need to make the best decisions, to change and innovate.

If you work in a psychologically safe environment:

- You are more able to listen and *learn*, to ask for help, and to gain better data on what's happening. Your organisation can learn from your team.
- You can *manage risk* better, discuss risk thoughtfully, make decisions skilfully, and manage risks as a collective.
- You can *innovate*, as you are better able to offer possibilities, assess and test ideas to see what works and engage in rapid cycle learning.
- You feel valued and respected by your colleagues and managers, which contributes towards your *job satisfaction*.
- You can *broaden your perspective* from the sharing of experiences—the failures and successes—of all the team.

**Reflect:** How do you handle bad news or failure? What are the norms for managing conflict? What tactics do you use to promote dialogue and debate?

# Culture for change

continued

## Nurturing safety

Everybody plays a role to ensure that workplaces feel psychologically safe. The following excerpt from the new resource, [Shaping great work experiences](#), shares what every team member can do.

### What you can do for yourself:

- Be both courageous and considered. Offer your thoughts in the best way possible or ask clear open-ended questions, then listen actively to understand others' feelings and values, as well as facts.
- Accept that not all your ideas will be fully understood or celebrated. It is part of life. Do not let that discourage you as long as you are able to safely shape things from time to time.
- Say 'Thank you, tell me more' when feedback comes your way. Stay on topic, be civil, and review the substance once initial defensive impulses have disappeared.
- Agree to share failures, recognise that your mistakes are your opportunity to learn and grow. Ask for help, and freely give help when asked. Embrace the expertise of others.
- Share if you feel not safe about being yourself, asking questions, making mistakes, speaking up or belonging. Express what you need. Show gratitude for having the opportunity to speak up about issues impacting you.

### What you can do for others:

- Make psychological safety and wellbeing of staff a priority for your organisation. Table the topic for the town hall, put it on meeting agendas, measure and monitor levels of staff psychological safety.
- Model how respectfully speaking up, disagreeing, and naïve questions are best realised. Invite constructive feedback to your own contributions.
- Facilitate everyone speaking up by showing genuine curiosity and empathy. Be open-minded, make time, and actively listen when someone is brave enough to say something out of the box.
- Encourage experimentation and (reasonable) risk-taking including how to meaningfully learn from errors. Share your own lessons learned from mistakes.
- Act quickly to correct problems/issues that affect employees' psychological health. Shut down any sabotaging behaviours that undermine well-intended contributions.
- Promote dialogue and productive debate and prepare so you can resolve topical and emotional conflicts productively.

Leaders play a pivotal role in shaping the conditions for people to speak up and make change.

### Step 1: Set the stage

Working in a busy and stretched environment isn't easy, but especially so when you need to make big changes. This is why it is vital to get people on the same page about the nature of the work. How much complexity is there? Uncertainty? Interdependence?

*'There will be a lot of big changes happening soon, so we're going to feel challenged.'*

*"This is a new thing for us, so we'll need everyone's input."*

If you are in the process of innovating, remind your team about the importance of experimentation, measuring results and change cycles to learn and improve.

### Step 2: Invite everyone to speak

As a leader you must be proactive and invite participation. Focus on what matters, invite careful thought, and give people room to respond.

*'Let me ask you to reflect on the clients you supported last week. Was their experience as good as you would like it to be?'*

To broaden discussion, consider asking:

*'What do others think?'*

*'What are we missing here?'*

*'What other options might we consider?'*

*'Who has a different perspective?'*

To deepen discussion, consider asking:

*'What leads you to think so?'*

*'What is your concern about that?'*

*'How might this work in action?'*

*'Could you explain that a little further?'*

This is also an invitation to speak, should you see something wrong or potential for improvement.

### Step 3. Listen carefully to the response

People may be reluctant to share bad news or challenge the status quo, so you must create a moment of psychological safety. Be open-minded, willing to listen and respond appreciatively. Be aware of not only what you say, but also of your body language and facial expressions.



## AOD AWARDS

for the  
NSW NON-GOVERNMENT SECTOR

### Promote your service. Recognise the work of staff.

The awards acknowledge the significant contribution of the sector in preventing and reducing alcohol and other drug related harms across NSW communities through leadership, innovative program design and delivery, and workforce dedication.

#### CATEGORIES

- Excellence in treatment
- Outstanding contribution in peer work and/or consumer representation award
- AOD frontline champion award
- Excellence in health promotion and/or harm reduction
- First Australians award
- Excellence in research and evaluation
- Outstanding contribution award

## Culture for change

continued



#### Resources

Psychological safety is just one aspect that we can improve to shape positive work experiences. To learn more about how you take positive action in your workplace, download this new resource from NADA and VAADA, [Shaping great work experiences](#).

#### Bibliography

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Harvard Business School: [Make Your Employees Feel Psychologically Safe](#)  
Amy Edmondson: [Good leaders ask good questions](#)  
Nordic Business Forum: [Psychological Safety with Amy Edmondson](#)  
VAADA and NADA: [Shaping great work experiences](#)

*With thanks to Lauren Mullaney (Triple Care Farm) for suggesting this topic.*

# Top 5

## Best practice requires continual change

By Michelle Ridley, NADA

*Trauma-informed care is being treated with kindness—human kindness is what's most important.*  
(Tony, consumer)

**You can help people overcome traumatic experiences by providing appropriate trauma-informed supports and interventions.<sup>1</sup> Yet best practice trauma-informed care doesn't just happen. You can't achieve it by completing a checklist or by practicing a single technique. It requires services and all staff to engage in ongoing learning, reflect on their systems and practices, and make changes where needed.**

NADA recently developed a practice guide to help build trauma-informed practices across the non-government sector. This guide provides information and practical tips for building safe and inclusive service environments and preventing and responding to difficult situations. Difficult situations in the context of service delivery can occur when a person accessing support presents with behaviours that 'appear' to be 'challenging'. The guide discusses the impacts of trauma, how this affects people's responses to situations, and provides practical strategies for reducing the likelihood of a difficult situation occurring within a service that better responds to people's needs.<sup>2</sup>

### Enhance your practice for building safer services

#### 1 Understanding trauma and its effects

Understanding trauma and what happens when people are exposed to overwhelming experiences is a basic requirement of trauma-informed care. Being able to identify trauma-related symptoms empowers you to respond early when a person accessing your service is experiencing a trauma response. This promotes an atmosphere of compassion and respect, protects service providers, and builds a more healing system of care.<sup>3</sup> Trauma-related symptoms can be identified through observation, as well as in conversation (during the intake process as well as during ongoing work with the person).

Trauma-related symptoms can look like:

- anxious movements or fidgeting
- a raised voice or erratic movements
- decreased responsiveness or looking 'spaced out'.

In conversation, you can consider asking trauma specific questions such as:  
'Are there any situations that you find overwhelming or triggering?'  
'What strategies have you used in the past that you have found helpful?'  
'What is the best way for me to support you if you become distressed?'

#### 2 Working from a place of compassion

Working with compassion requires framing responses as 'adaptations' instead of 'symptoms'.<sup>4</sup> This means seeing individuals as survivors rather than difficult or resistant to engaging in support. Connecting with a person's resilience can function as a protective factor and can inform treatment, as well as increase a person's engagement with a service provider. A trauma-informed approach recognises each individual's adaptations and acquired skills. For example, moving from understanding a person's behavior as 'manipulative' to 'this person is trying their best to get their needs met'.

### 3 Applying a strengths-based approach

A strengths-based approach is a crucial part of trauma-informed care because it ensures the focus isn't only on the person's history of traumatic experiences and their impacts, and instead steers you to look at the person's strengths and growth. It empowers people as the experts on their own lives. Strengths range from personal values, personal characteristics to positive relationships.

To reveal and reinforce peoples' strengths, some questions you might ask:

*'What did it take for you to be here today?'*

*'What is working well for you?'*

*'What have you tried, and what has been helpful in making changes?'*

### 4 Using person-centred language

Language is a powerful tool; it is a vital component of trauma-informed care and best practice response to delivering safe and inclusive services. The words we use influence our attitudes and beliefs, functioning to reinforce existing attitudes or facilitate the development of new views. Words reflect and communicate our conceptions and viewpoints to others and impact those around us. What we say, and how we say it can affect a person's sense of self and make them feel included or excluded<sup>25</sup>

Changing the language and concepts used to describe 'challenging' behaviours or responses to 'challenging' behaviours can empower people and reinforces a person-centred approach. Using

person-centred language focuses on the person and not their behaviour. For example, rather than thinking of the person's behaviour as 'challenging' (and therefore in need of management), we should see the person as experiencing a challenge (and therefore in need of support<sup>3</sup>)<sup>6</sup>

### 5 Promote autonomy and collaboration

When someone accessing your service is experiencing high levels of stress, their executive function is affected. This can affect their memory, and they can struggle to remember instructions, be unable to give complete answers to questions, or advocate for themselves. If they are experiencing dysregulation, this can impact their ability to respond to questions or understand information given. Therefore, reflecting on your service assessment process and the person's experience of accessing your service is important to create a safe service experience.

Some questions to consider:

- How are people welcomed and oriented into your service—is the intake process too rigid and repetitive?<sup>47</sup>
- Are there aspects of the intake process that might retraumatise a person accessing the service? Are questions asked in ways that feel respectful and non-invasive? For example, begin questions with, 'Are you comfortable telling me...' or 'What do you think about...'

**For more practice advice see the [practice guide](#) and [webinar](#).**

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# What changes have you made in your service?



## Lives Lived Well

Craig Worland, Advisor—Lived Experience

**What was the opportunity?** I have been engaged to investigate what exists in Australia as best practice for engaging people with a lived experience of mental health and/or problematic substance use to inform service design, delivery, review and governance. This work helps to build Lives Lived Well's capacity to support more clients by embedding and supporting a lived experience workforce across all levels of the organisation.

**What change did you make and how did you manage this?** We are taking a strategic approach to engaging people with lived experience. During the initial stages, we are exposing leadership and management to lived experience work and perspectives. This helps increase understanding and valuing lived experience and develop active commitment. We have spent a year consulting with staff and clients, to inform the needs and wants on the ground. The learnings from this have been incredibly rich.

**What was the outcome?** We have developed the breadth of the core competencies of Lives Lived Well's peer workers, and this helps us to address the future challenges of the mental health and AOD sector workforce. More broadly, these learnings and skill development approaches will be scalable for our plans for growth and diversification; we are building organisational capacity and resilience.

The peer workforce is also the vital link to engaging with clients in our services to gain insightful feedback through focus groups and feedback sessions. Through recent focus groups, clients tell us that a peer workforce connection

would help them to feel less anxious, more supported when navigating into treatment, and provide hope and support in the transition out of our services. Past clients express a strong voice of wanting to remain connected to Lives Lived Well, and they feel safe in sharing their journey to help others. They seek a peer-led way to remain connected and motivated after the program/treatment.

Lived experience provides a knowledge base that can support genuine reform and innovation within our services. Before we can build the structure, we need to scaffold the supports around what we want to do in this space. Co-designed position descriptions, peer supervision, peer work frameworks for your organisation, client focus groups procedures, and lived experience communities of practice are just some of the supports to consider putting in place before engaging a lived experience peer workforce.

My message to organisations embarking on this exercise is to normalise the need to support your staff that are developing these policies and positions. There is a lot of information available, and the literature review stage is incredibly in-depth. It can be overwhelming at times. Work together as a team to research and develop a strategy. Convene your Lived Experience Advisory Group to help make decisions and co-design elements of your strategy. Ask others in the sector for help and guidance. Don't go it alone. Together is better!

## WE ASKED YOU

### Mercy Services-McAuley Outreach

Alison Turvey, Manager AOD and Family Services

**What was the opportunity?** Mercy Services delivers outreach counselling to parents with children aged 11 years and under in the Newcastle area. After delivering a very well-regarded service for many years, a change in management and staff at both team and organisational levels has led to an opportunity to review our processes and how we can best support our clients moving ahead.

We believe in delivering 'Exceptional Care' to all our clients, but how do we translate that into what we actually do? While aligning our service with NSW Health Clinical Care Standards (AOD treatment) and trauma-informed practice gives us the framework—how do we put this into our practice?

**What change did you make and how did you manage this?** It is important that our clients feel that we listen to them, and to do that, counsellors follow up all contacts, and talk with clients about what they are needing from our service. We spend time listening to their needs which allows us to either move forward with intake or support them to find another service.

We also changed the language on our forms, to increase inclusivity, but also so that the intake process is more conversational, less intimidating, and more welcoming; generating a conversation about a client's journey and how we can best support them and involve them in their treatment plan. A peer worker has also been involved in this process, helping counsellors to reflect on how we can best support our clients, and looking at the impact of language.

We have made a quiet counselling space within our office, for those clients who may not be able to access our counsellors in their own home. It has been good to add this option, as outreach is sometimes not possible for all clients.

**What was the outcome?** As a service and team, with acceptance and kindness, we try to make our contact positive so that they feel comfortable returning if they ever need. We feel that these changes support clients to achieve their desired outcomes.

## WE ASKED YOU

During recent training workshops, we asked participants:

# What change would you like to see in the non-government AOD sector?

More Aboriginal support workers

More rehabs for women who have children

More peer workers

Less reporting to funding bodies—it is time consuming

Improve the perception of non-government work and equity in funding!

More opportunities to upskill qualifications inside employment

Every service to operate under trauma-informed practices

YOU SAID



# We want fair treatment

By Alex Hogan, Head of Advocacy, Uniting

Fair, compassionate, and health-based responses to AOD use and dependency are essential human rights. At [Fair Treatment](#), we believe unjust drug laws harm our communities, perpetuate shame and stigma, and often prevent people from seeking help. In 2017, the Uniting Church Synod of NSW/ACT committed Uniting to campaign for two goals: decriminalising all drugs in small quantities and increased investment in AOD treatment services. Since then, we've partnered with and campaigned alongside over 70 organisations. We firmly believe our laws should be informed by best practice, evidence and treatment, and support should be available to all who seek it.

## Our campaign for change

Over the last 2 years, we've pushed the NSW Government to respond to the 2019 Ice Inquiry. In 2021 we launched our [decriminalisation discussion paper](#) [PDF], drawing on principles of good public policy and our values as a faith-based organisation, to explore options for decriminalisation. The paper supported a comprehensive decriminalisation model which applies to all drugs, does not apply civil sanctions, removes eligibility criteria, incorporates alternatives to sanctions (including taking no action), and abolishes threshold quantities. Since then, we coordinated over 30 meetings with NSW MPs—around a third of the Parliament—to discuss the paper and the Inquiry. These meetings included local constituents, Uniting Church congregation members and people with lived experience sharing their stories and calling for change.

After years of government inaction, our advocacy alongside the sector culminated in a commitment of \$358 million for AOD treatment and services. Soon after, the ACT announced decriminalisation of the personal possession of drugs, a result of more steadfast campaigning.

Since winning funding for a rehabilitation service in Dubbo in 2020 (which we campaigned heavily for), we began building an exciting campaign in Tamworth, organising the community to lobby for funding to local AOD treatment services. Like many rural and regional communities, the region desperately needs more health support for those experiencing AOD dependency. This work will continue in 2023, with hopes to win.

## Changing the story about AOD

At Fair Treatment, we support a more honest and open conversation about AOD and believe we must shift the narrative to combat stigma. The [drug stigma messaging guide](#) [PDF] has been invaluable for this, alongside guidance, stories and wisdom from people with lived experience through our Fair Treatment Reference Group.

Highlighting findings from the guide, we've developed Keyboard Warrior training to teach our supporters how to have helpful conversations online about drug law reform.

In 2021, we released our '[Food For Thought](#)' animations to change perspectives and conversations around our drug laws. It explores why our current approach isn't working and fair, evidence-based, and compassionate alternatives which promote community health and well-being.

We have also seen learnings from the guide implemented in mainstream media pieces, including a Daily Telegraph article about Uniting's Medically Supervised Injecting Centre in Kings Cross. There is still work to do to change the narrative around drugs and drug use, but we are encouraged by shifts towards more compassionate and effective language.

## [Support the campaign](#)



## The power of networks

**Organised across a range of topics, NADA hosts several lively networks that connect and facilitate interactions between participants to work towards a common goal. These networks enable individual workers to make changes in the sector collectively, in a way that cannot be achieved individually. We chat to network members to unearth how the networks foster change, and how their participation transforms them and their work.**

### Gender and sexuality diverse AOD worker network

'I became involved to be part of an affirming space for gender and sexuality diverse (LGBTQA+) people in AOD, and to share ideas and experiences,' said Sasha, a network member.

The network is unique in this regard, and Sasha shares why this is important, saying, 'LGBTQA+ people make up a considerable proportion of the AOD workforce, and we face unique challenges protecting and promoting gender and sexuality diversity in AOD settings. Feeling affirmed as an LGBTQA+ person in AOD work is invaluable—professionally and personally.'

A highlight for Sasha was co-presenting with Hannah Gillard (Network Secretariat) at the Emerging Trans Health Conference, hosted by The University of Melbourne. This conference was Australia's first ever trans-led research conference about trans health, by trans researchers. 'Our presentation was about creating inclusive AOD services for trans and gender diverse (GSD) people. We presented evaluation findings from the 2022 NADA GSD AOD Forum [a joint network event], with important reflections on what it means to cultivate trans and gender affirmative AOD spaces,' she said.

This network also works to improve AOD services for gender and sexuality diverse people through fostering resource development, event organising, and resource sharing.

Connect with dedicated workers like Sasha, [learn more about the network](#), and be involved!

The network is open to AOD workers who are gender and/or sexuality diverse.

### Nurses network

Nurses play an essential role in the physical and mental wellbeing of people accessing AOD treatment, yet they were working in isolation in the non-government AOD sector. Some had made plans for service visits to see what clinical challenges they shared, however, as things got busy, these plans were forever on hold. Upon hearing this, Sarah Etter (NADA) put forward the idea to create this network. 'I jumped at the idea,' said Carolyn, who manages the withdrawal and opioid treatment dispensing nursing team at WHOS Lilyfield.

While it is still early days, network meetings have already proven their value. 'One of us flags a current clinical issue, for instance, what happens when clients start presenting on

# The power of networks

continued

prescription cannabinoids? This is a new pain medication that is emerging among our client group,' says Carolyn.

A discussion then ensues. 'Everyone else can either put forward how it is being managed or potential process,' she said. This allows for consistency across the sector and opportunities to develop best practice approaches.

Nurses from St. Vincent's Hospital are members, and they help to bridge the government and non-government sector. A DANA (Drug and Alcohol Nurses Australasia) representative is also a member.

Join the network to feel supported in your role and learn how others are managing in their service. You can also help to make positive changes for nurses in the sector: 'We can look at how we move forward at gaining some parity with Public Health nurses with awards, benefits that non-government nurses don't get,' said Carolyn.

To be eligible for membership, you must be a nurse working at a NADA member service. The network reserves the right to consider membership from non-NADA members who provide AOD services to people in NSW or the ACT. To join, or learn more, email [Sarah Etter](#).

## Women's clinical care network

'I joined because we are strong in solidarity,' Anna, a network member, says. 'Work in our area is considered lower status, and traditionally this correlates to "women's work," care work, work that is sometimes messy but takes heart and humanity. I want to be a part of building that up.'

Anna also joined to support and learn from women in the AOD sector: 'Being part of the network provides me with a holistic and honest understanding of what the "front line" looks like.' She also identifies the network as a place where she can be in contact with lived experience workers.

This network also works to improve the capacity of employees to identify and respond to female clients who require AOD, mental health and other intersecting supports. 'I am a privileged beneficiary of the fierce and brave women who have made space for themselves, for our clients and for progressing care standards in AOD!'

Meet passionate workers like Anna, [learn more about the network](#), and be involved.

## Youth AOD network

'The network provides an excellent opportunity to learn about new resources, things clients might be interested in, and other youth AOD services. It provides a space to update our knowledge about drugs—it's awesome!' said network member Angela.

'It's helped me keep updated about agencies that are useful for clients, opportunities for training, workshops, and other information. For my organisation—the Drug and Alcohol Youth Support Services in Catholic Care—the network means we can promote our organisation, and know about other services we can recommend to clients,' she said.

The network also creates change through working collaboratively on youth AOD-focused projects. To discover more ways the network is supporting the development of youth AOD work, check out the [network page](#), which includes eligibility criteria and information on how to get involved.

## Data and research advisory group

Michael, a self-professed data geek and operations manager at the Ted Noffs Foundation, shares why he joined this network: 'Given Noffs' long history in data collection, I wanted to be part of a community to share and learn from like-minded organisations in the sector.'

Bound by their skills and passion for research and data, the group comprises members representing different organisations from specialist non-government AOD services. Led by Sarah Etter (NADA), the fellowship of 'number nerds' embark on a journey to ensure that NADAbase—the online database of NADA—is regularly assessed and carried out to meet the needs of the sector. The group is a consultative arena that ensures NADA and other key stakeholders receive advice on important data and research work in the AOD field.

Michael believes the network also provides a space to use data to tell a story and lay down a solid foundation for evidence, in a way that differs from other forms of research, like case studies.

Join an exciting 3-year quest and grow your skills in research and data! To express your interest in joining the network or to learn more, email [Jo Murphy](#).

# Translating research into practice

## Changes you can make to improve access to AOD treatment

Michelle Ridley NADA

**Accessing AOD treatment and support can be difficult for many reasons. There are large, systemic issues like inadequate resourcing and workforce shortages, which requires funding, policy and planning changes. However, at an organisational and worker level, there are a range of ways you can help to improve the situation.**

In 2020, NADA commissioned UNSW to carry out research into the barriers and enablers associated with accessing AOD treatment and to offer insight about how to better support people navigating the service system. The research was driven by key issues identified by the AOD sector which included difficulties people have in accessing treatment, staying engaged with treatment, and maintaining positive outcomes in the post-treatment period. The research interviewed clients and staff of AOD services across a range of NADA member organisations including residential rehabilitation programs, outpatient counselling and day programs, and continuing care services.

**Key factors found to enhance access to AOD treatment that can be transformed at a service level include:**

### High quality online presence

Online information is used by a wide range of people, including consumers, families, caseworkers, police, health and social workers. Online information was also used by networks and word-of-mouth recommendations which helped people to make choices about their AOD treatment. Service websites with detailed and accessible information to assist people self-match to treatment was found to be very important for improving access to services.

Having clear, comprehensive and up-to-date webpages helped people to make choices about services that best suited their preferences and life contexts.<sup>1</sup> Online information should include policies on smoking, children, entry criteria, intake procedures, geographic location, rules and responsibilities while in treatment, room-sharing arrangements and aftercare arrangements.<sup>2</sup>

### Practice tips

- Regularly review and audit your online information and webpages—gain feedback and advice from people accessing your service and their support networks
- 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.
- Ensure your online information is familiar with networks where people who are wanting treatment are likely to ask for help e.g., GP, other health and welfare services.
- Show the physical environment through photos or videos. Being able to see what the service/treatment environment looked like was found to be important for enhancing access, particularly showing positive service encounters (e.g., photos of frontline staff interacting with consumers), and an inclusive environment, that is, signs or symbols to promote the feeling of safety (e.g., rainbow or Aboriginal flag). You can use your mobile to take photos or film videos; you needn't spend any money.
- Provide information about Aboriginal and multilingual staff.

**Read more in the Advocate [Access and equity](#) [PDF].**

### Flexible, warm and welcoming intake procedures

Respectful, informative and flexible intake processes were found to be one of the most important opportunities for enhancing access to services and preparing people to achieve the best outcomes during treatment. Warm and welcoming intake procedures, that put less onus on people trying to access services and pay attention to people's needs and life circumstances, were seen as most effective. The research found that positive entry experiences were described as being 'quick' and 'straightforward'. Service-level barriers like the 'organizational red tape' of having to provide official identification, medical plans and criminal record checks, made it very difficult for many people, especially those who were more vulnerable and had less supports, to access and engage in treatment.

### Practice tips

- Given that effective intake processes were seen to impact significantly on access and treatment outcomes—having skilled and experienced staff in these roles is essential.
- Regularly review and audit your intake procedures—this should always involve people accessing your service to gain their feedback and advice.
- Allocate enough time to check-in with clients to see how they are progressing with the intake process and if they are on a waiting list and support them with practical skills wherever possible.

# Translating research into practice

continued

- Update clients regularly on where they are on the waiting list to give them more certainty and hope.
- Refer to another service (continuing care programs, an outreach program) to support the person if on a wait list for your service.

Watch [Daryl Chow](#) talking about ways to increase engagement with clients' right from the first session, and download the Advocate [Access and equity](#) [PDF].

## Include families and other support networks

Including families and support networks in a person's treatment journey, if this is their choice, can help navigate access and/or assist the person while they are on a waiting list. Some people view AOD treatment as a shared journey with collective implications (e.g., for family, partners, friends) and therefore including family and other support networks is essential.<sup>3</sup>

### Practice tips

- When you are referring to family ensure you are inclusive of the diversity of what family can include, for example immediate and extended family, chosen family, partners, friends, carers, anyone who plays a significant role in someone's life.
- Ask about families and support networks at intake and assessment and revisit and review support networks regularly throughout the person's treatment journey.
- Know appropriate services to refer families and other networks to, if your service is unable to assist them.
- Talk to families and support networks about your obligations in regard to confidentiality and consent—as this can help family be clear on what you can provide and not.

Refer to our [working with families resources](#).

## Strengthen the role of people with lived experience and consumer participation

People with lived experience have extensive knowledge and skills in navigating access to AOD treatment and can greatly assist due to the value of shared experiences. Peer support is a strengths-based approach that sends important messages to consumers that they are capable of constructive relationships and contributing positively to the treatment journey of others. Enhancing consumer participation in AOD services is seen to provide many benefits including, improving access to treatment and outcomes for individuals, staff, organisations and the broader community.

### Practice tips

- Engagement with consumer representatives needs to be well planned and considered.
- The purpose and role of the consumer representative needs to be clear before recruiting them to any activities.
- Conduct NADA's [consumer participation audit tool](#) with your service to assess ways to strengthen consumer participation programs within your organisation.
- Implement the [consumer engagement policy](#) into your service before starting any consumer participation programs.

Refer to our [consumer engagement resource](#) and download the Advocate [consumer engagement issue](#).

## Accessible and inclusive physical service environment

Inclusive and accessible physical surroundings send strengths-based messages to people accessing services that they are worthy, valued and respected. Warm and welcoming surroundings create a sense of serenity for people accessing your service and help them to feel empowered.<sup>4</sup> The research found that considering the physical environment of your service was important for enhancing equitable access for people wanting to engage in AOD treatment and support. However, while it's not always possible to plan and custom build your service environment, you can create an accessible and inclusive environment by working creatively to adapt and shape spaces as best you can. Even small changes can make a big difference.

### Practice tips

- Regularly review and audit your service environment with people accessing the service to find out what they feel when they are in various parts of the service and what they think could be improved.
- Reviews and audits of your service should always involve people accessing your service to gain their feedback and advice.
- Introduce lighting, furnishings, plants and wall art as this can help service users and improve the look and feel of your service space.

Refer to our [Trauma informed practice guide](#) [PDF] and this [Tools for transformation](#) resource [PDF].

Read the [full research report](#) and learn more about ways to enhance people's access, engagement in treatment and positive outcomes post-treatment. For more information, please email [michelle@nada.org.au](mailto:michelle@nada.org.au)

# STRONG BORN

Fetal alcohol spectrum disorder (FASD) refers to a range of conditions caused by exposure to alcohol before birth. It is a permanent and life-long neurodevelopmental disability and often results in cognitive, physical, and behavioural issues. Every community may be affected by FASD, so Foundation for Alcohol Research and Education (FARE) developed a [national campaign](#) to raise the community's awareness.

In recognition that there is a need to deliver campaigns that are culturally and linguistically appropriate, the National Aboriginal Community Controlled Health Organisation (NACCHO), leadership body for Aboriginal and Torres Strait Islander health in Australia, developed [Strong Born](#). NACCHO acknowledges the community-controlled sector's leadership in developing strength-based approaches to addressing FASD, and supporting people with FASD and their families and carers.

Sharon Lee (NADA) spoke to Annabel Campbell (NACCHO) to learn about this campaign.

## **NADA: What change will Born Strong make?**

**NACCHO:** We want to increase the number of women who will have alcohol-free pregnancies. So, our campaign will raise awareness of FASD and the risks of drinking alcohol while pregnant and breastfeeding among Aboriginal and Torres Strait Islander peoples in rural and remote communities.

This is a complex topic and it's something that requires a whole-of-community approach. So, we want to make all people in the community feel comfortable to talk about FASD in a shame- and stigma-free way. Partners, aunts, uncles and elders and all the other important influencers in community can be involved. Because when people have the information that they need, they can make that informed choice.

## **NADA: How can communities create supportive environments for alcohol-free pregnancies?**

**NACCHO:** We want to make sure that everyone in the community understands that having no alcohol during pregnancy is the safest choice. Everyone can contribute to creating supportive environments, for example, partners

can be supportive that their partner is not drinking by having events that don't revolve around drinking, or having alcohol-free alternatives available.

Alcohol consumption is at times related to past trauma and to intergenerational trauma, the ongoing impacts of colonisation, family and domestic violence, racism, and other complex issues. It's important to consider that these factors may be at play, and consider the kind of support that a woman might need. We need to make sure that we don't shame or judge women who might be struggling to stop drinking while pregnant. We need to create a safe space, so they don't disconnect from their health services or from their support network.

## **NADA: How do we support parents whose children might have FASD?**

**NACCHO:** It's important to talk to the parents in a supportive and non-judgmental way. Recognise that they are the expert in their child's behaviour, listen to their experience and what they might be noticing and observing. Provide information on assessment services and diagnosis pathways. Emphasise that early diagnosis of FASD will

# Strong born

continued

mean that that child can have appropriate supports in place across their lifespan to grow up strong and healthy and have the best life possible.

It's important to recognize that discussing FASD might bring up feelings of guilt or shame, so it's important to support families by moving at their pace, provide information and support when they're ready, so not to rush people. Just take their lead.

## **NADA: How can we support people and families affected by FASD?**

**NACCHO:** It's important that people have a good understanding of what FASD is. It's also important to recognise that each person's journey is going to be different, so they will need tailored supports. Don't make assumptions; talk to the individual or family, ask them what they need, how they do things and what would make

- [Download Strong born information and resources](#)
- [Learn about the FASD grant for NACCHO members](#)

a difference. FASD is a lifelong disability and needs may change over time. Always speak to the people and families affected about what their needs might be at a certain point in time.

Share information and direct people to local support services and programs that might be available. It could mean encouraging people to access the NDIS, supporting them to access it, or speak to their local NDIS community connector.

Also, consider whether you're able to collaborate with other people providing support, and whether the family or the individual would like that. Ask, 'Would it be beneficial for family, representatives from a school and someone from their health team to collaborate?' So that everyone is working as a team to maximise the potential to achieve whatever that goal might be.



## **Pre-conference workshops**

10 May, Sydney

Trauma informed approaches and self-care  
[Learn more](#)

Collective care and worker wellbeing  
[Learn more](#)

Register at [www.nada.org.au](http://www.nada.org.au)

# Member profile

## Jarrah House

### Can you provide us with an overview of your service and clients?

Jarrah House is an AOD residential rehab service located in Sydney. We run a 10-week trauma-informed dialectical behavioural therapy program for women aged 18 years and over, with or without children, from across NSW. Due to the importance of child development and attachment in the early years, women can come into treatment with their children, if the children are not yet at school. We are also able to support women through the program if they are pregnant, this is in conjunction with other service providers such as SUPPS, Ante-Natal Clinics and Malabar Midwives.

### Our team

Our service delivery team comprises a Program Design and Evaluation Manager, 2 Nurse Managers (job share), a Clinical Nurse Consultant, qualified Counsellors including a counsellor with a Child and Family focus, an Aboriginal Health Coordinator, Registered Nurses, Early Childhood Educators and Client Service and Support Officer. We also have a small administration team comprising an Operations Manager, P/T Payroll and Compliance Manager, P/T Financial Accountant and CEO. Select contractors such as an Exercise Physiologist, First Nations yoga therapist and Art Therapist support delivery. The team are supported with Clinical and Cultural Supervision.

### Her journey

Upon visiting the Jarrah House website, women can gain familiarity with the service and its expectations by reading the [FAQs](#). Once she is ready, she can fill out the [admission form](#). If the woman identifies as First Nations, the Aboriginal Health Coordinator engages with her at that point. The woman is then provided counsel and support to complete her intake assessment by phone.

Women may be undergoing detox and commencing rehabilitation at the same time. Upon admission, she visits one of our general practitioners for her general healthcare and medication needs. She might also be on buprenorphine, methadone, or some other drug-related

to her maintenance or withdrawal. Nurses work closely with the GP to ensure that all protocols are attended to and for the first few weeks, women are housed in a room close to the staff station so any withdrawal can be closely monitored and supported, with medication administered as required.

Women's days are filled with activities including group and individual therapy 1:1 with their Care Manager (our term for 'Case Manager', the assigned Counsellor who guides the woman in her rehabilitation journey). Program activities include exercise, women's health and wellbeing (run by the Nursing team), yoga and art therapy, walks, shopping, cafe excursions and play groups including Ngala Nanga Mai pARenT group if their child is First Nations. Women also contribute with daily chores, ensuring meaningful engagement through work and have free time for journaling and to follow-up on other matters with their counsellor or nurse. Weekly in-person visiting and weekly Zoom visits, supplement support.

Children have their own care and development plan and are in our Centre 7 days a week with mum and children supported by the educators. As time passes, women may feel that they have the capacity to deal with issues or concerns that they couldn't before for example medical conditions or pain management may need reassessment, for which women can visit the GP or access support via CESPHE. Women may also be supported for dental needs and their children's diagnostic or therapeutic needs. They are also supported with social assistance for housing, Centrelink and basic life matters.

### Contact us



**Phone** 02 9661 6555

**Website** [www.jarrahhouse.com.au](http://www.jarrahhouse.com.au)

# Profile

NADA board member



**Andy Biddle** State Manager, AOD services  
NSW/ACT, The Salvation Army

## How long have you been associated with NADA?

I was on the NADA board for about a year previously and came back onto the board in November.

## What does an average day look like for you?

Every day is different, but usually a mix of governance and team meetings, individual supervision sessions, and organisational risk management. I also spend time on quality improvement projects and program development across our services.

## What experiences do you bring to the NADA board?

I've worked in the AOD sector for about 20 years, 15 of those in the UK. My experience has been in everything ranging from project worker roles within drug intervention and rehabilitation to consulting and team leadership. I have a great deal of experience working with big services on broad system changes.

## What are you most excited about as being part of the NADA board?

I think it is a really exciting time to be working in the sector, particularly given new funding coming through and the advocacy NADA is doing around person-centred treatment systems and a new drug strategy.

## What else are you currently involved in?

There are a lot of things coming up to tender, so our teams are very busy at the moment. One thing we are focused on developing is stronger offerings for people who have previously been involved in criminal justice, such as stepped care treatment systems and increased community-based services. We want to keep people's needs at the heart of what we do.

# A day in the life of...

Sector worker profile



**Steve Farrugia** Data and Systems  
Coordinator, Directions Health Services

## How long have you been working with your organisation?

About four years now.

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

I worked in I.T. in another industry (logistics) and was delighted to move into a different space where the end goal is helping people.

## What does an average work day involve for you?

I ensure our AOD counsellors and clinical team are well supported when interacting with the raft of complicated systems and technology required to do their work on a day-to-day basis.

## What is the best thing about your job?

Every now and then, we'll commence a new program or treatment service which has a unique set of I.T. and reporting challenges. It's awesome navigating this stuff! Deploying and customising systems, solving technical problems, and training our staff is a fun and enjoyable experience and I love it! Technology should ultimately help frontline workers do their jobs and not be a hinderance to those wanting to change people's lives.

## What is one thing you would like to see different in the non government drug and alcohol sector?

### What needs to change to get there?

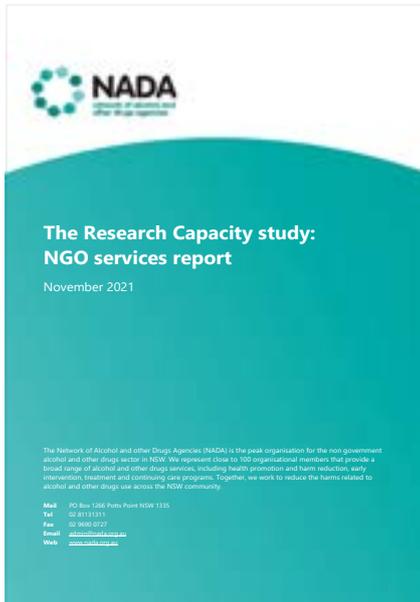
More funding to expand existing operations which will reach more vulnerable people and do more good in the world. You can never have enough great people around you.

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

Love a good run every day after work! But lounging around doing absolutely nothing is equally just as good.

# NADA update

## How much research capacity does the NSW NGO AOD sector have?



**Building research capacity across AOD services is crucial for maintaining and improving both the quality of care and the outcomes for people accessing treatment and support.**

NADA partnered with the NSW Drug and Alcohol Clinical Research and Improvement Network (DACRIN) and the Centre for Alcohol and other Drugs, NSW Ministry of Health, to investigate the research capacity of the AOD service sector in NSW.

This report focuses on the data collected from non-government services to understand:

1. What is the baseline research capacity of staff from non-government services?
2. What are the barriers and motivators for conducting research at non-government services?

Overall, non-government AOD staff reported that the sector has a moderate level of research capacity, with organisational capacity deemed slightly higher than that at the team and individual levels.

The two most common motivators for conducting research were to develop skills (63.5%) and researching a problem that needed changing (49.0%). The three most common barriers to conducting research for non-government participants were other work roles taking priority (75.0%), a lack of time for research (61.5%) and a lack of funds for research (47.9%).

NADA will use the report to i) advocate for funding ii) let funders and academics know how better to work with non-government organisations iii) focus on low scoring items and the barriers and enablers to inform sector and workforce initiatives.

Read **The Research Capacity Study: NGO services report** [here](#). A paper comparing Local Health Districts and non-government services will be available shortly.

[Evidence check of strategies to build the research capacity of healthcare professionals](#) [PDF], April 2022

[CMHDARN presents: Highlights from the NGO Research Capacity Study](#)



# NADAbase update

Tata de Jesus

NADA

## Reporting

NADA have sent the following reports:

- Monthly data reports to InforMH for members who receive Ministry of Health funding
- Quarter 2 October to December data report for members who receive Primary Health Network funding
- Biannual data reports to Ministry of Health for members who receive funding for the Continuing Coordinated Care (CCC) and Methamphetamine programs

In the spirit of continuous improvement, the NADAbase team have started the process of upgrading reporting structures by using SPSS packages to run regular reports. This aims to streamline and manage multiple reporting streams to a seamless reporting package.

## Interpreting data to improve service delivery

NADA, together with the University of Wollongong, held a webinar in November to discuss the upcoming NADAbase snapshot and benchmarking as a tool to drive continuous improvement in quality and outcomes. [Watch now.](#)

## NADAbase snapshot 21/22 – OUT NOW!

This year's data snapshot includes data from the Australian Treatment Outcomes Profile (ATOP). The snapshot provides an overview of data collected by the non-government AOD sector, and is ideal for use as benchmarking tools for your organisation. [View the snapshot](#) [PDF].

## What are we working on?

The NADAbase team are reviewing and updating the [NADAbase tutorials](#). Watch this space as we work on videos, webinars and animations to help you collect data accurately and effectively.

## Worker wellbeing

Taking care of your health is important no matter what you do for a living. But when it comes to AOD work it's all the more important. Working in the AOD sector can be very rewarding but the passion and dedication that drives many who work in AOD sector can potentially lead to stress, burnout and even 'compassion fatigue' if not accompanied by solid self-care strategies.

Designed for the non-government AOD sector, NADA's worker wellbeing resources ask workers to invest as much time and care looking after their health as they do others.

[Explore these resources](#)

## Welcome Jennifer

We would like to warmly welcome Jennifer Lucas, our new consumer engagement coordinator, to the NADA team.



Jennifer will be assisting member services to assess their level of consumer participation initiatives and advise and support them to improve existing initiatives and/or develop new ones. She will be ensuring that NADA's programs and service has input from people with living/lived experience, and supporting our consumer groups and network. She comes to us with experience working in frontline AOD services and is working towards a social science degree.

# NADA network updates

## NADA practice leadership group

The NADA Practice Leadership Group (NPLG) had their first 2023 meeting in February, and welcomed in two new members: Joan Purcell (Chief Operating Officer, Foundation House) and Teguh Syabahr (Manager, Multicultural Programs, Odyssey House NSW).

The NPLG discussed that it is an exciting time to be working in the non-government AOD sector. They identified the importance of supporting organisations in creating safe workplaces for consumer representatives and peer workers, acknowledging the invaluable work that these individuals do. Additionally, they considered the key role that Aboriginal workers play in the sector, both in Aboriginal Community Controlled Organizations and mainstream services. They also agreed on the need for more cultural safe residential rehabilitation programs and community-based services. Members also mentioned the importance of early intervention programs and combatting excessive criminalisation of people who use AOD.

The group will be meeting again in May to review the NPLG workplan, renew the terms of reference, and set goals for the coming few years.

## Youth AOD worker network

The network held meetings in November 2022 and late February 2023. In the November meeting, [Matilda Centre](#) researcher, Leslie Peters, presented their cutting-edge doctoral research about understanding and addressing minority stressors, mental ill-health and substance use among gender and sexuality diverse young people. The network also discussed potential future projects to focus on. Finally, it provided space for network members to discuss their AOD education work in schools—a discussion researchers from the Matilda Centre, and contributors to the [Positive Choices](#) website, attended.

For more information about the network and how to join, check out the [webpage](#).

## Women's clinical care network

A new, exciting feature of Women's Network meetings is that they will be held in hybrid mode at different network member services. This will enable more in-person engagement amongst the network. The February 2023 meeting was held at The Glen for Women, and the November 2022 meeting was at WHOS New Beginnings.

The network is a collaborative space to share research, service updates and projects to benefit workers supporting women and children. At the November meeting, Professor Carolyn Day from The University of Sydney presented collaborative research she conducted on who is entering women's AOD services in NSW. This fostered much engagement from network members.

On 7 March, the NADA International Women's Day (IWD) event was attended by network members, and featured a variety of sessions, including a panel of women with lived experience of accessing AOD services, a panel on trauma-informed care for women, and a workshop about supporting women who have experienced incarceration in AOD spaces.

To learn more about the network, and how to join, check out the [network webpage](#).

## Data and research group

The NADA data and research group met in February to outline their strategies and plan for the year ahead. This included taking the research ideas and guidance from discussions with the NPLG down to the University of Wollongong, specifically discussing the possibilities of using data for benchmarking purposes.

In the short term, the group submitted an abstract to the [NADA Conference 2023](#) and are excited to share their love and extensive knowledge of data with you all!

They are always looking for new members, and if data calls to you, please get in touch with [Sarah@nada.org.au](mailto:Sarah@nada.org.au)

# NADA network updates

continued

## Gender and sexuality diverse AOD worker network

The network held its last meeting in December 2022, where it discussed strategies and projects it would like to focus on in 2023. Network members have been working on an array of projects. One of these has been NADA's submission to the Health in Wellbeing Index. The Index is a benchmarking mechanism, which involves external assessors ([Pride in Health and Wellbeing](#)) providing constructive feedback on NADA's LGBTQ+ inclusion work in the AOD space.

Secondly, some network members have been preparing for the launch of the second edition of the [LGBTQ+ inclusive and affirming practice guidelines](#)

[PDF]. These guidelines will assist AOD and mental health workers with supporting LGBTQ+ people who use their service.

Thirdly, network members have been developing an LGBTQ+ inclusive practice e-learning module for AOD workers. Finally, another project talked about in the last meeting included members from ACON working with [DanceWize](#) and [Fair Play](#) to develop World Pride resources.

To learn more about the network, and eligibility for who can join, check out the [network webpage](#).

## Consumer advisory group and consumer and peer network

In December 2022, NADA facilitated the annual Consumer Advisory Group (CAG) and Consumer and Peer Network picnic, which brings together members of the group to celebrate the end of the year and the work achieved by the groups. The picnic was attended by several members, and they enjoyed good conversations and food.

Since then, the group meet in February and have been working on projects related to the [NADA Conference 2023](#), trauma-informed practice forums and workforce development activities related to consumer engagement and the peer workforce.

## CMHDARN

The CMHDARN Research Ethics Consultation Committee (RECC) provides informal ethical guidance to researchers and research participants. They can help you by reviewing project proposals, methodology and data collection tools in the mental health and AOD sectors from an ethical perspective; providing guidance on engagement with people with lived experience; providing approval for CMHDARN/NADA/MHCC to participate in or promote a project; providing advice and support for an application to a Human Research Ethics Committee; and much more! [Learn more](#).

### Workshop recording: How to use research to address knowledge gaps in your practice

How do you decide on your research agenda? How do you decide the priorities for your organisation? A research agenda helps your organisation to be ready to partner with researchers, and be more innovative and responsive to the needs of your service. [Watch now](#).



# NADA practice leadership group

## Meet a member

Joan Purcell

Chief Operating Officer

### **How long have you been working with your organisation? How long have you been a part of the NPLG?**

I joined the NADA practice leadership group this year, and have been working with Construction Industry Drug Alcohol Foundation (CIDAF) for the past seven years. CIDAF is the charity that runs Foundation House. We provide a 28-day residential program for drugs, alcohol and gambling, as well as an outreach component.

### **What are your areas of interest/experience—in terms of practice, clinical approaches and research?**

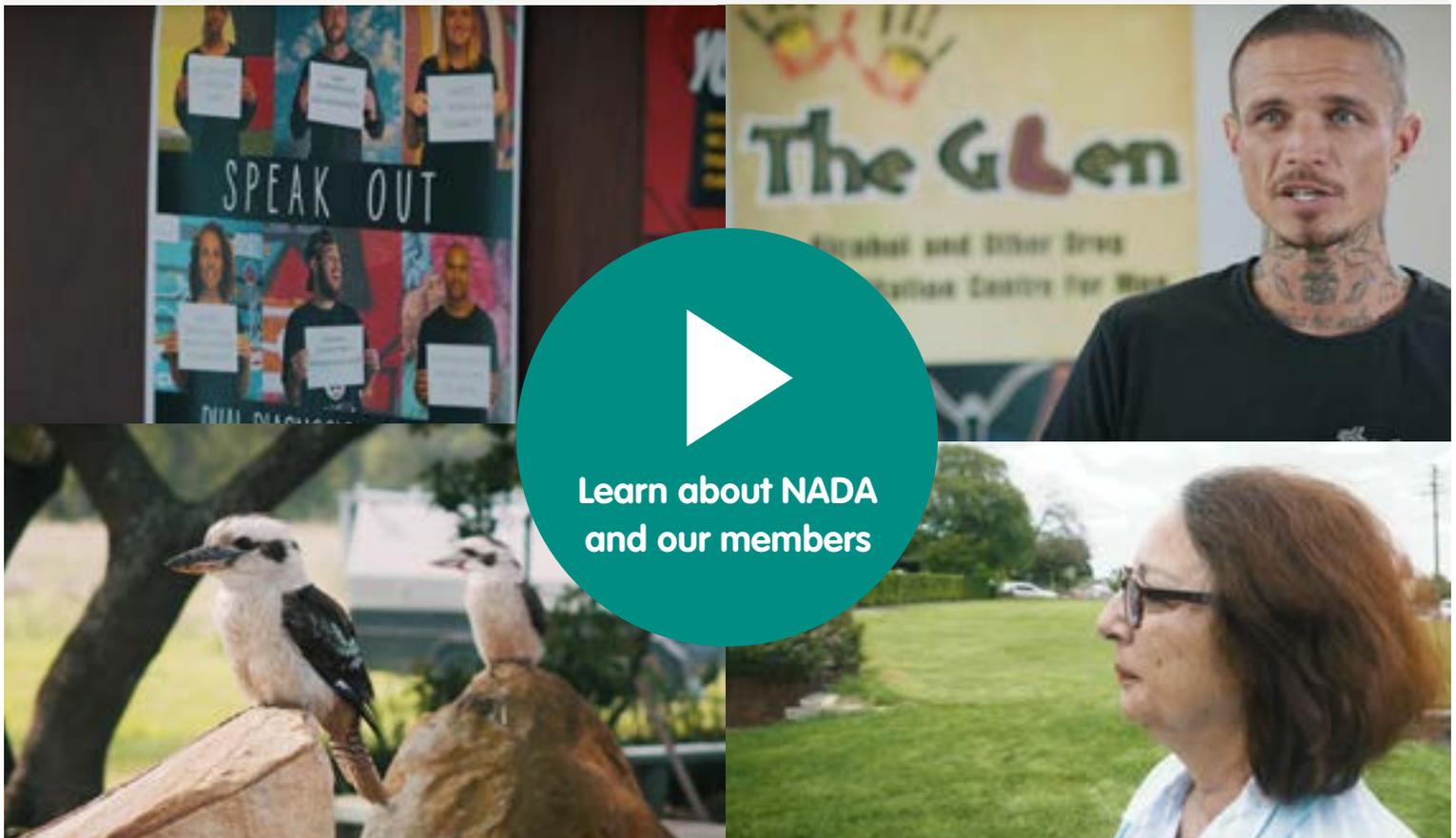
Areas of interest include (but are not limited to) providing wellbeing services to members of the construction industry and their families. Service delivery is both residential and outreach. It covers drugs, alcohol, gambling and interventions, mental health and suicide prevention and training. We respond to critical incidents within the construction industry.

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

I love to cook for my family! On weekends I'll find a recipe and create a delicious meal. I love the ocean; it always grounds me. I simply fill my cup up by spending quality time with my family and friends—connection is key for me.

### **What support can you offer to NADA members in terms of advice?**

I can offer support on workforce development (onboarding, performance management, etc.), accessing treatment and referral pathways, treatment options, mental health and suicide prevention, quality improvement, and working with women, children and families.



# Advocacy highlights

## Policy and submissions

- Released a [position paper](#) on measuring the performance of NSW non-government AOD treatment services, and sent to all relevant funders.
- NADA CEO wrote an [op-ed](#) for Croakey calling on the incoming government to prioritise AOD policy and funding.
- Australian Alcohol and other Drugs Council (AADC) on behalf of national peaks, has again written to Minister Mark Butler to raise key issues including quantum of core funding, indexation, contract length, national governance and implications of the foreshadowed statutory price reductions to ODTP medications.
- Provided a response to the 'Liquor Licencing Reform Options Discussion Paper'. Also contributed to a joint submission coordinated by FARE (Foundation for Alcohol Research and Education) on behalf of relevant peaks and other stakeholders.

## Advocacy and representation

- NADA CEO met with the NSW/ACT PHN data network to discuss the Performance Measurement Study and implementation of the core set of indicators. NADA CEO presented on the study at the VAADA Conference and updated the MoH AOD NGO Reference group with plans now in place to bring all funders together to discuss implementation of indicators in future contracts.
- Provided input to a number of submissions, coordinated by AADC: NMHC stigma and discrimination reduction strategy, a pre-budget submission to Minister Butler on sector funding and capacity and the need for a national government framework, a Joint Committee on Law Enforcement inquiry submission and a TGA submission on proposed reforms to nicotine vaping products.
- Attended a NSW AOD Strategy Development Forum (Dept Premier and Cabinet), and the second roundtable meeting of the NSW AOD Peer Workforce Working Group.
- Represents the sector: NSW Ministry of Health COVID-19 Clinical Council Meeting. Department of Health and Aged Care, DSS Community Grants Hub, NUAA, FDS, AADC, State and Territory AOD Peaks Network, NCOSS, NCCRED, ACDAN, DACRIN, ADF, LGBTQI+ Health Alliance, Fams, Justice Connect and more.
- Meeting representation: DAPC, NGO AOD Reference Group, Stigma and Discrimination Steering Committee, NCOSS Health Equity Alliance; NGO AOD Specialist Women's Residential Services MOH & DCJ Roundtable meeting, AOD Treatment and Support Hubs Project Group, NSW Ministry of Health AOD Quality in Treatment, TAFE Industry Collaboration Reference Group Community Services Specialisation, NSW Ministry of Health CAOD Treatment and Support Hubs Project Group and more.

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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