

NADA Member Needs Assessment

Responding to the needs of members

November 2025

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 over 85 organisational members that provide services in over 140 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.

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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 over 85 organisational members that provide services in over 140 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 (n=57). Qualitative data collected via a combination of verbal and written mechanisms was analysed using Co-Pilot (AI). The results were then reviewed by NADA staff against the raw data to ensure that the themes were consistent with what members had said. Comparisons with the Needs Assessment from 2023 are also included. The initial results were presented to members at the 2025 NADA Annual General Meeting (AGM) for members to confirm that needs had been appropriately captured. Additional feedback was provided from members following the AGM and incorporated into the final report.

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POLICY AND ADVOCACY NEEDS

Priorities from 2023

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 Aboriginal 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.

What has been achieved

- NADA have developed and contributed to a range of submissions to reflect the experiences of members and inform AOD policy. Across the 2023/24 and 2024/5 this amounted to 44 papers.
- The NADA team represent on almost 50 regular high-level meetings and committees across the AOD and broader community sector.
- NADA built a strong focus on advocacy in the lead up to the NSW Drug Summit, preparing a [position paper](#) in collaboration with members and supplementary papers on NGO funding asks, outcomes achieved by the NGO sector, wait times to access NGO treatment services and a dedicated AOD education centre. The position paper attracted positive media and facilitated a number of key meetings with Ministers and parliamentarians, including the Health Minister, Shadow Health Minister, Police Minister and a regular meeting with the Health Minister's office.
- NADA effectively collaborate with our National Peak, the [AADC](#) and other NSW NGO peaks to progress joint advocacy issues, such as the NSW Portable Long Service Leave Scheme, SCHADS Award gender-based undervaluation review and rising insurance costs in the NFP sector
- Key positions and submissions developed by NADA include the Ministry of Health [Business and Funding Model Study](#), [Special Commission into Healthcare Funding](#), [Workers Compensation Amendment Bill Inquiry](#), [Inquiry into health impacts of AOD](#) and the Commonwealth DAP Evaluation.
- NADA sits on the Secure Jobs and Funding Certainty Leadership Group led by DCJ which is implementing 5-year funding arrangements for NSW Health-funded NGOs.
- NADA DCJ Roundtable has been re-established with updated membership and structure to include an executive committee and three working groups; Aboriginal Families in Focus, Youth in Focus and Parents in Focus. Quarterly meetings are held with members including DCJ, MoH, Mental Health, COAD and a range of NADA member representatives. The working groups are focusing on district-based initiatives to improve the way both sectors work with shared clients.
- NADA convenes the Advocacy subcommittee consisting of Board, members and people with Living and Lived Experience (LLE). The committee meet quarterly to guide NADA's advocacy agenda and contribute to policy positions and submissions.

NADA provided a range of other activities available on the NADA Policy and Advocacy [webpage](#).

What members are asking for in 2025

The key priority areas for policy and advocacy identified by members in 2025 include:

1. Increased and sustainable funding to the NGO AOD sector
2. Strengthened NGO funding arrangements, contract and compliance processes
3. Improved access to AOD services and cross sector collaboration
4. Aboriginal Self-Determination and Inclusion
5. Continued advocacy in relation to the NSW Drug Summit

1. Increased and sustainable funding to the NGO AOD sector

- Funding to enhance service capacity and better meet community demand.
- Access to funds to support infrastructure improvements, repairs and expansion of space, such as an extension of the Service Development Grants program.
- Funding models that support workforce sustainability and wellbeing, enabling access to workforce development opportunities, and clinical, peer and cultural supervision.
- Pre and post care to be included as part of funding contracts.
- Parity in funding and therefore wages, between public and NGO services and workforces, which reflects a value for the contribution of the NGO sector.
'Increased funding to AOD needs to better support the NGO sector.'
- Contracts that cover the costs of the Portable Long Service Leave Scheme.
- Funding that reflects the rising costs of workers compensation and other insurances which are impacting the sustainability of services.

2. Strengthened NGO funding arrangements, contract and compliance processes

- Longer term and continuous contracts with a consistent approach to indexation across funders.
'Contracts are not long enough to make longer-term plans which is the only way to work with communities, build trust, show that you are reliable and will stick around'
- Longer notice periods for contract extensions to support continuity of care and workforce retention.
- Standardised Key Performance Indicators and requirements across funders and reduced reporting and administration.
- Flexible funding requirements that enable co-occurring needs to be addressed, eg mental health, DFV, homelessness
- A modern and streamlined reporting system or platform to replace cumbersome manual methods.
- Flexibility to rollover funding to the next financial year, as a result of service establishment delays, workforce and other challenges.

3. Improved access to AOD services and cross sector collaboration

- Greater access to AOD treatment, which reflects needs in regional and rural locations and for priority populations.
- Health promotion, prevention & early intervention and harm reduction programs, including peer led services such as NSPs.
- Wraparound models that address complex needs, including housing, mental health and DFV
- Collaboration across sectors and services and simplified referral processes to better support people with co-occurring needs, e.g. mental health, housing and criminal justice.
'There is a need for better integration between mental health and drug and alcohol. It is important that this is standard practice, all services should operate like that.'
- Withdrawal services in both inpatient and community settings.
- Greater treatment options for pregnant women, especially withdrawal services.
- Recognition in policy and funding that children are also clients of services and need access to therapeutic support.

- A centralised system for identifying availability of residential rehabilitation places, to prevent people needing to contact each individual service repeatedly.
- Treatment options for young people needing to access AOD residential treatment.
- Aboriginal Community Controlled Organisation (ACCO) residential programs that support families.
- Services that provide therapeutic support for families, carers and loved ones.
- Resourcing to respond to rising clinical complexity of people who access services.
- Recruitment of specialist skills to the multidisciplinary team. Eg registered psychologists, mental health clinicians, nurses.

4. **Aboriginal Self-Determination and Inclusion**

- Mechanisms for authentic engagement and listening to Aboriginal and Torres Strait Islander people to understand their needs and priorities.
- Aboriginal representation in decision-making forums, to enable self-determination and active participation of Aboriginal people in shaping policies and services that affect their communities.

5. **Continued advocacy in relation to the NSW Drug Summit**

- Members commended NADA on the advocacy provided in the lead up to the NSW Drug Summit and the government response to the Report. They call for continued engagement with the NSW Government to reinforce NADA's position and ensure that the NGO sector is involvement in the development of the NSW AOD Strategy and that outcomes reflect needs of the NGO sector.

Other areas that received some feedback and warrant mentioning:

- **Drug law reform and diversion** – Including decriminalisation of the personal possession of drugs, a commitment to drug checking at festivals and fixed sites, expansion of diversion and treatment pathways and revision of the EDDI scheme.
- **Stigma and discrimination** - Is experienced by people who use AOD across health settings, requiring education, awareness raising and addressing of stigma.
- **Promote the value of living and lived experienced workers** to reduce stigma and discrimination and promote the value and evidence for this workforce to ensure funding is allocated to build the workforce.
- **Increased AOD support in correctional settings** - There is a need for increased support for those in the justice system, and continuity of care during and post-incarceration.
- **Access to housing and transitional support** – is foundational for recovery and reintegration, particularly for those leaving correctional facilities or in vulnerable situations.
- **Review of the SCHADS award** and increasing remuneration for the AOD workforce.
- **Gambling and AOD use** – The need for a strategy to address the co-occurring nature of gambling & AOD use

Advocacy priorities raised by members frequently intersect with priorities relating to service delivery and workforce needs.

What NADA will focus on

1. NADA will continue to advocate on the key priority areas when engaging with Ministers, AOD funders and other key stakeholders.
2. We will represent member's views on funding arrangements, contract and compliance processes as well as sustainable funding and service access as key advocacy issues to government and AOD funders.
3. We will engage in a range of activities within the memberships, across the AOD sector and with adjacent sectors to facilitate collaboration and enhanced system and service responses.
4. NADA will actively advocate for policy and decision-making that is driven by Aboriginal people and organisations and seek opportunities to provide support and capacity building of NADA ACCO members and the Aboriginal AOD workforce.

5. We will continued advocacy in relation to the NSW Drug Summit response of the NSW Government and continue to engage to ensure that the resulting actions support and sustain the AOD NGO sector.

SERVICE AND WORKFORCE NEEDS

Priorities from 2023

1. NADA will support members to attract, retain and support the NGO AOD workforce, with a focus on the needs of the Aboriginal workforce and LLE workforce. NADA will seek to support members through advocacy on broader systemic influences, organisational support and resources and targeted workforce development initiatives.
2. NADA will 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. NADA will continue to support and build the capacity of member organisations through a variety of means. This will include the 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.

What has been achieved

- NADA provided 34 training events across 2023/24 and 2024/25 as well as the NADA Conference 2025 and cross-sector forums in Nowra and Newcastle. Workshops focused on Working with men who use domestic and family violence, Aboriginal cultural awareness and targeted training for Aboriginal AOD workers.
- NADA supported the roll out of the Clinical Care Standards, developed practice tips and established a dedicated [webpage](#) to support implementation of the standards and workforce development.
- 94% of conference and cross sector forum attendees reported that these events met knowledge and practice needs and expectations.
- NADA maintained regular engagement with Aboriginal AOD workers through site visits and events. NADA Program Manager supports cultural safety within mainstream organisations and provides capacity building to 18 Aboriginal Community Controlled Organisations who are NADA members.
- Consumer advisory group meetings and LLE Communities of Practice meetings were held to support the LLE workforce. NADA engaged people with LLE of accessing AOD services to co-design Safer Spaces policy and procedure templates for the Policy Toolkit. NADA are contributing to development of a sector-wide framework for LLE Workforce Development.
- NADA supported workforce wellbeing through development of a clinical supervision resource, a webinar series on clinical Supervision, Peer work Supervision, Aboriginal Cultural Supervision and Multicultural supervision and corresponding [factsheets](#). Preconference workshops were held on clinical supervision and The Accidental Counsellor.
- NADA facilitated a range of member network meetings to connect, share practice, build referral pathways and inform NADA's work and priorities. These include the Continuing coordinated Care Program Community of practice, Women's Clinical Care network, Nurses Network, Youth Network, Gender and Sexuality Diverse AOD Workers network and newly established Managers and Leaders Network, and Multicultural network.

- Approved 66 training grants in 2024 and 2025 FY covering areas of trauma-informed care, mental health and co-occurring disorders, treatment modalities, peer workforce training and family inclusive practice.
- Maintained cross sector collaboration with the MHCC & NADA Symposium, DVNSW Sector Chat, collaborations with No To Violence and the DCJ Roundtable.

What members are asking for in 2025

The key priority areas for service and workforce needs that were identified by members were:

1. Improve workforce recruitment and retention with strengthened funding arrangements
 2. Continued support for workforce capacity development and retention
 3. Increased capacity of existing services to deliver withdrawal management
 4. Expansion of integrated care models and cross sector partnerships
 5. Further investment in cultural responsiveness
- 1. Improve workforce recruitment and retention with strengthened funding arrangements**
 - As noted under Policy and Advocacy needs, improved coordination of grants across funders would facilitate more sustainable recruitment and retention where award increases and indexation can impact service delivery by reduction in FTE across programs
 - Flexible and adequate funding to upgrade facilities not fit for purpose and to allow for expansion of existing sites, to increase service capacity.
 - Funding levels that support retention of female staff, address gender-based wage inequity and enable organisations to offer improved maternity and parental leave conditions.
 - 2. Continued support for workforce development**
 - Access to free or low cost ongoing AOD-specific training for workers who are new to the AOD sector.
 - Access to regular mental health and co-occurring needs training to improve access to clinicians with co-occurring capability and build capacity across the sector.
 - Training on new and emerging drugs, suicide prevention, harm reduction, and trauma-informed care.
 - Training in case management, counselling, pharmacology, DBT/CBT/MI, and data collection.
 - Comprehensive approach to addressing stigma and discrimination within health services, that goes beyond training and addresses stigma towards AOD use as well as stigma towards priority populations such as Aboriginal, Multicultural and LGBTQ communities.
 - A framework and improved support for the LLE workforce including formal qualifications, supervision, and paid placements.
 - Recognition of limitations in staffing and resourcing to enable increase in FTE as genuine investment in a range of LLE worker roles (full time not small part time/casual roles).
 - Access to leadership training and to facilitate career pathways to management and leadership roles.
 - Resources to support staff wellbeing and reduce burnout, including access to external clinical supervision.
 - Funding and initiatives to address recruitment and retention challenges in rural, regional and remote areas and for senior roles to ensure sustainability.
 - Continuation of training grants and professional development activities.
 - Contracts to include allocations for clinical supervision and workplace wellbeing programs.
 - Resources and training opportunities for services to work with young people.
 - 3. Increase capacity of existing services to deliver withdrawal management**
 - Improve access to withdrawal management for women in late-stage pregnancy and women with young children requiring inpatient withdrawal management.
 - Infrastructure funding to reconfigure existing withdrawal units to provide designated beds for pregnant women and women with babies up to 14 months of age.

- Funding for existing residential services and ACCO services to provide staffing and reconfiguration of assets to provide beds for low-medium risk withdrawal.
- Opportunities for collaboration and co-location with Local Health Districts, general practitioners and primary health services for step-up and step-down care.
- Improved pathways that facilitate access to inpatient withdrawal, where this is a pre-requisite for entry into residential rehabilitation.

4. Expansion of integrated care models and cross sector partnerships

- Expand integrated care to include mental health, general practitioners, and pain management.
- Greater access to psychology and psychiatry, in person and via telehealth to facilitate support for clients with co-occurring mental health needs.
- Expand specific funding for continuing care and aftercare services.
- Opportunity to trial flexible outreach models suited to the local communities and the opportunity to expand existing programs.
- Facilitate whole of systems responses to connect sectors to better support client needs, including joint cross sector training opportunities and shared resources.

5. Cultural Responsiveness and Community Engagement

- Access to withdrawal management and residential rehabilitation for Aboriginal people on Country.
- Establish frameworks that support Aboriginal cultural safety and peer mentoring for Aboriginal AOD workers.
- Budget allocation to incorporate Aboriginal cultural supervision and mentoring in existing programs.
- Increase capacity of existing services to provide programs connecting Aboriginal people to culture.

What NADA will focus on

1. NADA will continue to advocate for systemic change that impacts on workforce, including the need for increased funding in line with award increases and indexation.
2. Support members to attract, retain and support the NGO AOD workforce and provide a range of workforce development options, with a focus on the needs of the Aboriginal workforce and LLE workforce.
3. Continue to advocate for services to have the capacity to deliver withdrawal management, particularly for women with children, young people and Aboriginal people.
4. Continue to provide opportunities for cross sector collaboration and expansion of partnerships within the AOD sector by hosting cross sector forums, regular network meetings and working with other sector peak bodies.
5. Continue to support the Aboriginal workforce and deliver training in cultural responsiveness and facilitate connections between member services for shared learning.

RESEARCH AND DATA NEEDS

Priorities from 2023

1. NADA to continue to advocate for streamlined and timely KPIs and reporting processes to reduce the burden on members.
2. 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.
3. NADA to improve data architecture in the current database for better security and interface with members database systems.

4. 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.
5. 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.

What has been achieved

- NADA rolled out improvements to NADABase to improve data collection, data quality and reporting to funders. The most important of these improvements were the introduction of dashboards to present outcome and substance use data.
- We commissioned an independent review of NADABase and have made improvements to the data architecture in NADABase for better security and explored approaches to interface with members database systems.
- The NADABase team delivered training to members, via webinars, short tutorials and directly with members, either in person or online. We also held a highly successful data forum.
- We have been involved in almost 20 research and data initiatives, both led by NADA and in partnership.
- NADA has been involved in 10 peer-review papers in the past 2 years that highlight the outcomes delivered by members, ensuring that NADA members are contributing to the evidence-base.
- Our activities have been supported by an active NADA Data and Research Advisory Group.
- We established an Aboriginal and Torres Strait Islander Research and Data Reference Group, which has finalised an Aboriginal and Torres Strait Islander Data Sovereignty Statement. The formation of the group also led to new funding to employ an Aboriginal Research Officer to lead on analysis of data for Aboriginal and Torres Strait Islander people in NADABase.
- We have continued to partner with research organisations, such as the University of Wollongong and the University of Queensland via the Centre for Research Excellence (CRE) on Meaningful Outcomes in Substance Use Treatment; Groups for Belonging; as well as a range of other partnerships with multiple Centre's at UNSW and also USYD.
- Implemented the NGO research capacity building initiative, which provided 6 grants to members and a range of other activities, including direct support to members.
- NADA continued to advocate for streamlined and timely KPIs and reporting processes to reduce the burden on members, including working with the Community Grants Hub on a new template.

What members are asking for in 2025

The key priority areas for research and data needs that were identified by members were:

1. Improving data systems: quality, integration, support and resourcing
2. Priority areas for research, evaluation and developing the evidence-base
3. Building research capacity and partnerships

1. Improving data systems: quality, integration, support and resourcing

- Members reported the need for improvements with NADABase and sector data more broadly, including: reporting functions (internal and for funders); speed, user-friendliness and adaptability for smaller organisations; and the desire for integrated systems (e.g., CMS linked to NADABase, automated data extraction).
- There were requests for more data training and direct member support across the data cycle, including for importing/exporting data.
- Members are interested in other tools to respond to the needs of people who access their services, including those that are strength-based (e.g., recovery capital) and culturally appropriate.
- The ongoing advocacy to streamline data items and processes across multiple reporting streams.

- Funding constraints related to being able to employ data staff, ICT development and maintenance to be able to keep up with the demands of funders, and being able to effectively demonstrate value. *“NGOs have higher compliance and accountability of public funds than LHDs, yet they are significantly more resourced in the area of data and performance – it feels like we are being set up to fail via unrealistic expectations considering the funds provided to deliver services.”*

2. Priority areas for research, evaluation and developing evidence-based practice

- Members reported the desire for summaries of research and cheat sheets on emerging issues (e.g., vaping, prescription medications).
- Strong need for program evaluations (internal and external) to demonstrate outcomes and effectiveness of NGO service delivery.
- There is interest in longitudinal studies, data linkage and improved ways of measuring success.
- Need for evaluation tools, methodologies, and frameworks relevant to the NGO sector.

Specific research topics

- Costs to deliver NGO services, including those that intersect with other areas.
- Prescription medication and medicinal cannabis.
- Vaping cessation and NRT pilot programs.
- Women and alcohol use – gendered experiences and best treatments.
- Role of cultural (Aboriginal and CALD) services in AOD treatment, cultural tools for healing and measuring their impact.
- LGBTQ+ research – beyond usage statistics, focusing on experiences and outcomes.
- Dual diagnosis and HIV prevalence among AOD users.

3. Building research capacity and partnerships

- Many members reported a lack capacity for research and would like:
 - Partnerships with universities and academics
 - Capacity-building initiatives (training, frameworks and other tools, ethical research policies)
 - Support for sector-led research.
- Requests for qualitative research and inclusion of lived experience in research design.
- Funding for research roles and evaluation activities.

What NADA will focus on

1. Improving data systems and integration (NADAbase usability, CMS linkage, streamlined reporting).
2. Advocacy for funding for data, evaluation and research roles.
3. Continue to advocate for streamlined performance indicators across funders, while still being able to demonstrate uniqueness of different services and approaches.
4. Building research capacity and partnerships (training, frameworks, sector-led approaches).
5. Collaboration with funders, academics and members to demonstrate outcomes of the sector, address emerging research gaps, and development/review of culturally and sector appropriate tools.
6. Development of practical resources for members (evaluation tools, research summaries, cheat sheets).