NADA Member Needs Assessment
Responding to the needs of members

January 2024

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non-government alcohol and other drugs sector in NSW. We represent close to 80 organisational members that provide services in over 100 locations across NSW. They provide a broad range of services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Together, we improve the health and wellbeing of people who use, or have used, alcohol and other drugs across the NSW community.

ABOUT NADA

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

We represent close to 80 organisational members that provide services in over 100 locations across NSW. They provide a broad range of alcohol and other drugs services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Our members are diverse in their structure, philosophy and approach to alcohol and other drugs service delivery.

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

Together, we improve the health and wellbeing of people who use, or have used, alcohol and other drugs. NADA has award level accreditation under the Australian Services Excellence Standards (ASES), a quality framework certified by Quality Innovation and Performance (QIP).

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

PREPARATION OF THIS ASSESSMENT

The purpose of the needs assessment is to inform the development of NADA's programs, services and advocacy. NADA has compiled this document on behalf of its members.

This assessment has been undertaken through targeted engagement with managers and frontline workers from NADA members. A content analysis was undertaken with qualitative feedback provided through a combination of verbal and written mechanisms. Comparisons with the Needs Assessment from 2022 are also included. The initial results were presented to members at the 2023 NADA Annual General Meeting (AGM). No additional feedback was provided from members following the distribution of the final draft after the AGM.

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POLICY AND ADVOCACY NEEDS

> ## *Reflections: What were the priorities and recommendations in 2022-23?*
>
> *The top three priorities as part of the last needs assessment included:*
>
> - NSW Government response to the Special Commission of Inquiry into the Drug 'Ice'
> - Increased and continuous funding, with a focus on i) supporting AOD workforce – attraction, support, development, innovation and retention and ii) funding technology support and advancement.
> - Improved NGO contracts and compliance
>
> *The recommendations included:*
>
> 1. NADA will continue to advocate on the following advocacy priorities when meeting with Ministers, government departments and other key stakeholders:
>   - Increased and continuous funding, including ensuring a strong and secure workforce
>   - Improved NGO contracts and compliance
>   - Improved service access and referral pathways
>
> 2. With the recent NSW Government response to The Special Commission of Inquiry into the Drug 'Ice' and accompanying funding investment, NADA will advocate to ensure that the views of the NSW NGO AOD sector are represented with NSW Government on the development and implementation of the NSW AOD whole of government strategy as well as to ensure the $500m investment is allocated to priority areas identified within the NGO sector.
>
> 3. NADA will continue to advocate on the current workforce challenges and opportunities in the non government AOD sector. This will include collaboration with the NSW Ministry of Health in the development of a NSW AOD Workforce Development Action Plan, submitting feedback on draft National WFD Strategy and meetings with key stakeholders to seek action on strategies to attract, retain and support the workforce.
>
> *NADA's activity in response to the recommendations. Examples include:*
>
> - Over 20 policy positions and submissions have ensured the experiences of members inform AOD and related policy. We produced a paper on the need for government to match wage increases and apply indexation to reflect real service costs, workforce challenges and the inaction of the NSW Government on the Special Commission.
> - We have been central to the implementation of the NSW Government's response to the recommendations from the Special Commission of Inquiry into the Drug 'Ice'. While we are essential partners, it has not impacted our ability to provide strong advice to ensure the needs of the NGO sector are considered.
> - NADA were involved in the development of a whole-of-government AOD strategy (now on hold) and the NSW AOD workforce strategy
> - We developed a position paper on 'Measuring performance of NSW non-government AOD treatment services', which summarises the 'Performance measurement study' and recommends the implementation of the core set of indicators by all funders of NGO AOD contracts in NSW. We also developed KPI specification and are working with funders to implement.
> - NADA provided a range of other policy and advocacy activities available on the NADA website.

Analysis of 2023 data:

NADA members continue to provide similar feedback on priorities in this area. Members reported that NADA needed to play a key role in advocating for members as part of the NSW Government implementation of the Special Commission and the upcoming NSW Drug Summit. The top priority areas for policy and advocacy identified by members included:

- New, increased and continuous funding
- Improved NGO funding arrangements, including contracts and compliance
- Increased service access and improved referral pathways
- Ensuring AOD policy and decision-making is driven by First Nations people
- Drug law reform - primarily decriminalisation and drug checking
- Workforce issues cut across all areas of policy and advocacy

Vehicles for change: Implementation of the recommendations from the Special Commission and the NSW Drug Summit

The priorities raised by members are reflected in the Special Commission of Inquiry into the Drug 'Ice' recommendations and in NADA members' position on the Drug Summit, including drug law reform. NADA members stressed the important role of NADA advocating for the NSW NGO AOD sector in these processes.

- **New, increased and continuous funding** continues to be a top advocacy priority. Members called for funding that demonstrates the real and rising costs to deliver services and responds to demand across all service types and for priority populations. Members need indexation to be consistent across all funders at the state and commonwealth level, and consideration of the impact of changes to technology, increases in insurances, and brokerage funds to meet the needs of people who access NGO AOD services. Interestingly, following the recent open tenders, members requested transparency of decision-making and processes for tendering and the availability of new funding for AOD services.

  "Improving the funding amounts and arrangements. I think that NGO's are expected to give a lot in kind and keep resources and pay levels at the bare minimum or below, when they are providing services. Whereas Government services seem to be provided more resources to do the same level of service provision."

  "Indexation for drug court funding, as it is increasingly difficult to deliver services. Advocate for more transparency in Ministry grant processes, and more value to be placed on NGO sector. Recent grants processes have been disheartening for the NGO sector due to small number of grants available - feels like the sector is not valued. Organisations were also overstretched due to poor timing of grant announcements and notifications. Unclear expectations from Ministry means orgs wasted time applying for grants they would never have received - Ministry should have just set up the services themselves if they already knew which services they wanted and where they wanted them."

- **Improved NGO funding arrangements, including contracts and compliance** remains an important issue requiring advocacy. Longer term and continuous rolling contracts were important for business and workforce certainty. Members also requested reduced reporting and administration, with standardised requirements across funders remaining an important need for members.

  "The amount of administration attached to service delivery largely created by gathering data to meet KPIs and what seems to be an over reliance on surveying clients as the only means of obtaining data. The staff find it frustrating as it takes away from the work they can do with clients, the clients find it frustrating as they get sick of answering questions and giving information about themselves. This also seems to create a very 'white' way of doing things."

"Current reporting requirements are very time consuming and impractical for a small organisation. Please continue pushing for standardised KPIs. Current reporting forms/spreadsheets are inaccessible and making sense of them takes time. Is it possible to advocate for a more accessible format, especially for a small org such as (member name) that does not have a dedicated data staff member?"

- **Improved service access and referral pathways** are also areas that members felt have not improved - with members reporting the need for more treatment places, awareness of available services, priority population needs, and cross-sector collaboration. Collaboration and simplified referral processes across sectors, such as mental health, housing and criminal justice continue to be highlighted by members.

"Lack of AOD treatment services - withdrawal, residential and community based options for young people regionally. This means they have to travel long distances to access support. For First Nations young people, this means travelling off country."

"I feel we need a change in the industry around excluding people from rehab due to criminal history. Expecting clients to be not intoxicated to enter detox. Exiting people from rehab who have reduced off ORT, there should be a 30-day requirement duty of care to hold them. If services receive funding from government, there should be an obligation to take people direct from prison. Services should be required to have First Nations staff and programs. If these aren't met services should not receive funding for First Nations people."

"Child restoration within AOD services. We recently had a case where DCJ indicated they would support restoration while mum was in treatment, but then reneged. We argued that our wraparound service would help mum and toddler with attachment, parenting, behaviour management etc and that the child would be well cared for holistically. DCJ disagreed - now we don't know the background of this individual, but their refusal sent our client out of rehab and out to use. We were all devastated as she was doing the work to get well. It's likely that she will come back, but the restoration process has likely taken a huge hit."

- **Ensuring AOD policy and decision-making is driven by First Nations people** was reported by members as an important area. This is consistent with the discussion by the NADA Board in the development of the NADA's statement on the Voice to Parliament referendum. The board and staff were keen to ensure that NADA wasn't only putting out statements but being active in our advocacy.

"Representation to NSW Health that alcohol and other drug action in the Aboriginal Community Controlled setting is a different beast even to alcohol and other drugs work in the community health setting. Aboriginal health workers working across multiple areas [not just responding to AOD use]."

"Competitive tendering , as favoured by the Ministry, is also problematic. It tends to be skewed towards larger outfits that can dedicate resources to grant submissions. Many Aboriginal organisations cannot compete effectively and there is a real concern that big mainstream services will eventually push smaller, locally based services aside. It's a lack of collaboration. It's a lack of partnership approach and you know, particularly for Aboriginal services who aren't necessarily good at writing grant applications, but they know what their populations need."

- **Drug law reform** has been an area where members have traditionally not sought NADAs active advocacy, however this is starting to shift, with an increase in members wanting NADA to play a role in advocating for decriminalisation of the personal possession of drugs and drug checking services.

"Ongoing push to decriminalise drug use and possession for personal use -> should go further to legalise with safe supply production, including growing safer strains of cannabis for personal use. Push to end roadside test fails for cannabis until test can be quantitative for impairment levels."

- **Workforce issues cut across all areas of policy and advocacy.** It's important to note that workforce was discussed against all of the priority areas discussed above, with funding and contract duration and renewal having the biggest impact on recruitment and retention. Growing and supporting the First Nations workforce, as well as living and lived experience workforce was also highlighted, in line with broader sector priorities. Funding and support for clinical supervision was also frequently raised.

   "The impact of short term contracting of services from NGO sector and when contracts are being renewed they are not sent out until very close to the contract end date. There doesn't seem to be the same stability when there was recurrent funding arrangements and staff were able to be employed on a permanent basis. I think this potentially could erode the sector workforce, as staff look for more permanency in their employment. It presents issues for the retention and recruitment of staff and operationally. It creates instability also for the people that we provide services for and reduction in services due to loss of staff and being unable to recruit staff because of short contract terms."

- Other areas that did not receive significant member feedback, but warrant mentioning is responding to stigma and discrimination, supporting regional and rural services, as well as prevention and health education, including school-based responses.

Recommendations in the area of policy and advocacy for 2024

1. NADA will continue to advocate on the priority areas when meeting with Ministers, government departments and other key stakeholders, including as part of representation for the Special Commission implementation and informing the NSW Drug Summit.
2. We will ensure members' views on NGO funding arrangements are considered in representation at both levels of government, including contract duration, compliance and indexation.
3. NADA will be active in our advocacy for AOD policy and decision-making being driven by First Nations people and organisations.
4. Treatment access, equity and cross-sector collaboration to improve service responses for people in need of AOD treatment, support and harm reduction will be undertaken as detailed in the following needs assessment area.
5. NADA will continue to advocate on the current workforce challenges and opportunities in the NGO AOD sector. This will include collaboration with the NSW Ministry of Health on the NSW AOD Workforce Development Action Plan and meetings with key stakeholders to seek action on strategies to attract, retain and support the workforce.

SERVICE AND WORKFORCE NEEDS

> ## *Reflections: What were the priorities and recommendations in 2022-23?*
>
> *Key priority areas as part of the last needs assessment included:*
> - Build service and workforce capacity through training opportunities
> - Access a range of free workforce and professional development initiatives
> - Build the Aboriginal AOD workforce and living/lived experience (LLE) AOD workforce
> - Access a range of organisational development initiatives, including a focus on technology
> - Enhance referral pathways and collaboration between health and human services, between member services, and cross sector such as mental health and criminal justice
> - Initiatives to support workforce attraction, retention, and wellbeing
>
> *Recommendations included:*
> - Support access to a range of free training and workforce development opportunities and maximise accessibility through a variety of delivery methods
> - Advocate for and support development of Aboriginal AOD workforce and LLE AOD workforce
> - Deliver a range of sector capacity building activities to respond to member needs, including those that support Aboriginal workforce, consumer engagement and the LLE workforce
> - Facilitate partnerships with related services and sectors, with a focus on mental health
> - Continue the NADA Training Grants program
> - Support NADA member networks
> - Continue to work with members to improve workforce attraction and retention, with a focus on translation of research into practice
>
> *NADA's activity in response to the recommendations over 2023:*
> - NADA provided 22 training events in the 23 FY as well as the NADA Conference. These included workshops on Trauma informed practice for responding to difficult situations, Working with men who use domestic and family violence and the Gender and sexuality diverse network forum.
> - NADA organised and facilitated a highly successful cross sector forum 'Continuing cross-sector care and development' in June, with 80 people in attendance.
> - Advocate edition 'A new direction' was dedicated to supporting people with experience of the criminal justice system and was the top Advocate download.
> - NADA developed practice guides on Trauma-informed practices for responding to difficult situations, LGBTQ+ inclusive and affirming practice guidelines (with MHCC and ACON) and Assessing CALD community inclusion in AOD services which reports on the CALD audit project.
> - 94% of members reported that NADA was effective at facilitating partnerships and networks within the sector and with key stakeholders (NADA member Survey and Report).
> - NADA had a focus on workforce wellbeing through a Shaping great work experiences resource, a webinar and factsheets on the importance of supervision and preconference workshops on collective care and trauma informed approaches to self-care.
> - NADA facilitated a range of member network meetings across NSW to network, share practice, build referral pathways and inform NADA's work and priorities. These included the Continuing coordinated Care Program Community of practice and the newly established Nurses Network.
> - Approved 34 training grants in 2023 FY covering areas of clinical development (MI, ACT, DBT), Aboriginal Culture and Trauma Informed Care.

Analysis of 2023 data:

The key priority areas for service and workforce identified by members included:

1. Attract, retain and support the NGO AOD workforce
2. Provide access to a range of free ongoing workforce development options
3. Build member organisational capacity
4. Facilitate pathways and collaboration within and across sectors

- The need to **attract, retain and support the workforce** was the strongest theme from members, with specific requests for support to grow the First Nations workforce and the living/lived experience (LLE) workforce. Members reported their intentions to employ to these growing workforces, being unsuccessful in recruitment or feeling unsure of where to start.

   'Recruitment, support and succession planning for peer workers and Aboriginal health workers'

   'Practice standards for the peer workforce and distinguishing the difference between staff who work in the sector with lived experience vs peer workers roles'

   'Being a regional service, developing a skilled workforce is challenging'

Specific workforce initiatives were suggested such as establishing a casual or temporary staff pool across the NGO sector and a centralised method of sharing job applicants.

   'A casual/temp pool of AOD qualified and trained staff'

   'A recruitment service for sharing AOD staff applicants across the sector'

Access and means to pay for regular staff supervision is also a key challenge for members, including clinical, cultural and LLE supervision.

Workforce challenges were directly linked to advocacy priorities of funding and contract duration.

- Members confirmed the importance of having **access to a range of free ongoing workforce development options,** provided in a range of flexible delivery modes including online, webinar, on demand, on site, and with a focus on in person and networking. Regional, rural and remotely located services should be prioritised for access to such opportunities, with popular training workshops repeated throughout the year.

   'Flexible and accessible professional development opportunities for staff already working in the sector to upskill and obtain additional qualifications'

   'having on-site training for staff that allows flexibility to be at work and at the same to learn/train'

Workforce groups to be targeted for workforce development include new AOD workers, First Nations workers, LLE workforce, frontline staff and team leaders/managers.

Priority content areas for workforce development and training include
   o a range of treatment approaches (ACT, MI, DBT, harm minimisation)
   o trauma informed care
   o Aboriginal cultural awareness training
   o suicide prevention
   o addressing stigma
   o enhancing practice to support to priority populations
   o people skills

- group work facilitation
- case note writing
- holistic case management.

'Capacity building the sector to deliver safe and inclusive services to trans and gender diverse people, particularly in residential settings'

'inclusive practice for clients who are culturally and linguistically diverse'

'workforce training to create better communication, collaboration and case management between MH and AOD services'

Members also reinforced the value of NADA member networks, training grants program and ongoing opportunities to connect with other workers.

- **Build organisational capacity** remains an ongoing priority for members, with a common theme being organisational readiness for the LLE workforce. Capacity building to support people with mental health and AOD needs was requested, so that services can feel more equipped take on clients with high support needs.

  'Organisational readiness/training for peer work – a range of activities that this entails'

  'Best practice clinical governance resources - to ensure people doing client facing work are supported to meet best practice requirements in their clinical work'

  'NADA practice guides to focus more on counselling and casework, in non resi settings'

  'implementation of clinical care standards and the new AOD KPIs that are under development'

Members also raised that staff wellbeing programs and supports are necessary to avoid psychological injury of the workforce, who do demanding work, however resourcing this is challenging.

Other practical requests included regular updates on new AOD approaches, emerging drugs and trends and facilitating access to university libraries/databases.

- **Facilitate pathways and collaboration within and across sectors** remains an ongoing member priority relating to connection across the AOD sector, between NADA members, public and NGO services and across sectors, such as mental health, housing, Centrelink and the criminal justice sector.

The need for improved referral pathways and access to withdrawal and residential rehabilitation remains a key theme, as well as the ability to access broader health services such as GPs, dentists and psychiatrists.

  'Easier access to mental health services. Bulk billing GPs'

  'The ultimate would be access to housing and more affordable housing'

  'knowledge of AOD services and systems and referral pathways and/or strategies to address challenges and barriers to navigating these'

  'Consistency of referral pathways for people exiting prison into different AOD treatment types'

  'continue finding ways as a sector to respond to the co-occurring needs of some client populations that involve complex health and mental health issues as well as social disadvantage and criminal histories, rather than addressing AOD use in isolation.

Recommendations in the area of service delivery and workforce for 2024

Key areas of focus for NADA in response to member needs include a priority on the following:

1. Support members to **attract, retain and support the NGO AOD workforce**, with a focus on the needs of the First Nations workforce LLE workforce. NADA will seek to support members through advocacy on broader systemic influences, organisational support and resources and targeted workforce development initiatives.

2. Continue to provide members with **access to a range of free ongoing workforce development options,** delivered in a range of flexible options. Regional and rural workforce and in-person events will be a priority.

3. Support and **build the capacity of member organisations** through a variety of means. A focus of this work will be to support members to grow the First Nations workforce and building organisational readiness for the LLE workforce, as well as implementation of the clinical care standards and standardised key performance indicators across the AOD sector. NADA practice guides and other resources will seek to focus on non-residential treatment settings.

4. Continue to provide opportunities **to facilitate pathways and collaboration within and across sectors,** including across the AOD sector, between members and with sectors that intersect with AOD. In addition to regular member networks and forums, NADA will host a symposium with the NSW mental health peak body (MHCC), a regional cross sector forum event, and a regular DCJ roundtable between NADA members and representatives of Department of Communities and Justice.

RESEARCH AND DATA NEEDS

Analysis of 2023 data and member consultation:

The key priority areas for research and data identified by members included:

1. Reduced and/or streamline reporting of KPIs to funders, with support for improved data and reporting infrastructure
2. Support for more efficient use of data in AOD services
3. Facilitate research to evaluate outcomes of people in AOD treatment

- Members reiterated the need for **reduced and/or streamlined reporting processes**. Reporting different Key Performance Indicators (KPI's) from various funding bodies places unnecessary strain on members who are already struggling with limited resources. Members also requested greater infrastructure support for robust reporting features when the standardised KPIs are rolled out.

  "This is a constant frustration for us whereby NSW Health are asking for reporting items that do not align with standard reports from NADAbase. Also not sure if tools are available for the extra stats required to be meaningful."

"Amending data collection processes with the always changing data requirements of funders; state, commonwealth, and PHN. Data system development is a costly exercise, as is inventing work around to collect additional pieces of information that someone thinks would be a good idea for us to collect."

"Support to report on the new KPI specs. We imagine this support will be both in training our workforce as well as technology and software support and advocacy for the additional funding necessary to incorporate new KPIs into our treatment and the reporting processes".

- **Additional support for more efficient use of data in AOD service** was another recurring theme in the members feedback survey. Members would like <u>tailored data collection tools in NADAbase</u> to include information on vaping, youth, First Nations people and culturally and linguistically diverse (CALD) communities. Specific responses included:

"need support on how to enter Vaping in NADAbase."

"youth friendly outcome measures..."

"NADAbase improvements to Cultural background question, as should be more along the lines of cultural identity, rather than just language spoken at home or country of birth."

" ... current AOD minimum data set. It is often unwieldy and culturally inappropriate for Aboriginal AOD services... E.g. polydrug use, pattern of use, living circumstances/accommodation."

Members also reported that they would like <u>NADAbase training</u> for better data analytics and visualisations for reporting of trends and meaningful data. Specific responses included:

"For services to be trained on how to use NADAbase and be able to interpret information."

"Support with data reporting, understanding the versatility of NADAbase to be able to use the data to their liking."

"Face to face training in data collection (maintenance and accuracy) to meet reporting requirements."

<u>Easier data integration</u> between different database systems (ie. client management systems - CMS) and NADAbase, as well as supporting the transition between different CMS was reported areas of need. Specific responses included:

"Services have been struggling for years with inadequate and expensive databases..."

"...Also increased ability for the sector to work together to have a more unified voice to CRM providers."

"We are liaising with (other member name) to identify what elements of (CMS Provider) that they have tailored will work for us. We are still using excel spreadsheets to capture data, and I know that (CMS provider) should be able to do so much more."

"an interface between CIMS (DCJ CMS) and NADAbase for efficient data management for two different funders."

Members reported the need for advice and support on <u>data security measures, requirements for data retention as well as data control/ownership</u> (specifically Indigenous data sovereignty).

"Advice around data retention length- no clear guidance on how long data of people using the service should be kept. Many services are guided by government health guidelines, but these aren't necessarily applicable for NGOs. Have received differing legal views on length of case note retention…. There's no criminal statute of limitations for reporting a sexual assault, so client files might be needed in relation to a sexual assault case, though the longer client files are kept could heighten the risk of a data breach."

- As for **research** needs, members repeatedly asked for **evaluation of outcomes of people in AOD treatment services which then evidence their work and inform care (evidenced-based treatment approach)**. Members supported the calls for focussing on measuring outcomes in (a) priority populations, including First Nations people and culturally and linguistically diverse communities, LGBTQ+, youth, people in contact with the criminal justice system, and co-occurring mental health needs, and (b) people accessing different models of care within AOD treatment. Specific responses included:

"… keen to do research - partners, siblings, children, CALD communities, Aboriginal families etc. Looking at how to take evidenced based programs with results and customise them to be appropriate and accessible for other groups – LGBTIQ+, First Nations - process and frameworks that need to be considered."

"…gendered differences in how you support clients in the AOD space to achieve good outcomes -link between substance use and trauma - an analysis of outcomes of women using women's only AOD services, versus generalist AOD services, particularly including a social determinants of health lens, and seeing AOD use as a health issue, rather than a criminal justice issue".

"…research that looked at the number of people who are turned away from residential rehabilitation due to their mental health needs."

Importantly, members increasingly requested for **additional support for building the capacity to engage in research**. They suggested for NADA to facilitate translational research throughout AOD services as part of evidence-based care. This includes supporting AOD services to collaborate with other NGO organisations (forming an NGO AOD network of researchers) and research institutions to have greater access to research tools including software (EndNote), materials (journal articles) and training. Specific responses included:

"Support for connections with research institutions to do some practice-led research (not just evaluation)"

"…great to have a network for NGO researchers, to collaborate on grants with, and build capacity- as working as the sole researcher in an NGO can be lonely."

"…could do more research with ADARRN network."

"Small services cannot drive much in research unless done by others and we participate."

"Access university libraries- even if as little as 6 months of access so the service can undertake research."

Recommendations in the area of data and research for 2024

- NADA to continue to advocate for streamlined and timely KPIs and reporting processes to reduce the burden on members.
- NADA to introduce improvements to NADAbase for members to use the database more efficiently, to collect better quality data and to improve reporting to funders. This should include training to members on utilising NADAbase for data collection, analysis and reporting.
- NADA to improve data architecture in the current database for better security and interface with members database systems.

- NADA to provide research capacity activities guided by the varying needs of members, including networking NGOs together who have research staff, or similar research interests.
- NADA to continue to be guided by members for benchmarking, evaluation and research initiatives that focus on outcomes for different populations of people accessing NGO AOD services.