

# Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies

Issue 2: June 2020

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## Adapting to change

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**NADA**  
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## CEO report

Larry Pierce

NADA

The COVID-19 pandemic has caused the most significant social and economic disruption this country has seen in generations. Members will be aware of the efforts that the NSW Ministry of Health and NADA have undertaken to address not only the pandemic, but its effects on member service delivery from our partnership webinars. There has been great co-operation, communication and collaborative action between the Ministry and the non government sector as a result of COVID-19.

One of the most significant changes has been the emphasis on the interconnectedness of the health services system, and on the need for that connectedness to enable us to co-operate to achieve firstly, safety and security, and then, accessible quality client treatment and support services. Pre-COVID, AOD services were quite separate between Local Health Districts and the non government sector, and competition for resources and access to vital ancillary services for our respective client groups was the dominant mode of operation.

But where are we heading to now? As has been said in relation to the national economy, there most likely won't be a 'snapback' to business as usual after COVID-19 has been overcome. Instead there will be a significant reshaping of business; I think the same will be true for the non government AOD sector.

The increased use of telecommunications—video calls and conferencing, online collaboration apps, social media chats, and the good old teleconference—has enabled our members to keep in contact with clients who were being treated on an out-client basis. It has enabled staff to work from home and stay actively engaged with their teammates and stakeholders. It has also enabled services to manage their assessment and pre-admission/engagement of new clients and those clients on wait lists. Also, it has enabled services to provide ongoing and aftercare to clients who have transitioned to their post-intensive phase of the treatment process. This is true of both residential and community based services.

These new initiatives, adaptations and modification of all stages of the treatment system, both residential and community based service models, have given our service

sector insights into how things may be done differently into the future. The lessons learned in the service system and the experiences of the clients will be incredibly useful for us to reflect upon in terms of future service planning and implementation. Which elements of the COVID-19 modifications will be embedded into treatment service practice? How has it worked, and has it been beneficial to our clients and for our staff?

NADA is working on a research project to gather information from our members about the impact of COVID-19 on service delivery and the quality and level of care they have been able to provide to their clients. We are also working with the Ministry on a large, non government AOD sector-wide cost of service and future business models research project funded by the Ministry and to be conducted by a reputable external research consultancy. This study will identify the true costs of service delivery and also look at the business models needed for an effective and sustainable non government AOD sector in NSW.

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### Which elements of the COVID-19 modifications will be embedded into treatment service practice? How has it worked, and has it been beneficial to our clients and for our staff?

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I believe that the information that NADA has gathered from our work with members during this time of crisis, along with the independent study on the impacts of COVID-19 on treatment service delivery and the new service costing and business models study will enable us to put together planning, funding and non government service sector implementation strategies. In line with the primary advocacy priorities of our membership and that have been at the core of all of NADA's advocacy work over the past decade or more.

I would like to take this opportunity to thank our membership for their willingness to work with us, and to bring together their collective wisdom and their insights into the issue of coping with COVID-19—and for not letting it overwhelm us and stop us from doing what we are here for; to provide the best possible AOD treatment and support system we can for our clients.

# How has your service responded to COVID-19



## Supporting people in rural communities

Jenna Bottrell, Program Manager, Continuing Coordinate Care Programs (Far West NSW)—Mission Australia

**What have been some of the unique challenges for your service? How did you overcome them?** Working in rural and remote areas is already quite unique. Large geographical and outreach areas, communities with minimal internet access, and long distance travel; these factors require us to be creative and flexible with service delivery on a daily basis.

COVID-19 brought additional challenges. Travel restrictions made it difficult to access some remote communities. There was a risk of bringing the virus into some of our vulnerable communities. Internet and connectivity issues have been a barrier, as not every client has a smartphone or computer, so an online model was not always possible or reliable.

We've put things in place to address some of these barriers, and we wanted to make sure that was what was actually needed. We created assessment tools and surveys seeking feedback around what people currently have access to in terms of communication technology and essential items. We asked how they were planning to keep busy during isolation, what would help with that, and what family and friends they may have to help them if needed. This allowed us to look at gaps and as a team come up with strategies to better support people during this uncertain time.

**Can you describe some of the ways your service has had to adapt?** We have been providing daily phone support and purchased phones for people who may not have them, created resource and 'boredom bags' to deliver to consumers and our community. We've also partnered with local fruit and veg stores and restaurants to provide food items and meals to help when people are struggling or just to brighten their day. We've been going on socially distanced exercise walks with clients to keep them active and motivated.

**How is your organisation taking extra care of staff's health and wellbeing?** As an organisation we have an amazing team working tirelessly to ensure services are well supported and resourced during this time. One of the greatest things I have noticed is how well the team adapted and supported each other and their clients through this time. We've moved our team meetings to Skype which not only check in on our progress with work tasks but a check in as a team and how we are all doing. There's also been plenty of laughs! Our MA exercise physiologist has created an exercise program that staff can complete at home to stay active.

## Supporting people at risk of homelessness

Paul Tratt, Manager, Alcohol and other Drugs Programs—The Haymarket Foundation

**What have been some of the unique challenges for your service? How did you overcome them?** The Haymarket Foundation has seven programs across two broad areas: AOD and homelessness services. There is significant crossover between the two, with almost all clients having AOD issues. During the height of the pandemic, all services except residential programs went online only. The Bourke Street Program, a residential rehabilitation program based at Woolloomooloo and the Haymarket Centre, a crisis accommodation service for

people experiencing homelessness, based in Chippendale have been particularly affected. Both remained open, but to allow for increased social distancing and infection control, there have been marked changes for staff and clients.

For the Bourke Street Program, we moved from in-person group activities to virtual meetings including mindfulness and exercise groups. Other activities such as the group dinners for all clients have been cancelled for the meantime. Clients still live in shared homes and still

# How has your service responded to COVID-19?

continued

have face-to-face contact and virtual meetings with the case managers, but their interactions with the psychologist have moved online. We have noticed increased stress and anxiety for many—and to help alleviate the boredom, we're planning to connect all the homes to WiFi. Our staff have maintained excellent infection control; this has involved taking extra precautions when taking additional clients into the service and when moving clients to new premises.

As maintaining social distance can be challenging in shared rooms, the Department of Communities and Justice has paid for the relocation of 15 clients from the Haymarket Centre to a nearby hotel. This has required case workers to become even more adaptive than usual: with almost daily visits to the clients in the hotels.

**Can you describe some of the ways your service has had to adapt?** Our clinical psychologist specialising in AOD treatment and our case worker who has particular expertise in AOD dependence both started working online only. This is a particular challenge, as many of our clients do not have access to technology and in some cases are very mistrustful and anxious about it. We have moved to a particular digital health provider which does not require an app on clients' phones, as they often have security concerns.

While we were unable to let clients come in and use laptops, we encouraged the use of landline and mobile phone to allay fears and to maintain the momentum of the treatment schedule.

## Supporting people in residential rehabilitation

Matt Stubbs, Program Manager—Dooralong Transformation Centre, The Salvation Army

**What have been some of the unique challenges for your service? How did you overcome them?** As a residential service, our main challenge was to keep our community of 70 participants (and about 50 staff) safe and connected during this time of physical isolation. We also had to ensure assessments and admissions could safely continue.

Blessed with a large property and numerous living spaces, we could practice social distancing and were able to isolate individuals, when required. People were also key to our success. Our participants have shown a great deal of gratitude, understanding and patience during this uncertain time, and our staff demonstrate that they are flexible, adaptive and creative in their roles.

**How is your organisation taking extra care of staff's health and wellbeing?** Only frontline staff are required to work from the Haymarket premises, with all other staff working remotely. We've given these essential workers training in the use of personal protective equipment, and there have been secure supplies of the equipment at all times. Protocols have been devised to ensure all spaces remain clean and social distancing is enforced.

In terms of wellbeing, managers talk with their direct reports about concerns and encourage them to take leave or seek free counselling through the employee assistance program, where appropriate. Staff can access professional supervision with the therapist of their choice on a monthly basis. Peer supervision is of great importance, particularly now.

We maintain communication across the organisation, with regular updates from the leadership team, training (including the use of personal protective equipment and good practice while working from home) and an all-staff Zoom meeting. We've also introduced an e-news and social media platforms which allow staff to keep in touch with developments across the organisation.

In the past two months the Bourke Street Program has seen three clients re-enter the work force in both a full-time and part-time capacity. Four clients have graduated from the program and have moved into the private rental market.

**Can you describe some of the ways your service has had to adapt?** We continued to take new admissions and have been able to maintain an average occupancy of 83% over the past three months. When the outbreak began, we decided to only accept referrals from detoxification units where people could gain medical clearance. As things advanced, all new admissions were required to undergo a two-week isolation period on our site. During isolation, they could safely connect with the program and community. In the morning participants were linked via computer to the therapeutic groups and education. In the afternoons they undertook community duties on property, separately. Now COVID-19 testing is a part of our admission process with a respiratory clinic opening nearby, so participants only spend a day or two in isolation.



# How has your service responded to COVID-19?

continued

To meet the space requirement of four metres<sup>2</sup> per person, we either split large therapeutic groups, or moved to larger rooms. Fellowship meetings were set up online. When external, specialized groups became unavailable, like family and domestic violence, qualified and experienced staff facilitated these groups in-house.

When the lockdown began, we made the difficult decision of closing our gates to 'non-essential' services. This meant that family and loved ones were unable to visit, so we supported participants to connect with loved ones over the internet. As things began to open up, we allowed visitors on the weekend, abiding by the guidelines and with a COVID screen upon arrival. We've now undertaken small group outings to the beach for exercise and to the shops for essential shopping. Support staff have also set up activities to maintain positive morale over the weekend: Lego masters, karaoke and bushwalking have proved quite popular!

Usually on Anzac Day we would come together as a large community, but we were unable to do so this year due to the restrictions on gatherings. So, we rigged up a speaker system on the pontoon, and at dawn, played the last post and ode while participants stood on their cabin verandas. The sounds echoed through the valley—so moving!

We also replaced the large community event with a service for five smaller groups. Feedback from participants was that this a more intimate service and strengthened their connection to Anzac Day as they were encouraged to reflect about their own challenges. A staff member commented, 'I've been involved in a few ANZAC days at Dooralong and this one was really special'.

## Supporting women and children

Michele Campbell, Group Manager (Clinical Services), Belinda Fisher, Drug and Alcohol Caseworker, Jacaline Kelly, Manager Elouera—Elouera, Lives Lived Well

**What have been some of the unique challenges for your service? How did you overcome them?** As COVID-19 unfolded worldwide through the media, we had an outbreak in the local Orange community. So there was much uncertainty, heightened concern and anxiety among clients. Staff responded by providing extra support, reassurance and education. Senior staff and organisation leaders assessed the risk of COVID-19 and our clients. We made the pre-emptive decision to temporarily lockdown residential services and transition our residential clients from face-to-face to virtual treatment. We had to safely transition women and their children back into the community. We had to consider the associated risks of their returning to domestic violence, isolation, mental health issues and the ability to maintain abstinence.

We continue to support participants upon request when their program ends with online supports and transitional housing, while the community returns to some semblance of normality.

### How is your organisation taking extra care of staff's health and wellbeing?

- Provide clear and concise information about appropriate processes to keep all safe.
- Provision of appropriate personal protective equipment.
- Provide staff with leadership and clear direction throughout this uncertain time.
- Develop and communicate a COVID-19 Response Plan.

We developed safe exits plans, and over a five-day period transitioned all into the community. Due to the lack of public transport, staff drove the last client and her children home in a four-hour round trip.

**Can you describe some of the ways your service has had to adapt?** Once the service had been decommissioned, all clients were transitioned to the Elouera 'Before and Aftercare' service and subsequently managed by case managers and AOD workers in the virtual environment. This model of care was a significant change in our service delivery and created an opportunity for all staff to continue working with clients through a case management approach.

## How has your service responded to COVID-19?

continued

It seems as quickly as we decommissioned our residential, we have reopened, reflecting the wonderful outcome Australia has achieved in minimising community infection. To do this, we undertook recommissioning planning, developed a wide range of educational resources and acquired equipment for staff and clients to ensure infection control and safe practices.

**How is your organisation taking extra care of staff's health and wellbeing?** We supported staff to work from home by providing technology, the support of local managers and peer and client review processes to ensure best practice in the virtual environment. We developed resources to support staff to deliver care in the virtual world with both personal and professional tools, and education to manage working from home. Staff at Elouera have been offered support via the worker wellbeing program Lifeworks including the employee assistance program.

At a local level, we have continued to work collaboratively and meet virtually as a team on a daily basis for client handover and client review. There have been virtual birthday parties, Easter hat parades and trivia competitions. The staff have commented that they may be feeling isolated, but once they link in with the team for the day, they feel supported and encouraged.

One client, a mother with two young children, upon return to community required crisis management for domestic violence and subsequently substance use. This created the need for further referral to local crisis accommodation services and domestic violence counselling in a small community that had limited service access even before COVID-19.

A working party between services began to create a safe and supportive environment for this client who was able to break free from the domestic violence she was experiencing and reconnect with her extended family until she could return to Elouera.



# Well Beings

Tips and tricks to reduce stress and enhance health and wellbeing



A short-animation series with practical, evidence based tips and tricks to reduce stress and enhance health and wellbeing during COVID-19 and beyond.

[Watch now](#)

# Consumers provide insights about AOD treatment during COVID-19



**The spread of the coronavirus, creating challenging and unprecedented times, has changed the way AOD services deliver treatment and support. For people engaged in treatment, this can be a particularly stressful period. NADA's Trinka Kent reasons that there has never been a more important time to engage with consumers to help guide your service delivery.**

Consumers are a key stakeholder and an essential source of practice advice.<sup>1</sup> To gather their insights about treatment during COVID-19, I spoke with several people about their experiences of AOD treatment during this time. Everyone interviewed was currently a consumer of an AOD program, including residential rehab, community based care, and transitional support. I spoke with them about COVID-19 and asked about any changes to their treatment, how this had impacted them and their advice on ways AOD services can best support people during this time.

Overall, people in residential treatment reported limited negative impacts on wellbeing and treatment plans, while people accessing groups and services in the community felt challenged by the shift to telehealth, isolation, boredom, navigating technology and limited service options. When asked what has been most helpful during this time, all consumers recognized that having supportive people to talk to and listen without judgement as the primary means for coping.

## **Has COVID-19 affected or changed the way that you engage in AOD treatment? How has it changed?**

'I was meeting up with my AOD counsellor once a week. I have a good relationship with him and able to talk openly face-to-face. With the restrictions, we've had to switch to phone contact. I'm not really a phone person and have trust issues so it's hard to speak openly on the phone.'

**Ray, transitional program**

'Accessing Narcotics Anonymous/Alcoholics Anonymous meetings online. I miss the connection and support I get from being in a meeting.'

**Charlie, consumer, transitional program**

'Switching to phone contact with my AOD counsellor. I don't feel like I can express myself properly over the phone.'

**Dave, community based program**

# Consumers provide insights about AOD treatment during COVID-19

continued

## What do you think has been the biggest impact of COVID-19 for accessing AOD treatment?

'Being cut off from my support. After being released from prison, I was on track with doing 90 meetings in 90 days at Narcotics Anonymous, then they stopped. I know they are on Zoom but I don't know how to use it.'

**Ray, transitional program**

'The isolation and being cut off from support. I was attending SMART and a relapse prevention group with the rehab I attended. They both stopped running. Those groups helped me feel connected and supported. I've managed to stay drug-free since leaving detox but it's been hard. I live with schizophrenia and the isolation has really affected my mental health. When I have reached out for support I have found there's limited options available.'

**Dave, community based program**

'Changes to my treatment plan. I have an open children's court matter and was ordered to complete a relapse prevention group. After a few sessions that group stopped running so I'm worried that not completing will influence the court's decision on restoration.'

**May, community based program**

## What do you think is needed or most important to assist people in AOD treatment during this time?

'Routine and structure. I'm lucky to be in a rehab though the structure is limited at the moment. The rehab has taught me the tools I need to keep myself positive like self-care and having a daily plan.'

**Tammy, residential rehab**

'Uploading groups like SMART onto Youtube after the Zoom session. I have found it challenging to use Zoom. Even though I wouldn't be able to talk in the group, I'd be able to listen to how other people are coping.'

**Dave, community based program**

## What tips or advice would you give to AOD services to best support their clients? What has been most helpful for you?

'Having supportive people there to listen. I'm not necessarily looking for someone to solve a problem, just to listen.'

**Tammy, residential rehab**

'The staff in the program I'm in. They're always there to lend an ear without judgement. My drug use has increased as I have a lot of time on my hands and it's a trigger but I've been able to ask for help, which is a big change for me.'

**Ray, transitional program**

'Encouragement and support. I came here from jail full of fear and suspicion. I wondered why everyone was so nice to me. It's taken me a while to let my guard down but the staff and the other residents have allowed me to be myself. I now feel safe enough to talk about what's really going on for me.'

**Charlie, transitional program**

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## Supporting consumers during COVID-19 Practice tips to support people engaged in treatment during this challenging time



**Download factsheet**

## Engaging consumers Develop your skills and understanding to engage and support consumers



**Watch the video**

## Consumer participation audit tool Where is your organisation situated in relation to consumer participation?



**Download resource**



# After COVID-19, what will 'normal' life be like?



**As governments around Australia make cautious moves towards lifting COVID-19 restrictions, it's time to start thinking about life beyond lockdown. But even though many of us have spent weeks dreaming about the day that things go back to normal, Professor Vijaya Manicavasagar of the Black Dog Institute cautions that re-entry into the real world might not be all smooth sailing.**

## Adjusting to the new normal

We can expect to see lots of changes when we emerge into the world, from a favourite café that didn't survive the shutdown to greetings between friends that now consist of a nod or a wave, rather than an effusive hug.

Practical activities like driving a car or catching a train may feel strange, and for many of us, the desire to pick up old hobbies and habits—a drink at the pub, a dinner party with friends and family—might be tinged with concern about whether it's really wise to socialise in close contact with others.

But for others, the changes might be deeper. The unexpected nature of the pandemic and its sudden and intrusive arrival in our lives will leave some of questioning whether the world is still a safe place.

'The world might actually be a different place when we get out of this,' says Manicavasagar, a senior clinical psychologist at the Black Dog Institute who specialises in adult separation anxiety disorder.

'The fact that we've had a pandemic in our lifetime, for a lot of people that would shake their beliefs in the world, the stability of the world, that nothing bad can happen. It's a shock.'

## Financial and economic challenges

For those who have lost income or jobs, there are also practical concerns to grapple with—finding work, meeting financial commitments, applying for Centrelink benefits or negotiating with landlords and banks to manage rent, mortgages and credit card payments. With predictions of up to 1.4 million job losses by the end of 2020, these financial pressures will be front and centre of many people's lives for the foreseeable future and could have a significant impact on their mental health.

'A lot of things that people are going to be worrying about [will be economic issues—their future, their career, their training. There are some very practical pressures that are going to drive some of this anxiety—it's not all just about reintegrating into society,' Manicavasagar says.

# How after COVID-19, what will 'normal' life be like?

continued

## A stronger sense of community

The good news is that if research tells us anything, it's that shared experiences of stress can actually bring communities together in way we may not have experienced prior to COVID-19.

'When you read the academic literature on natural disasters, as horrible as they are, [in the aftermath] people help each other and there's often a sense of shared humanity,' Manicavasagar says.

'The fact that we're actually doing so well [in terms of flattening the curve of infection] indicates that we're all trying to do the right thing for each other.'

## Easing back into life after lockdown

**Take it slowly** Simple things like doing the grocery shopping, driving a car or spending time with friends might feel strange as you move back into your post-lockdown life. Take note of how you feel and consider speaking to your GP if feelings of anxiety persist or worsen.

**Rebuild your relationships** It's been a while since you've physically seen your friends and family members—and remember, they've changed as much as you have. Spend some time together processing the experience, rebuilding bonds and supporting one another as you move into the next phase of your relationship.

*Professor Vijaya Manicavasagar is a senior clinical psychologist at the Black Dog Institute and the author of 'Separation anxiety disorder in adults'.*

**Look for opportunities** The Federal Government is offering [heavily subsidised undergraduate and postgraduate certificate courses](#) for people who have been financially displaced by COVID-19. If you're looking to enhance your current skillset or to retrain in a new field, a new qualification could help you move forward.

**Seek help early** Everyone reacts differently to change. Feelings of anxiety, difficult sleeping, changes to your appetite, irritability and bouts of crying are all signs you may need some extra support. Speak to your GP or [visit the Black Dog Institute website](#) for mental health advice and resources.

**Reflect on your experience** Rather than focusing on going 'back' to your old life, take some time to think about whether the lockdown experience could help you make positive changes going forward. Have you realised you want to work less, exercise more, make more effort to spend time with friends and family? Make a list of new habits you'd like to embrace and start implementing them one by one.

**Remember the advice** Wash your hands regularly, keep a safe distance from others and keep up with the rules as they change so you know what you can and cannot do. Remember these rules have been very effective at keeping the infection rate low in Australia.



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# Unearth the invisible children



**While workers in the non government AOD sector specialise in supporting adults, we can also support children and families to achieve better outcomes. Consultant Kt Harvey shares her experience and argues that parenting and children's wellbeing is the business of the AOD sector too.**

Since the onset of COVID-19, child protection systems around the world have seen dramatic decreases in reports about child abuse.<sup>1</sup> Experts state the reduction in reports is because vulnerable children have become 'invisible' to mandatory reporters, as they haven't been attending school or other community based activities.<sup>2</sup> People experiencing problems with their AOD use can often present with co-occurring issues including child protection involvement.<sup>3</sup> Therefore, it is not uncommon for AOD practitioners to be working with a client where there are concerns about their children's safety and/or the family is involved with Department of Communities and Justice.

With COVID-19, many AOD services have had to adapt the way they provide treatment and are engaging with clients via telephone or online. This can make checking in about client's children more difficult, given this is a topic that parents/carers can be fearful of discussing, due to worries their children could be taken from their care. Also, traditionally, AOD services working with adults have focused on the adult client and children weren't part of the treatment plan.

When I was working as a nurse, I never understood the importance of child wellbeing and child protection in my role. I wasn't trained to work with children. We did pediatrics training, but it was not a specialty I studied. I worked with adults mainly in mental health or AOD nursing, and I didn't think about what my patients were like as parents or even if that mattered. I thought that it was none of my business and that it was a private matter.

I worked for 25 years in services with adults and never really asked about their children. Yes, I did know how many they had, who their partners were. But I didn't ask how they managed, what supports they had, or during those critical times of using, hanging out, when they were scoring or getting their drugs, where were the children? What was happening for them?

I may be talking about when I was a nurse some time ago, before mandatory reporting. But parenting can still be thought about as a private matter. When we work in adult services, we specialize in treating the adult. This is necessary, and we do it well. But we need to be mindful to not focus only on what we know and feel comfortable with.

# Unearth the invisible children

continued

For me, an accidental career change shifted my view about why talking about children's wellbeing is an important part of AOD practice. I went to work at Family and Community Services to help caseworkers understand substance use and mental health issues. And I started to learn about the effects on children living with parents who were not able to provide the safety and consistency they needed, not just to develop but also thrive.

I started to see children's experiences. Not only the obvious things that you might think about, like bruises etc. I started to understand what can happen to a child whose parents did not intentionally hurt them, but who did not have the capacity to provide them with what they needed.

I also started to remember clients I had worked with: the dad I saw who 'had a bit of a temper...', the mum with depression who was using benzodiazepines to manage, the parents who wanted to detox together so they could get their children back.

It is so important what we do in this work. We can support children and families to achieve better outcomes. Remember that parenting and children's wellbeing is our business. If you think there is more to your client's situation—ask:

*Kt Harvey (Harvey Consulting) has over 30 years' experience in health, non government and government sectors, in roles from nursing, child wellbeing coordinator, to senior project and policy positions for the Ministry of Health and Department of Communities and Justice.*

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3. Community Sector Consulting. (2011). NGO practice enhancement program: Working with complex needs initiative literature review and member consultation. NADA.

- C** Check are they parents/carers? Ask them about their experiences of parenting.
- H** How do they manage, who are the supports?
- I** Information gather: where are the children when...
- L** Link that information to the potential impacts on their parenting and children
- D** Document and be constantly curious (not interrogative)
- R** Risk assess: be aware of possible risk issues for the children
- E** Engage with them, it's important people feel connected and empowered
- N** Neglect (the things that children are missing out on: omission)

## Resources

Contact **NADA** if you want to be linked to a member who specialise in working with children.

For more practical advice and information about working with parents, children and families see:  
[NADA: Family inclusive practice e-learning modules](#)  
[Emerging Minds resources: webinars and practice papers](#)  
[Australian Institute of Families Studies: resources](#)  
[Kamira: Working together with families](#)

## Do you have something to share

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

Email an expression of interest to [Sharon Lee](#).





# Culture during times of change



cc by 2.0 Gary Knight

**Two NADA members, DAMEC and Co.As.It., specialise in providing support to culturally and linguistically diverse (CALD) communities. During a rapidly changing environment, both services displayed flexibility, and an openness to new ways of getting things done. Read about their experiences supporting CALD communities.**

## **Maria Angelatos** Community Services Manager—Co.As.It

### **What changes have you made to accommodate the changing environment? How have clients reacted to this?**

Due to COVID-19, we stopped all face-to-face activities and all group meetings from 23 March, and implemented the government's directive overnight. We've moved to virtual counselling, but predominantly over the phone. The older community are having difficulties navigating technology; so over the phone is working, but of course there's the occasion that you'll miss the body language. Our counsellors have seen a huge increase in client demand and have reported that 70% of their new clients have been COVID-19 related.

In addition to the counselling, we've introduced a number of free programs like the telephone companionship program. Staff who are unable to do their normal work

because of the pandemic now ring clients to chat—not just a check, but provide actual companionship. They'll spend 20–30 minutes just chatting about everyday stuff.

**What issues are elderly clients presenting with?** Most of our elderly clients are presenting with increased depression due to isolation. It's the Italian way to be with people, so not being able to see family and friends has been difficult. A few of our programs we had to cease; we run 19 social groups from Sydney. Sometimes that's the only socialisation they have.

A lot of fear has come up, Italy was one of the hardest hit countries early. They were seeing what was happening in Italy, and it was really confronting. A lot of the clients have lost their family there. Not being able to share, hold, hug or have contact—contact is such a big part of our culture.

# Culture during times of change

## continued

**What are useful tips for workers working with elderly populations?** My advice is to give them extra time, be empathetic, and listen. Give them the extra time to realise that over the phone isn't ideal, but that's what we have at the moment, and validate what they're feeling. Most important is to assure them that we are in the lucky country—Australia is doing extremely well and has really low rates of infection. The pandemic will pass.

### Yasmin Iese

Deputy Chief Executive Officer—DAMEC

**What changes have you made to accommodate the changing environment? How have clients reacted to this?** DAMEC transitioned all of our services to a telehealth model. While we have a Zoom account, clients prefer telephone support and have indicated that this would be their preference going forward post COVID-19. We have increased our attendance rate significantly due to this option.

Most of our clients have chosen not to be video-called. In many CALD cultures 'videoing someone' is not culturally appropriate and there are many cultural and spiritual beliefs around this. This may be why our clients prefer to be telephoned and have responded so well to this approach. Another consideration is that most of our clients do not have sufficient access to devices with internet access to be able to receive a video or audio-interactive call.

**What issues are CALD clients presenting with?** Our clients are presenting with anxieties and uncertainties around the pandemic and are seeking counsel from us on the current Federal and State advice. This requires us to interpret the new government regime and strategy—particularly around Centrelink options and changes.

Another important thing is to offer other supports and services. There are several services that can support the ageing population during the pandemic. Aside from the telephone companionship program, Co.As.It supports clients also with shopping services for essential items, food hampers for anyone who needs it. We are also looking to do medication pickups for older communities.

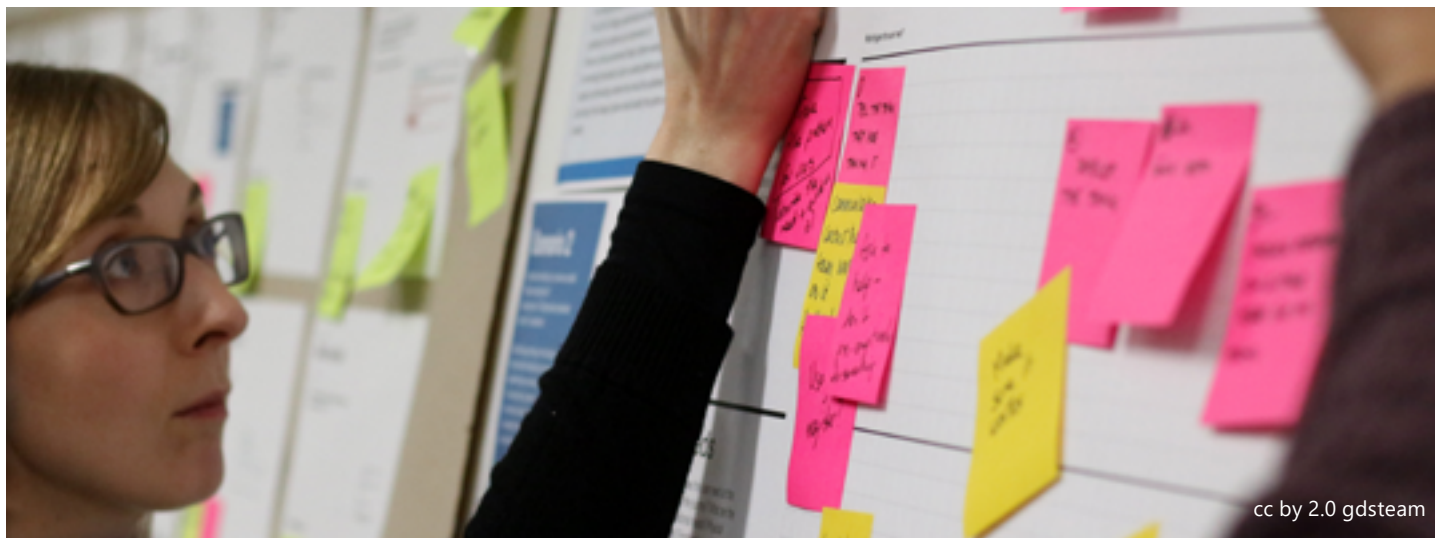
Therefore our team have adjusted to offering more of a case management approach within a brief intervention model which has been well received. Easing COVID-19 anxieties has taken precedence; certainly having someone who shares the same cultural background to talk to about any uncertainties is significant in our ability to support CALD clients.

**What are useful tips for workers working with CALD communities?** Working with CALD communities via a telehealth model assumes the same expectations as a face-to-face session.

- Inform what the options are in a telehealth model—telephone, video call or interactive audio call.
- Consider any cultural and religious differences that may impact on any given approach to a telehealth session. i.e. prefer not to video
- Respect the client's decision and go with their preference.
- Explain the concept of telehealth counselling and what to expect.
- There may be distrust of health care services/clinicians so take your time going over who you are and the purpose of your call.

# Translating research into practice

## Design innovation: a case study by Uniting



By **Tamara Pararajasingham** (Uniting), **Dr Rosemaree Miller** (NADA) and **Suzie Hudson** (NADA)

Change is inevitable, or so the saying goes. But evaluating the impact of change is another issue. How do we know whether a change we've made has led to a meaningful improvement? It's easy to assume you know that a change is necessary, timely and essential. The challenge is demonstrating that a change is better than making no change at all.

Sometimes, external circumstances beyond our control fast-tracks change, whether we like it or not. For instance, the COVID-19 pandemic has forced dramatic changes in the delivery of mental health and AOD services in recent months. During this time, many of you have experienced several first-hand changes to the way you work, interact with clients, manage your teams, and so on. To better understand the impact of these changes on service delivery, client outcomes and experience, it is essential that services systematically document and assess what has happened and why.

It is entirely plausible that services in the mental health and AOD sectors will implement some of the changes due to COVID-19 on a more permanent basis. It is also important that services can justify why certain changes have been kept, and some discarded. Most essential, however, is that services consider the impact that changes to service delivery are likely to have on their clients in the future.

### The case of Uniting

Uniting is an Australian not-for-profit organisation that offers over 550 services in NSW and the ACT. The core mission of Uniting is to provide '...care and support for people through all ages and stages of life and with a focus

on people experiencing disadvantage and vulnerability.'<sup>1</sup> Uniting has faced several challenges in adapting their service delivery for their clients over the last few months.

When the COVID-19 pandemic first hit, they faced two key challenges:

- How do we help our services to continue engaging with existing clients during this time?
- How do we rapidly shift the delivery of our services to involve no or low amounts of physical contact?

Many of these early changes were reactionary and continually revised to ensure Uniting were adhering to rapidly evolving government policies and guidelines. By April 2020, Uniting noticed that some of their services were able to implement service adaptations due to COVID-19 more quickly than others. As described by Tamara Pararajasingham, Head of Social Impact and Communities at Uniting, '...we wanted to become more intentional about the changes that were happening within our services due to COVID-19'.

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**It is important that services can justify why certain changes have been kept, and some discarded. Most essential, however, is that services consider the impact that changes to service delivery are likely to have on their clients in the future.**

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The organisation needed a way to implement service adaptations, while also being able to assess which of these new changes should and should not be maintained by services moving forward.

1. Uniting. About us. <https://www.uniting.org/about-us>

# Translating research into practice

continued

## The Uniting Innovation program

The answer: find ways to enable and support innovation within Uniting services, and this was how the Uniting Innovation program was born. The program aims to support services to design, trial, evaluation and scale innovations in their service delivery. At the time of writing the program is only in its second week of running, but early signs are positive. As aptly put by Tamara, '...at Uniting, we want to identify the 'green shoots' of innovation within our services, and fertilise the soil that germinates these ideas'.

To create the Innovation program, Uniting sought out the stand-out innovators of service delivery challenges during the COVID-19 pandemic. Doing this helped to pinpoint what had enabled these services to implement innovative solutions with great agility and impact. The aim was to create a program that allowed more services to redesign services with collaborative and client focused approaches. Moreover, it was important that these changes were instigated and led by the services themselves, and that assumptions and changes could be tested, refined and evaluated internally to establish how well the innovation was working quickly.

Image 1 (below) shows an overview of how the Uniting Innovation program works. Using feedback from their initial consultations with services, Uniting developed a core set of principles that would guide the implementation of the Innovation program with a service. In addition to being collaborative, client focused and simple to document, another core principle to the program was to focus on the 'why' of changes to service delivery, to ensure these adaptations were relevant and useful for the service and their clients.



- 1. A set of common principles**  
The 'guard rails' for innovation



- 2. A basic process**  
A flow of activities and decision which support services as they implement changes to their service offering



- 3. A toolkit**  
Tools and templates to capture and document our thinking and decisions about the changes

**Image 1.** Overview of the Uniting Innovation program

To implement the Innovation program itself, Uniting follows a two-phase approach that guides a service through a 10-week process of the stages of designing and applying changes to service delivery. In the first phase, the service initially focuses on what's important to them, why it matters, and then collaborates with internal and external stakeholders to better understand the problem they seek to solve and ideate for solutions. The second phase involves testing out and getting feedback on solutions, with the aim being to tweak or scrap ideas based on the results of testing including clients' reflections on how well the solution worked.

Finally, to support services during their participation in the Innovation program, Uniting created a 'toolkit' of resources, methods and templates to help service staff unpack and track changes to service delivery. Examples include documents that map the client journey and the use of online collaborative spaces like Microsoft 365 SharePoint to exchange and receive feedback on ideas.

## Next steps

The case of Uniting is an inspiring and timely example of how organisations can monitor and document the impact of change. However, strategies to implement and measure the impact of changes to service delivery, client outcomes and experience can be of much smaller scale and done using the resources and data mental health and alcohol and other drugs services are already collecting.

As an example, recently the Community Mental Health Drug and Alcohol Research Network held a webinar to explore some options for documenting change and using current data collection to show impact. Presented by Professor Anthony Shakeshaft, Deputy Director at the National Drug and Alcohol Research Centre, the webinar included an explanation for an impact framework and program logic for services to use, as well as examples of how to use current data such as the minimum data set in evaluations. You can request the impact framework by [email](#) or watch the webinar with explanations on the [website](#).

- For more information on the Uniting Innovation program, contact [Tamara Pararajasingham](#).
- For ideas on how to document and evaluate changes to service delivery, see the [Better Evaluation website](#)

**Uniting**



## How has the government AOD sector responded to COVID-19?

'The Far West LHD Opioid Treatment Program (OTP) staff are supporting OTP clients who are at high risk of infection due to comorbid conditions, to lessen their risk of exposure to the virus, by providing home dosing and increased access to takeaways, this also includes clients who would normally present to community pharmacies for dosing. Our staff are currently home dosing 19 clients at various times throughout the week.' **Melissa McInnes, Drug and Alcohol Clinical Nurse Consultant, Far West LHD**

'Our service opening times were adjusted in consultation with clients to allow for improved social distancing and we also developed and implemented virtual D&A psychosocial workforce support network, that includes sharing of COVID-19 information for clinicians in rural and remote communities across the Western NSW LHD.' **Kristine Smith, District Coordinator Drug and Alcohol Program, Western NSW LHD**

'The Port Macquarie Opioid Agonist Therapy (OAT) program began offering depot buprenorphine as a treatment option in Jan 2020; during this time 28 patients have now either transferred over from suboxone and or commenced as new patients. This has greatly reduced the daily presentations to the dosing clinic and supported patients to maintain self-isolation and safe distancing guidelines during COVID-19.

Similarly, in Kempsey the uptake of depot buprenorphine has been heavily promoted, resulting in the majority of suboxone patients, all new patients and a few methadone patients transferring to depot buprenorphine. We now have 64 patients on weekly or monthly depot buprenorphine, 41 of whom are of Aboriginal descent, a particularly vulnerable group in context of COVID-19. Many of the patients were able to start OAT only because we introduced depot buprenorphine.' **Fares Samara, Addiction Medicine Specialist, Mid North Coast LHD**

'The main thing that comes to mind is the provision of opioid substitution therapy takeaways to some (but not all) of our public clinic patients who usually do not have access to regular takeaways unless they transfer to pharmacy. By doing so we have reduced crowding and mingling at the clinics and given some patients freedom they have not had for years.

In addition the provision of some counselling/ psychology/case management services by phone and being pleasantly surprised at the ease in doing so and the good compliance (perhaps better than our usual office based services).' **Robert Graham, Addiction Medicine Specialist, Western Sydney LHD**

'We swiftly changing decades-long practices, such as number of takeaways for methadone in order to facilitate social distancing for our patients. It was great to see that the potentially devastating impact of such a condition on a vulnerable group was recognised very early in the piece by our team and patient centric changes have been taking place almost on a daily basis. We managed all of this with no reduction in our service delivery including inpatient and hospital clinical liaison work.' **Apo Demirkol, Addiction Medicine Specialist, South Eastern Sydney LHD**

### Across the Local Health Districts

The NSW Ministry of Health established the Communities of Practice, to bring the government and non government AOD sector together to discuss service adaptations and ensure continuity of care for people. Government AOD services increased the availability of take away pharmacotherapy for suitable clients and in-reach support. Many counselling services implemented telehealth. And in some locations, they set up 'pop-up' COVID-19 testing clinics for their clients.

The government AOD sector seeks to learn from this experience. There is now an emphasis on collecting data, documenting changes to service delivery and evaluating whether these changes are worth retaining.

# Conversations of change

By **Naomi Carter** Victorian Alcohol and Drug Association (VAADA)

**Conversations of Change are a series of structured interviews, with the genesis of the idea stemming from the desire to capture, in the moment, multiple stories and diverse perspectives regarding how the Victorian AOD sector responded to the challenges presented by COVID-19. The need to record, not only service system responses, but also hear the voices of individuals was paramount, in particular ensuring a broad representation of the diverse and interconnected AOD service system.**

In general, when a crisis hits, it has a disproportionate impact on those most vulnerable and already at a significant disadvantage. Although this still holds true for the current situation, what makes this collective experience unique, is that it has also had a significant impact on those living with a range of privileges. This has seen a compounding effect, with the sector responding to not only changing conditions and new presentations from those we serve, but also shifting practice paradigms and managing a significant work and life integration for those within the sector.

Creating opportunities for people to engage with other's stories and experiences was of great importance, as we wanted to provide ways for people to navigate a very uncertain time with a sense of togetherness. As humans we are wired for connection and communication; we heal and recover in relationship. Further to this, each conversation also included a call to action, an opportunity for people to offer support and contribute beyond their usual roles. Creating conditions for agency and worthwhile participation assist people to integrate distressing experiences in a meaningful and hopeful way.

'Conversations' also attempts to reflect the complex and interconnected work undertaken by the sector, including interviews with clinicians, CEOs, academics and people with a lived experience of accessing services, both within and across the AOD service sector. Encompassing both the breadth and depth of identity and experience touched by the services we provide, the people we employ and those we have the privilege to serve.

The main purpose of the interviews is to capture what people within and across the AOD sector are doing in response to the current situation, to identify supports or advocacy required to assist with their response and to

explore positive reframes and future possibilities given what we have learnt during this time. To create an element of consistency and comparability, the same three questions are asked of each interviewee:

1. What are you currently doing for yourself, your staff, the people you serve and your organisation to manage the current situation safely, humanely and with dignity for all?
2. How can people support you? Do you need advocacy/reduction of stigma/resources/staff/volunteers/donations?
3. Assuming you have one, what is your positive reframe for how this crisis could create opportunities for improving the collective condition?

What we found is that people have demonstrated a capacity for a rapid and effective response to the challenges presented by COVID-19, both in terms of prioritising staff safety and continuing to meet the needs of those we serve in creative and human-centred ways. These new ways of working have not only highlighted what might be possible for service delivery moving forward, but also exposed elements that hinder or obstruct our ability to provide effective holistic interventions and supports. Notwithstanding the harm COVID-19 has wrought, people have been able to recognise many positives from this, a key being that the experience has been a collective one, raising a greater awareness to the circumstances of those who live with intergenerational disadvantage and oppression. This new awareness not only broadly highlights inherent flaws in our systems, but also provides opportunity for increased understanding and compassion. There is hope that this will lead to sustained systemic and community based change.

Apart from the immediate benefit listening to these interviews can provide, it may also be possible that in future we take a qualitative lens to the content and explore the emerging themes. This may inform our understanding of how people respond to and navigate change in a crisis, and also highlight the key values and principles that underpin work in the AOD sector.

**To watch the interviews, please visit the [VAADA website](#) or subscribe to the [VAADA Youtube channel](#).**

# Love to learn online

Due to social distancing guidelines, many of us are working from home. But what about professional development? NADA's Rosemarie Miller shares tips to learning better online.

**It seems that many of us have turned to eLearning for professional development due to COVID-19. Yet one of the unspoken truths of online study is that it can often feel like a lone venture. Motivation can be fleeting and, honestly, sometimes other things in your life take priority.**

The main challenge with eLearning is that so much of our everyday lives is social, and being social is something your brain thrives upon, whether you are aware of it or not. Without face-to-face contact, you can miss many of the subtle facial and body cues that help us to interact with our co-workers, clients, friends, family and so on. And let's not forget about the perils of unstable internet connections and having to use an app or website you've never used before.

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**Think.** Don't just believe me about the challenges of online learning—compare this with your own experiences. Have you studied online in the past? What about working from home? What were some of the things that helped or hindered being able to study online or work from home?

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## So, why do eLearning then?

Despite the challenges, eLearning has many benefits. eLearning is flexible and allows you to access many types of education you wouldn't normally be able to attend in-person. eLearning doesn't have to just work related either. Is there a hobby or topic you want to learn more about? eLearning can be a time-efficient way to do this around other commitments in your life.

The key to making eLearning work for you is knowing that there will be challenges to studying online, but that these are normal and can be overcome. For instance, Michelle Ridley, who works as a clinical manager with NADA, said that while studying for her Masters online '...the biggest motivational barrier for me was time management and being distracted at home.'

Here are some other things to keep in mind if you are currently undertaking, or thinking of undertaking, online study:

**How do you like to learn?** Do you want to discuss the things you learn with other people? Do you like to take lots of notes, or do you learn better when you focus on an activity, lecture or another source of information? Knowing this can help you figure out which learning strategies are going to work best for you, and can help you tailor.

**Be open-minded about eLearning options** There are so many ways to learn online, really, the possibilities are endless. For instance, listening to audiobooks is something you can fit into your day during your daily commute. Do you want to find someone to discuss ideas and concepts with? Many online courses in websites like [Edx](#) have inbuilt discussion boards.

**Stay organised** Stay with me on this one... the big benefit of keeping organised is that when you aren't studying, you don't need to think about it! Something as simple as taking notes about where you are up to on an eLearning module, or what were the two most useful things you took from a webinar, can really help to solidify what you have learned and avoid 'overwhelm' brain.

**So, what are you waiting for? See below, ways you can learn now with NADA.**

**Watch NADA recorded webinars**  
Managing comorbidity, Rodney Vlasis, engaging with families and more.



**Watch video recordings**

**NADA eLearning**  
Coping with uncertainty during COVID-19, complex needs capable, MERIT and more.



**Learn online**

# Comorbidity and COVID-19

While there is an increased risk of AOD clients experiencing anxiety and distress due to COVID-19, sector workers have the skills to help them cope, writes NADA's Resli Büchel.

**The social and lifestyle changes arising from the COVID-19 pandemic have put a strain on everyone. High levels of fear and stress, job insecurity, reduced access to social and health services, isolation and, in some cases, quarantine, are known to present a greater risk to people with pre-existing anxiety disorders and mental health problems.<sup>1</sup>**

It is estimated that more than a third of individuals with problematic AOD use have at least one co-occurring mental health issue.<sup>2,3</sup> The rate of comorbidity is even higher for those in AOD treatment programs<sup>2</sup> and, further to this, clients with comorbid mental health conditions frequently face a variety of other medical, family, and social problems (e.g. homelessness, unemployment, legal problems).<sup>2,3</sup> For the AOD sector, this means that a significant proportion of service users are at greatly increased risk of experiencing anxiety and distress and/or other mental illness during this pandemic.<sup>2</sup>

Fortunately, our workforce is already adept at providing management and treatment that is based on treating the person, not the illness. There is strong evidence supporting holistic, client centred, collaborative approaches as being the most effective way to provide AOD services and health care as a whole.<sup>2</sup> Indeed, managing clients with comorbidity is standard clinical practice for most frontline AOD workers meaning that you are already equipped with the skills to effectively support and manage your clients within the current challenging circumstances.

The *Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings* (2nd edition),<sup>2</sup> provides a comprehensive outline of best practice for working with client who have co-occurring AOD and mental health problems; however, the table below serves as a reminder of the key principles for working successfully with comorbidity.

## Principles for working with clients with comorbid AOD and mental health conditions

### Holistic

- First, do no harm—AOD intervention should not impinge on client health and wellbeing in other domains.
- Adopt a client-centred, collaborative and culturally sensitive approach to all aspects of service delivery—treat the individual, not the illness.
- Have realistic expectations of individual clients and their treatment outcomes.
- Recognise that the management of comorbidity is part of AOD workers' core business.

### Collaborative

- Adopt a 'no wrong door' policy—treatment of AOD and mental health conditions are not mutually exclusive.
- Consult and collaborate with other health care providers—teamwork and communication are critical to ensuring continuity of care for clients with multiple service providers.
- Work within your capacity engaging specialist practitioners and services when necessary.
- Emphasise the collaborative nature of treatment, involving the client, their families and carers in planning, decision-making and treatment.

### Evidence based

- Recognise that comorbidity is common—all clients should be routinely screened for comorbid conditions.
- Perform ongoing monitoring of symptoms (both AOD and mental health related) and client outcomes.
- Express confidence in the effectiveness of the treatment program.
- Maintain current knowledge and competence of best practice and engage in ongoing professional development.

### Inclusive

Provide equity of access to care by:

- adopting a non-judgemental attitude
- adopting a non-confrontational approach to treatment
- practicing with cultural competence including awareness of client individuality and knowledge of your own knowledge, beliefs and biases
- consulting, collaborating and (where possible) engaging with other professionals with skills, knowledge and relationships relating to client-specific needs.

Table based on:

*Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings* (2nd edition)<sup>2</sup>



# NADA eLearning

Learn online

## Courses available

- Coping with stress and uncertainty during COVID-19
- Engaging with families and significant others
- Asking the question
- Magistrates early referral into treatment (MERIT)
- Complex needs capable
- AODTS NMDS

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## Comorbidity and COVID-19

continued

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# Useful resources

## Client support

### World Health Organisation: Alcohol and COVID-19

This [factsheet](#) [PDF] addresses, among other things, the misinformation that is being spread through social media and other channels about alcohol and COVID-19.

### NUAA: Harm reduction

These [factsheets](#) help people prevent the spread of COVID-19 while using drugs, and to help them plan ahead for social lockdown.

### Department of Social Services: Information and support

This [page](#) provides information on how the department provides support to the many people who have been impacted financially as a result of COVID-19. Also see [NADA's website](#) that outlines some of the supports put in place by telcos, such as increased data.

## Telehealth

### Turning Point: Telehealth phone and video consultations guides for staff and clients

These guides, developed by Turning Point clinicians, are incredibly helpful for those new to telehealth.

- [How to guide for telehealth phone and video consultations](#)
- [Telehealth clients guide](#)

### Swinbourne University: A practical guide to adapting to online therapeutic support

This [guide](#) [PDF] will help you to deliver your services online, as effectively as you would in-person.

### Insight, ADIS QLD and Lives Lived Well: Orientation to telephone counselling for AOD workers

Increase your knowledge, confidence and capacity to use telephone counselling with this [elearning module](#).

For more on telehealth, refer to [this edition](#) of *Frontline*, NADA's email newsletter.

## Worker wellbeing

### NADA: Worker wellbeing

Working in the AOD sector can be very rewarding but the passion and dedication that drives many who work in the sector can potentially lead to stress, burnout and even

'compassion fatigue' if not accompanied by solid self-care strategies. In response, NADA has developed a [range of resources](#), including posters, tips, training and surveys.

### Australian Psychological Society: COVID-19 information

The APA has developed [excellent resources](#) for responding to anxiety, strategies for dealing with isolation and maintaining your mental health. There are also resources for people with acquired brain injury, people experiencing difficulties with their AOD use and supporting children.

### Black Dog Institute: Resources for anxiety and stress

[These pages](#) are filled with evidence based resources and information designed for general feelings of anxiety and stress, schools and young people, workplaces and working from home, health professionals and more.

### Orygen: Taking care of yourself in a time of COVID-19

Orygen have created some excellent resources for young people to support them in responding to COVID-19, including this [list of self-care activities](#) [PDF].

### Thrive Global: COVID-19

[This website](#) contains support options for combatting stress with blogs, stories and apps.

## Manager and organisation

### NADA: News and resources for managers and leaders

NADA has collated a number of useful resources on this continually updated [webpage](#), prioritising key messaging from the Department of Health and NSW Ministry of Health. Or head to these websites:

- [Department of Health COVID-19 website](#)
- [NSW Health COVID-19 website](#)

### CMHDARN: Evaluating service adaptations in response to COVID-19

Watch this [recorded webinar](#), presented by Professor Anthony Shakeshaft (Deputy Director of NDARC), to learn about an impact framework that can be used to measure the impact of changes to service delivery and how to use currently collected data.



# NADAbase update

Tata de Jesus

NADA

## Reporting

NADA submitted to the Primary Health Networks the Quarter 3 January–March data reports for members who receive Primary Health Network funding. If you are a member who has recently received PHN funding and would like NADA to report on your behalf to your funded PHN, please contact [NADAbasesupport@nada.org.au](mailto:NADAbasesupport@nada.org.au).

## What's been happening?

### Data quality checks

We have added new logic checks to NADAbase to ensure we are receiving and sending high quality data. Some of the recent logic checks we have placed are:

- no episode can be entered before 1 July 2000
- no COMS survey can be entered before 1 July 2010
- an episode's cessation date cannot be after today's date
- maximum of 28 days can be entered for the following K10 questions:
  - totally unable to work/study
  - cut down on work/study
- episode cessation date cannot be entered before commencement date.

## Data entry in the time of COVID-19

The COVID-19 pandemic has affected the delivery of services to clients for many not-for-profit organisations. It is important to document these changes in the NSW DATS collection. The flow chart should help you navigate data entry during this period.

[Watch the video](#)

[Download the flowchart](#) [PDF]

## What's coming?

- NADAbase Importer Guide: a practical guide to help members with bespoke CRM systems to import their data to NADAbase
- An updated version of the NADAbase Data Dictionary to include SQL data queries, and ATOP information
- Webinar on how to ask client outcome measures in your practice

## Gender and sexuality diverse AOD worker network

The Gender and Sexuality Diverse AOD Worker Network has a dual purpose to: provide a supportive network for gender and sexuality diverse workers in the AOD sector and improve AOD services for gender and sexuality diverse people.

NADA asked members 'What does it mean to me to be part of this network?'

'I am passionate about both the AOD sector and the gender and sexuality diverse community, so to have them come together is very exciting. For me, being a part of this network means I can participate, advocate, educate and learn from both spaces at the same time. I also believe the establishment of this network will trickle down to improved client experiences through visibility, education

and increased representation throughout different spaces in the sector. I am looking forward to being a part of this journey!' **Sarah**

'As a proud member of sexually and gender diverse communities and working in the AOD space this was an opportunity not available before. I grabbed the chance. To be a part of a working group with shared vision and a strong voice is a privilege. I look forward to the ongoing learnings from this group and sharing these with the AOD sector.' **Paul**

For more information or to join the network, contact [Robert Stirling](#).

**See page 27 for the latest update on the network.**



# NADA network updates

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## NADA Practice Leadership Group

For best practices in service delivery adaptations during COVID-19, the NPLG recommended:

- **Flexibility**  
Clients have different circumstances in their home life so being mindful of where the client is at (physically, mentally and emotionally) is important when doing phone support
- **Confidentiality**  
It's important to stress that both worker and client need to have a safe space to talk to one another, ensure that workers are practicing confidentiality in their home environments
- **Keep yourself informed**  
The best tool workers can equip themselves with is being well-informed and updated on COVID-19; many clients look to workers to provide comfort in this regard.

Previously in March, representatives from NSW Health, the Department of Social Services and Public Health Networks attended the NPLG's meeting. The NPLG communicated that they may be consulted in relation to the AOD sector; NADAbase and 10 years' worth of data to focus on the quality of client and outcomes data; and the NPLG Workplan for 2018-2020, focusing on consumer engagement, the workforce capability framework, and increasing client access and equity.

## Youth AOD Services Network

The Youth Network has been meeting online fortnightly since the onset of COVID-19 restrictions. These meetings have served as a useful forum for members to connect with their peers and share their experience of adjusting regular practice during a pandemic.

Members have discussed the myriad challenges of continuing clinical practice while adhering to heightened infection control, social distancing and (in some cases) quarantine requirements. The meetings have also provided members with a forum to raise specific concerns requiring practical support and advocacy by NADA.

Overall, they have successfully managed to provide ongoing quality care to clients under current COVID-19 restrictions. Young people, in particular, are noted to have adapted swiftly to digital service provision, although access to technology (e.g. smartphones and data) and increased conflict and stress within families and home environments has been challenging for some clients.

The 'Find Hope' suicide and self-harm prevention workshop, originally scheduled for May, has been postponed and will be rescheduled for later in the year when face-to-face training is feasible again.



# NADA network updates

continued

## Women's Clinical Care Network

The Women's Network has been meeting regularly online in fortnightly community of practice meetings. These have acted as a successful forum for members to connect with their peers and share their experience of working within the uniquely altered landscape of AOD service delivery during a pandemic.

Network members discussed the myriad challenges of continuing clinical practice while adhering to heightened infection control, social distancing and (in some cases) quarantine requirements. They have raised specific concerns requiring practical support and advocacy by NADA.

Unanticipated silver linings of current adjustments to regular practice include increased opportunities for upskilling of AOD workers and establishment of systems and policies for providing effective remote services to clients. Overall, NADA member women's services have adapted swiftly and successfully to COVID-19 restrictions, continuing to provide quality care to clients both in residential and non-residential settings.

## Gender and Sexuality Diverse AOD Worker Network

The Gender and Sexuality Diverse AOD Worker Network held a planning day in April to set out a work plan to inform its activities. The high-level priority area and strategies agreed are:

- **Advocacy**  
Influence health and social policy and practice
- **Funding opportunities**  
Seek opportunities to fund network activities
- **Supporting the workforce**  
Provide a supportive network for gender and sexuality diverse workers in the AOD sector. Support AOD workers to be more inclusive of gender and sexuality diverse people
- **Build AOD treatment service capacity**  
Improve AOD services for gender and sexuality diverse people

The planning day also provided an opportunity to check in on how supported network members were feeling in a COVID-19 environment, and to share information and advice among members. For more information, contact [Robert Stirling](#).

## Community Mental Health, Drug and Alcohol Research Network

### Research skills webinar

Registrations are open for CMHDARN's second webinar on research skills, to be held on 18 June. The topic to be explored is developing a research question. [Learn more](#).

### Community research mentoring program

Applications are open for CMHDARN's Community Research Mentoring Program. The program is open to MHCC or NADA members who want to develop and conduct research guided by an expert mentor. Designed to support practice based research, the program helps to build the skills of the mentee and to equip them with the knowledge about research processes and measuring impact and outcomes. [Send an email](#) or visit the [website](#) to apply.



# Profile

NADA staff member



**Rosemaree Miller**  
Research and Data Management Officer

## How long have you been with NADA?

I started working with NADA in February 2020. The year before I collaborated on a workshop with the Clinical Director Suzie, who is now my supervisor!

## What experiences do you bring to NADA?

From 2013 to last year I was a sessional academic with the School of Psychology at the University of Newcastle. Over the last two years I was also employed by the University of Technology, Sydney, to implement an evaluation of the Odyssey House NSW residential program.

## What NADA activities are you currently working on?

I am leading the Research Capacity project, a research partnership between NADA and the NSW Drug and Alcohol Clinical Research and Improvement Network. This project will show what the current capacity of the NSW AOD sector is to produce quality research that informs evidence based practice. I also work with NADA members, government and universities to facilitate use of data from the NADAbase for reporting, quality improvement and research.

## What is the most interesting part of your role?

No one day is ever the same, and I get to meet and interact with lots of interesting people with a vast array of skills and life experiences.

## What else are you currently involved in?

I'm fortunate in that I get to satisfy my natural curiosity and passion for knowledge in my job. I consider myself an eternal student, so outside of work I'm usually learning or trying something new. Recent examples include doing cognitive behavioural therapy for procrastination, building IKEA furniture, and writing manuscripts for journal publication.

# A day in the life of...

Sector worker profile



**Danny Shannon**  
Senior Case Manager, Glebe House

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

I am very grateful to have worked for Glebe House, full time now, for nearly eight years.

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

Glebe House is a very special program that values lived experience and leading by example. I was very lucky to have had a great relationship with the organisation and the clients that in 2013 I was invited to join the team.

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

We use a range of therapeutic tools for recovery in our program that address many factors, such as: institutionalisation, addictions, domestic and family violence, and multiple types of trauma.

## What is the best thing about your job?

I literally get paid to be myself! Also, there is no greater honour than watching others get well and being a part of that.

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

### What needs to change to get there?

I find it incredibly difficult to watch people get rejected from saving their own lives when a program or its funding does not permit their entry due to strict criteria. I see this frequently with a range of AOD services for a range of different reasons. I get it, but things aren't always how they read on paper and even when they are, everyone deserves a chance to change and recover.

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

I work a strong daily self-care program made up of physical training, a strong connection with my higher power, a deep connection with friends and family, and colleagues.

# Member profile

## Mercy Services—AOD services

**The Mercy AOD services make up a small part of all services provided by Mercy Services across the Hunter region. The organisation has a range of services for people who are frail aged, or have a disability—including home-based services, community centres, community transport and residential aged care facility.**

### Counselling

Our AOD counselling service, McAuley Outreach Service, has been operating since 1992 and is funded by HNE Health and NSW Health. McAuley Outreach offers counselling and support to parents with children (aged under 12 years) where parental AOD use affects the family functioning. The service is usually provided in clients' homes, to suit individual family circumstances. Issues addressed with clients, besides AOD concerns, may include: encouragement to develop and maintain a healthy, stable lifestyle for themselves and their children, health—including mental health—needs of family members, and linking families with existing services as appropriate. Approximately 80% of clients are women and approximately 20% identify as Aboriginal or Torres Strait Islanders.

We are also licenced to provide Holyoake therapeutic groups. We currently deliver one weekly group for women addressing topics such as: dependency, relapse prevention, dealing with emotions, personal boundaries, self-esteem, relationships etc.

We have a small number of very experienced counsellors, all of whom have tertiary qualifications e.g. AOD, and often mental health, or psychology.

### Residential services

Brighton House is a semi-supported residence where up to six men live in an AOD-free environment for up to 12 months. Each resident has his own room; and residents are responsible for the day-to-day running of the house. Brighton is situated in the City of Newcastle with access to all city amenities.

Bronte House, our residence for women, operates similar to Brighton House and can accommodate three women. It is approximately 15 kms from the Newcastle CBD.

### Community housing

We have a small number of houses located in Newcastle and Lake Macquarie; each providing accommodation for



one family, for up to two years. The parents must commit to maintaining an AOD-free lifestyle and remaining engaged with appropriate support services.

### FASD project

The Fetal Alcohol Spectrum Disorder (FASD) project is a prevention program delivered in partnership with Telethon Kids Institute, WA and Newcastle Local Drug Action Team. Activities focus on: health promotion, community education, and workforce development. The target populations are: young people with cognitive disabilities, including FASD, who are involved with the youth justice system; and pre-natal alcohol exposure in Hunter women. The two-year project finishes in June, 2020.

**COVID-19** All of our services have continued to operate under the current restrictions. The only change is that outreach counselling is currently provided via tele- or video-link rather than face to face.

**Our dream** is that one day the women of the Hunter region will have a first class residential rehab facility in their local area, where they can recover from substance use accompanied by their children, thus allowing them to maintain and enhance their parenting roles.

### Contact us



#### McAuley Family and AOD Services

32 Union Street  
Tighes Hill NSW 2297  
**Phone** 02 4961 2686  
**Fax** 02 4969 5149



## Manage methamphetamine use during COVID-19

**During the COVID-19 pandemic, a new smartphone app, S-Check, developed by the Stimulant Treatment Program team at St Vincent's Hospital Sydney, is available to help support community members experiencing methamphetamine issues.**

The app is a readily accessible tool for people with methamphetamine issues who, in times of pandemic, might be in isolation and not accessing regular treatment and services. It seeks to help users to identify their individual risks associated with methamphetamine use.

Through a series of self-assessments, the app provides individualised tips and feedback on any methamphetamine related risks and harm. The app contains relevant resources and helps people track their use over time. The S-Check

app was created in recognising the fact that not everyone who uses methamphetamine would like to seek formal therapy or treatment, but might benefit from having access to other sources of information and support.

The trial is open to anyone who reports using methamphetamine in the past month, is 18 years old or over, resides in Australia, and has access to a personal smartphone to participate in the study. Participants who test drive the app will complete a few surveys and be reimbursed for their time.

To participate, download the app via [Google Play](#) or the [Apple App](#) store. For more information, visit the [website](#) or contact Emily Li on [svhs.scheckapptrial@svha.org.au](mailto:svhs.scheckapptrial@svha.org.au)

## Making FASD History

**By Olivia Hamiton and Helena Hodgson, Mercy Services**

The Making FASD History: A multisite prevention program (MFH) was a two-and-a-half year fetal alcohol spectrum disorder (FASD) prevention program delivered in Newcastle, NSW and Alice Springs, NT by Telethon Kids Institute, in partnership with the Newcastle Local Drug Action Team (LDAT), local auspicing partner Mercy Services (New South Wales), and Central Australian Aboriginal Congress Aboriginal Corporation (Northern Territory), and funded by the Commonwealth Department of Health from December 2017 to August 2020.

The focus of the program was to build capacity in local health services so that communities could continue to lead FASD prevention activities. It focussed on health promotion, community education, development of local models of care and workforce development.

In Newcastle, the following activities were undertaken:

- Research exploring the role of service providers and staff in the youth justice sector and the AOD sector in addressing and preventing prenatal alcohol exposure and FASD.
- Health promotion messaging to address pre-natal alcohol exposure in the Greater Newcastle area, via delivery of the social media health promotion campaign, Pre-testie Bestie.
- Development of a model of care for young people with cognitive disabilities including FASD who are involved with the Youth Justice system.
- Development of [FASD awareness factsheets](#) for use in the education and justice sectors, and in the general community.
- Provision of training opportunities addressing FASD for the local workforce. Findings from a survey of training participants are described in a [separate article](#) [PDF].



# Stay in touch with the AOD sector

## Frontline

Each month we send you best practice articles, resources and training. Read [previous issues](#).

## Advocate

Explore AOD news and issues with our quarterly eMagazine. Read [previous issues](#).

When you subscribe, you'll also receive occasional emails from us about grants, events and more.

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Subscribe on the homepage [www.nada.org.au](http://www.nada.org.au).

## MEET THE NEW NADA STAFF

### Welcome Raechel!

**Raechel Wallace** provides NADA and its members with advice and guidance regarding culturally appropriate practice alongside Aboriginal people who work in, or are seeking assistance from, AOD treatment. Raechel's mob is the Wodi Wodi and Wandian people of the Yuin nation. She is from Nowra on the South Coast of NSW. Raechel has worked in the AOD sector for the past 15 years primarily supporting Aboriginal people. Her background includes service management, project management and workforce support. Raechel was the project lead for the development of the 'NADA alcohol and other drugs treatment guidelines for working with Aboriginal and Torres Strait Islander people'. Raechel is also a member of the NSW Aboriginal Drug and Alcohol Network Leadership Group.

### Welcome Trinka!

**Trinka Kent** role is to lead and support members to build their consumer engagement capacity, and to provide consumer input on NADA initiatives and projects. This includes supporting NADA's Consumer Engagement Sub-Committee, which provides advice to the NADA Board, to inform improvements to treatment options, and ensure that the consumer voice is incorporated into NADA resources and projects. Trinka's own lived experience drives her passion for social justice and belief in the value of consumer collaboration and participation to improve service delivery. Trinka has worked in the community services sector for seven years in AOD, youth, homelessness and with people leaving custody. Trinka will complete her BA in social work this year.



# NADA practice leadership group

## Meet a member

**Mathias Dussey** AOD Bilingual Clinician and Anger Management Counsellor

DAMEC

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

I have thirteen years' experience working as a counsellor and three year as a project officer. I provide counselling services for people from culturally and linguistically diverse (CALD) backgrounds, and with an Aboriginal and Torres Strait Islander health service to improve clients' wellbeing. I started working with DAMEC in 2017 and became a member of NPLG in 2019.

### What has the NPLG been working on lately?

The NPLG has been reviewing workforce development planning and the implementation of the capability framework.

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

I'm interested in enhancing consumer and family participation, and better responses to target population. I aim to raise the cultural awareness of professionals and service providers and improving access for people from CALD backgrounds.

I have also researched the effect of support on the mental health of mothers who care for their children who have an intellectual disability when I studied at the university. My future research is about acculturation stress of people from the African Diaspora accessing human and social services.

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

Participating in meetings and programs for professional development. Arriving at work and leaving on time so that I have enough time to perform domestic chores, socialise and do exercise with my family, friends and rest.

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

I can provide advice about working in collaboration with CALD communities. This will help to capture information about their values and beliefs regarding mental health and substance use. It will also inform about the challenging issues they face, address the issues to improve service delivery and facilitate their access to supports and services.

## NADA webinars

**23**  
June

### Improving access, equity and safety Learn from SDG projects

**12:00pm – 1:30pm**

Would you like advice and support around streamlining your intake process?  
Have you been thinking about improving engagement with Aboriginal people?

[Register now.](#)

**30**  
June

### Deliberate practice with Daryl Chow

**11:00am – 1:00pm**

Gleaning for the field of expertise in other professional domains, the primary purpose of this workshop is to help practitioners use the principles of deliberate practice to improve their therapeutic effectiveness, and push their effectiveness to the next level.

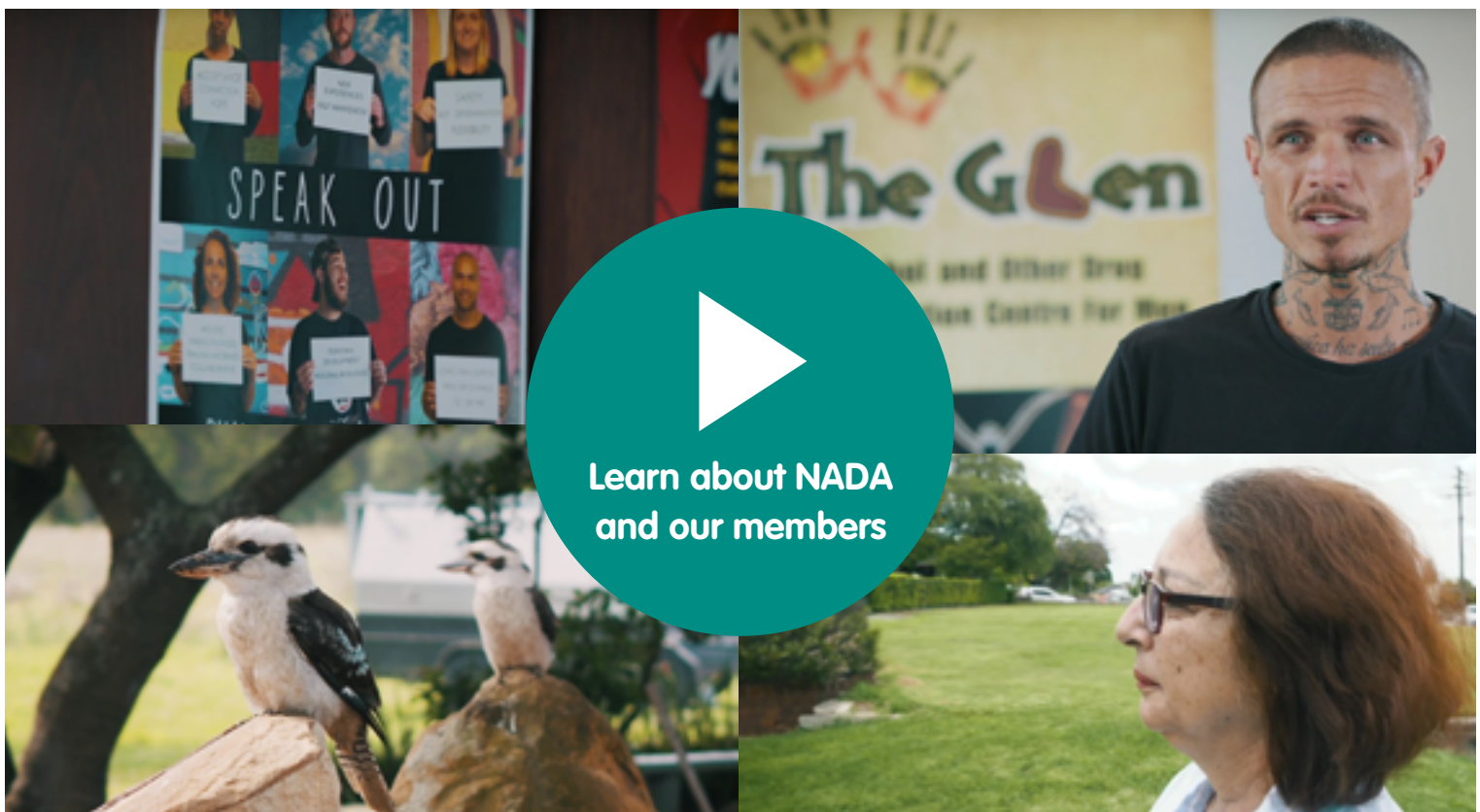
[Register now.](#)

# Improving access, equity and safety

Learn from Sector Development Grant projects

Tune into the June 23 webinar 'Improving access, equity and safety' to learn about these projects and how you might consider adapting them to your organisation. [Register now.](#)

<b>ADFNSW Kathleen York House</b>	Improving clients' experience of accessing treatment and ensuring assistance while still out in the community	Streamlined intake processes, expanded referral list and brief intervention strategies developed to for better treatment matching and waitlist management
<b>CORE Community Services</b>	Miller Hub AOD project	Stronger youth engagement in the Miller/2148 area through the establishment of a youth space
<b>Community Restorative Centre</b>	Post release AOD support for Indigenous people in Far West NSW	Improvement in access to holistic AOD support to Indigenous people at risk of criminal justice system involvement, building capacity of existing services to support AOD clients post release
<b>Lives Lived Well</b>	Alcohol and other drugs treatment services audit for working with Aboriginal and Torres Strait Islander people	Creation of an audit tool to assess an organisation's positive practices and opportunities for improvement in working with Aboriginal and Torres Strait Islander People in mainstream services
<b>The Buttery</b>	Centralised intake and assessment	Creation of a centralised team which maintains quality service from first contact made with a client through to a centralised model of triage assessment and intake through to aftercare
<b>We Help Ourselves</b>	Website and client journey information	Creation of online virtual tour of WHOS services and offerings with the aim of providing more choice to potential clients



# What we're working on

## Program update

### NADA launches 'Workforce capability framework'

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

Developed for, and with input from those who work in the AOD sector, the *Workforce Capability Framework: Core capabilities for the NSW non government alcohol and other drugs sector* (the Framework) describes the core capabilities and associated behaviours expected of all NSW non government AOD workers.

**Download the Framework, watch the [launch webinar](#) or contact [sianne@nada.org.au](mailto:sianne@nada.org.au) to learn more.**

### New worker wellbeing resources

NADA launched two resources to support workers during COVID-19:

#### eLearning: Coping with stress and uncertainty during COVID-19

Feeling overwhelmed and on edge in the wake of COVID-19? You're not alone. As difficult as this situation is—and as powerless as you might sometimes feel—there are steps you can take to improve your health and wellbeing.

This [eLearning course](#) has been developed to help AOD workers cope with stress and uncertainty during COVID-19. It explores the factors that make coping difficult and outlines a variety of helpful tips and strategies to support you to look after yourself during these challenging times.

By the end of this course, you should be able to:

- explain why coping during a public health crisis as an AOD worker is challenging
- identify your stress response and emotional triggers
- apply proven coping and relaxation tools and techniques to reduce stress and enhance health and wellbeing.



### Animation series: Well Beings

Introducing [Well Beings](#), a short-animation series with practical, evidence based tips and tricks to reduce stress and enhance health and wellbeing during COVID-19 and beyond.

The first episode 'Managing your mental health at home: Information about working from home during COVID-19' profiles [this](#) [PDF] fantastic resource by our friends over at the Black Dog Institute.

**For further worker wellbeing resources, please visit: [workerwellbeing.nada.org.au](http://workerwellbeing.nada.org.au), or for further details contact [sianne@nada.org.au](mailto:sianne@nada.org.au).**

### Continuing coordinated care

During COVID-19, the CCC teams have been working hard to adapt their service and continue providing support to their clients via telephone or online meetings. To assist the teams during this time, NADA's CCC clinical program manager has been facilitating fortnightly zoom meetings with CCC staff across the state. These meetings have provided a great opportunity for workers to network, discuss how they are going and share ideas and good news stories.

**For more information, contact [michelle@nada.org.au](mailto:michelle@nada.org.au).**



# Advocacy highlights

For the past few months, NADA has directed its resources to support members impacted by COVID-19. Our staff have been in regular contact with all members to ensure that our advocacy and representation is in direct response to their changing needs. Regular partnership webinars between NADA and the NSW Ministry of Health during this time have enabled members to get the most up-to-date relevant information to support ongoing service delivery.

## Policy and submissions

- NADA and other health peak bodies in NSW provided a proposal to the NSW Ministry of Health calling for infrastructure, IT/telecommunications and training funding to support NGOs impacted by COVID-19
- The AOD Peaks Network provided a submission to the Select Committee on COVID-19 to inquire into the Australian Government response to the COVID-19
- NADA and a network of peak bodies and universities sent an open letter to Australian governments on COVID-19 and the criminal justice system

## Advocacy and representation

- The NADA Advocacy Sub-Committee meetings have focused on the advocacy priorities of members. In the short-medium term, this is on the impact of COVID-19, and funding sustainability of the sector. Longer term, the committee is still discussing the importance of the Special Commission of Inquiry into the Drug 'Ice' final report recommendations.
- NADA has been representing members on a range of COVID-19 meeting structures: NSW Ministry of COVID-19 Clinical Council, NGO Community of Practice and AOD Community of Practice
- The AOD Peaks Network ramped up their meeting frequency to advocate on behalf of non government AOD services nationally
- NADA is communicating with Simone Walker (Deputy Secretary, Department of Communities and Justice) and other NSW Department of Justice executive staff to organise a roundtable workshop to discuss ways our sectors can enhance collaborative practice and partnerships, and referral pathways
- Key meetings: Australian Government Department of Health, NSW Ministry of Health, NSW Department of Communities and Justice, NSW Council of Social Services
- Monthly Peaks Capacity Building Network teleconferences

**Information on NADA's policy and advocacy work, including Sector Watch and the meetings where NADA represents its members, is available on the [NADA website](#).**

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**Feedback** **Training grants**