



NADA
network of alcohol & other drugs agencies

The newsletter of the
Network of Alcohol
and other Drug
Agencies

Issue 2: June 2015

advocate

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In this edition we focus on women and pertinent issues relating to the provision AOD treatment.

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*The Women's
Issue*

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Read features from:

- Message from the Hon Pru Goward, MP
- Services participating in the NADA Women's AOD Grant Project
- FACS - Office of the Senior Practitioner
- Dr Courtney Breen

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The Hon Pru Goward, MP

Minister for Mental Health, Minister for Medical Research,
Assistant Minister for Health, Minister for Women and Minister for
the Prevention of Domestic Violence and Sexual Assault



Drug and alcohol abuse can be a serious, continuing and debilitating affliction where there are no easy cures. Since becoming the Minister for Mental Health and Assistant Minister for Health I have taken responsibility for the Drug and Alcohol portfolio.

This is a significant responsibility and one which I embrace enthusiastically. I thank NADA and the drug and alcohol sector for the warm welcome to my new role.

It needs to be noted that mental illness, drug and alcohol abuse and domestic violence are recognised as the major factors in social dysfunction and intergenerational poverty, so we have, in NSW, a great opportunity to ensure our policies and programs in these three areas work together to address chronic disadvantage.

NSW Health has a long history of partnering with the non government sector to deliver vital drug and alcohol services and I am committed to strengthening and continuing this important partnership.

I've been proud to be the Minister for Women in NSW for the past four years. I am a strong advocate for engaging with people about their health, and have a particular interest in breaking the cycle of disadvantage broadly, but particularly for women and children. We often see unacceptable inequalities in terms of family and domestic violence, in terms of access to appropriate clinical care for women with children and in terms of models that work to support families to build a better life.

Women who use alcohol and other drugs face unique and varied risk factors including more problems related to mental health, domestic violence, family and interpersonal relationships, employment, and physical health. Of particular concern are potential child protection risks for women who are parents or who may be pregnant or breast feeding.

“NSW Health has a long history of partnering with the non government sector to deliver vital drug and alcohol services and I am committed to strengthening and continuing this important partnership.”

Tackling intergenerational disadvantage is one of our toughest social policy challenges today. It is my strong belief that to achieve change and to break the cycle, it is essential that we intervene early and work holistically. It is important to look at the evidence base and build on what we know works.

The NGO sector can be great leaders in community based models of care for women with substance use problems. There are already a number of women's services that are providing specialised programs for women and their children. Services such as those within the NADA Women's Network demonstrate some great examples of how the sector can improve the lives of families and I am looking forward to learning more about these over the coming months.

For women with drug and alcohol concerns, access to appropriate and integrated care is critical. There is great opportunity to build on existing services and establish a more collaborative approach to service delivery - looking at the partnerships to be made with primary care, government agencies within Health and across government.

Non government organisations are well positioned to promote a family inclusive practice and I commend the work that NADA has initiated to identify best practice in the delivery of care for women. This includes the delivery of women-centred treatment focussing not only on parental substance use but on strategies and support for women who may be in situations of domestic violence.

There are evaluated models such as the Keep Them Safe Whole Family Teams which have shown good outcomes in terms of family functioning. This program targets

families with an identified risk of significant harm and works with them to address their mental health and drug and alcohol concerns. The model demonstrates the benefit of multidisciplinary care planning and taking a partnership approach between health and community service providers. Interventions utilised within these teams focus on family functioning as well as parental behaviours - positive examples of principles of program delivery that can be adopted by other service providers.

Data suggests that at a population level we have seen a decrease in the proportion of Australian women consuming alcohol during pregnancy over the past several years. This is a positive step towards reducing the potential harms that substance use in pregnancy can lead to for both mothers and their unborn babies.

I am aware that there is an identified need for more women-only services, and particularly services focussing on pregnant women. This is where collaboration with government and primary care is critical - linkages with programs such as SAFE START where the objective is to identify and support women and families with a range of social and emotional issues during pregnancy and following birth and to establish pathways to appropriate care, including within the community. Drug and alcohol NGOs are well positioned to work alongside early intervention programs such as this.

The work that is being undertaken by the drug and alcohol non-government sector is impressive and I look forward to working with NADA and the sector in taking fresh social policy approaches to program delivery for individuals and families across NSW.



CEO report

Larry Pierce

This edition of the Advocate is focusing on the issues for women in drug and alcohol services and the variety of responses our sector is able to provide this group. As we all know, services for women and in particular their dependent children are rare and limited across NSW, although we have the highest number of dedicated women's and children's specialist drug and alcohol treatment services in the country.

NADA is particularly proud of the Women's Alcohol and Other Drug Network we have had established over the past few years (more on this later in this edition of the Advocate) and the Women's Alcohol and Other Drug Service Development Program. The program has assisted with further developing key partnerships between, and externally for these services to enhance their direct work with women and their children. The Women's AOD Network has been particularly successful in assisting these services to increase and improve their own advocacy for the further development of their supports and service delivery to this very high needs group of women. It has also been very helpful in simply bringing these specialist services together to discuss management issues and the problems they face in referring women to support services after they complete their intensive residential service stays.

One of the main concerns is how to increase funding for these services as NSW Health government funding has been more of a contribution to the service rather than direct funding of the range of service inputs these organisations provide. NADA is very proud to have been able to assist with the establishment of the Network as a way of providing opportunities for women's services to consider their ongoing needs, advocate for their own services and for the grouping of women's services.

As far as the NGO reform process by NSW Health is going we are still working closely with the Mental Health and Drug and Alcohol Office (MHDAO). This unit has been transferred to the Strategy and Services section of the Ministry under Ms Elizabeth Koff, A/ Deputy Secretary and this unit is still working on the development of a purchasing framework and purchasing plan activity that will guide the re-tendering or re-commissioning of NGO health services currently provided under the existing Ministerial grants system. They are still planning to tender out some capacity building support activities to assist NGOs with the transition to tendering and I will be able to provide members with information about that once the tender information is provided to the NSW Health funded peak organisations.

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NADA is particularly proud of the Women's Alcohol and Other Drug Network we have had established over the past few years and the Women's Service Development Project.”

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MHDAO is also about to undertake an external review/evaluation of NADA as a peak body funded by the Ministry. We have been able to provide them some input to this external review and await the opportunity to work with the consultants they select to review us. I think this is a good activity as it will help to shine a more objective light on the value we have been able to provide the specialist NGO drug and alcohol sector in NSW.

I look forward to getting back to the membership about the developments in the NSW Health review of the Ministerial grants program and hope that they move this along more quickly than they have in the past so we can enter into a new system of funding that will bring longer term certainty to our sector.



NADA Women's AOD Services Development Program

Ciara Donaghy, Program Manager, NADA

This Advocate edition features articles from grant recipients on their projects and the outcome achieved.

The NADA Women's AOD Services Development Program (SDP) was funded by the Australian Government Department of Health in June 2013. The program aimed to build the capacity of the NSW non government drug and alcohol sector to meet the needs of substance using women and their children.

The Program has seen the ongoing support and growth of the Women's AOD Services Network (see page 5) including providing opportunities for training and organisational support to the group. The two year project took a multipronged approach beginning with the development of Needs Analysis which contributed to the direction and focus of the broader program.

The program offered professional development grants to women's specialist organisations for workforce development. Over 40 grants were approved for individual and group training between July 2014 and June 2015 in areas such as Acceptance and Commitment Therapy, Dialectical Behavioural Therapy and trauma related training. Feedback was received from the 14 grant recipients who completed their training in the July to December 2014 period. A total of 47 staff were trained across these 14 grants and 100% indicated the training was worthwhile overall, that they would definitely use the information and resources provided in the training and that they had improved their awareness and knowledge of the topic area. Data for the January – June 2015 period will be available in the coming months.

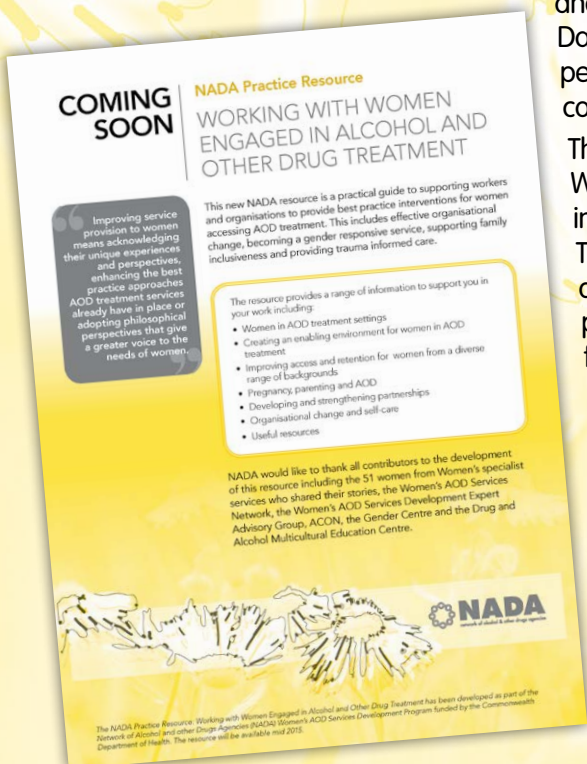
The major element of the Women's AOD SDP was the roll out of the Women's AOD Services Enhancement Grants. These grants targeted specialist alcohol and other drug services that work with women, inclusive of women who are pregnant and women with children. The grants panel consisted of independent representatives from National Drug and Alcohol Research Centre and the National Centre for Education and Training on Addiction and NADA.

Eight out of ten grant applications were approved and distributed to six specialist women's drug and alcohol services. Grants were up to \$70,000 and project timeframes covered March 2014 to May 2015. This Advocate edition features articles from grant recipients on their projects and the outcomes achieved. Contact details are provided so you can contact the organisations directly if you'd like more information on their activities.

NADA would like to acknowledge the work carried out by all organisations involved in this project over the last two years and thank the Women's AOD Services Network and the Expert Advisory Group in particular for their contributions.

For more information on the program contact **Ciara** at NADA on 02 8113 1306.

The NADA Practice Resource: Working with Women Engaged in Alcohol and Other Drug Treatment has also been developed as part of the project. This resource is in its final stages of development and will be available soon on the NADA website resources page. More information on this resource can be found on page 23.



Women's Alcohol and Other Drug Services Network



The Women's AOD Services Network, established in January 2013 has been a hive of activity over the last two and half years. It was developed with the support of the NADA Sector Capacity Building Program funded through the Department of Health Commonwealth and has been supported by the Women's AOD Services Development Program since July 2013.

The Network comprises of 12 specialist non government organisations (NGO's) that provide specialist services to substance using women, including those providing services to pregnant women and women with children.

The Network aims to facilitate sustainable collaboration, knowledge and information sharing with the view to strengthening women's AOD NGO's in NSW and to further common strategic interests of its members.

The Network are highly active and have become a key source of knowledge, expertise and support for members and for NADA when considering issues relating to substance using women and their children. The Network have had representatives on the NADA Women's AOD Services Development Program Expert Advisory Group and have an identified spot on the newly formed NADA NGO Practice Leadership Group.

Since 2013, Network members have participated in site visits to members improving understanding of the services and increasing referral pathways.

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They have also been active in identifying areas for capacity building and as a result have participated in information sessions on a range of topics by sharing knowledge amongst members and inviting guest speakers. Topics have included:

- Working with Family and Community Services
- Working with LGBTI clients
- Governance and partnerships
- Quality improvement and accreditation
- Circle of Security Groups
- Jim Maclaine Relapse Prevention Programme
- Becoming a smoke free
- Implementing nutrition programs

In addition the Network have contributed to a range of activities such as:

- Development of a successful funding submission for the **NADA Women's AOD Services Development Program** and continued contribution and involvement in outputs of the program such as the needs analysis and the practice resource, Working with Women Engaged in Alcohol and Other Drug Treatment (currently in press).
- Advocacy on state and national issues including the Going Home Staying Home reforms and contributing to the NADA policy submission to the National Ice Taskforce.
- Development of a Women AOD Service Directory containing useful information such as target group, service type, referral and assessment processes, hours of operation and other practical service details. This directory is available online [here](#).

A Profile of the Network and its members will be available in the coming weeks and will be available for download on the NADA website – look out on latest news and our e-mail updates.

For further information about the Women's AOD Services Network, to find out how to meet the Network, invite a Network representative on your expert advisory groups or committees contact [Ciara](#) or [Edith](#) at NADA.

Welcome new NADA Member

Getting it Together Scheme, Uniting Care Burnside

UnitingCare Burnside's Getting It Together Scheme is an early intervention program designed to assist young people aged 12-24 years from the Macarthur, Wollondilly and Wingecarribee region with alcohol and/or drug concerns.

The goal of the program is to educate and empower young people to live free from dependence of alcohol and/or other drugs. We aim to achieve this goal through the provision of education, prevention, harm minimisation and counseling services to the individual, while forming stronger families and communities.

The Getting It Together Scheme is also able to provide brokerage to address income, physical and mental health, social support, justice, education, employment and training needs of young service users.



We Help Ourselves (WHOS)

New Beginnings

Women's AOD Grant Project



Jo Lunn, Improving Organisational Project Officer, WHOS

WHOS New Beginnings (WHOS NB) is a women only, 26 bed residential, Therapeutic Community with a treatment goal of abstinence located in Rozelle, Sydney.

Women accessing alcohol and drug treatment services are significantly disenfranchised, often demonstrating complex presentations, particularly relating to mental health and complex trauma (Jenner et al., 2014). In line with this finding, women attending WHOS NB Therapeutic Community (n=67) have high rates of self harm (54%), previous suicide attempts (48%), PTSD (55%) and Borderline Personality Disorder (Campbell, 2010). The NADA Women Service Delivery Enhancements Grants provided WHOS NB with an opportunity to improve services to this complex client group.

The grant was used to develop and evaluate newly developed group-work and conduct a Trauma Informed Care review of the service. An Expert Advisory Committee was set up to assist in the overall design of the evaluation of this group-work. Membership of the committee included Dr Katherine Mills (NDARC), Dr Peter Kelly (Illawarra Institute of Mental Health, University of Wollongong) Rachel Rowe (Drug and Alcohol Multicultural Education Centre), Sarah Etter (WHOS NB Manager) and Jo Lunn (WHOS Improving Organisational Capacity Project Officer). A research assistant was employed to conduct the literature reviews and complete data entry and statistical analyses.

Improvements

Following an extensive literature review, a number of therapeutic groups were developed, including several groups promoting mental health resilience and mental wellness. These groups were written within an Acceptance and Commitment (ACT) framework. ACT was chosen for two reasons. Firstly, while it is a gentle approach, it is an exposure based treatment (recommended through the literature for clients with trauma and PTSD).

“*WHOS access to this grant has led to a significant improvement in client outcomes.*”

Secondly, the intervention can be delivered in a group setting, which is consistent with the Therapeutic Community treatment model. The aim of the groups was to assist women to manage symptoms of distress while moving towards their core values with the overall aim of improving their quality of life.

All staff underwent comprehensive training in both the ACT Approach and a select group of staff underwent comprehensive training in the group-work facilitation. Specialist ACT consultants were employed to train all staff, assist in group-work, write up and facilitate the initial trial of the group-work training while being observed by staff and then observing and supporting staff to facilitate the group-work. Both staff and residents received and accepted the group-work very positively.

The evaluation of the groups demonstrated evidence that an ACT intervention is appropriate for existing service staff to facilitate (with training). The ACT intervention increases client's assessment of their quality of life and reduces the level of mental health symptomology at pre and post time points. The qualitative data from the clients was overwhelmingly positive. In fact a major point given in the feedback relating to how to improve the groups was a request for the groups to be longer (groups were written for one hour duration).

Eight hours of women specific group-work was reviewed with six new groups re-written. A cycle of six groups was identified to work more effectively than a cycle of eight within program scheduling; hence the reason only six new groups were developed. The WHOS gender groups were reviewed using client and staff feedback and a literature review containing key recommendations. As WHOS NB had been trialling both the ACT Based Mental Wellness groups and then new PTSD Information Group work (WHOS MHDAR Research Grant Project), the gender groups were not evaluated within the timeframe of this project. This is for two reasons firstly, the strain on staff would not be appropriate (i.e. extra workload to learn the new group material). In addition, introducing two sets of new group-work at the same time means evaluation is pointless as there is no way to determine which set of group-work led to what changes. These new gender groups will be introduced and evaluated later in 2015, following the completion of the trial of the PTSD Information Groups.

A Trauma Informed Care review of WHOS NB also occurred. The Trauma Informed Organisational Toolkit for Homeless Services (National Centre on Family Homelessness, USA) was used as the audit tool. Although this audit was developed for homeless services accepting children in the United States, the vast majority of the audit was appropriate and transferable to WHOS NB. Management and a focus group of staff and clients reviewed WHOS NB against the audit. Any point that either management or the focus group identified that WHOS NB did not meet, was recorded.

Continues over >

We Help Ourselves (continued)

A separate group was established to develop recommendations in relation to the findings of the Trauma Informed Care review. Membership included the NB Manager, Sarah Etter, Dr Katherine Mills (NDARC, expert in PTSD and Substance Use) and Jo Lunn (WHOS Improving Organisational Capacity Project Officer) and they developed recommendations for all identified areas. These recommendations were then reviewed with Garth Popple, WHOS Executive Director. To date, of the 49 recommendations made, 30 have been acted upon with the remaining 19 allocated within WHOS existing QI systems (recommending a review occurs every three years) and the Improving Organisational Capacity Project.

Project Challenges

The major challenge of the project was simply the addition of workload onto existing WHOS staff. The employment of the Research Assistant made the project possible but the project still created additional work on top of already high front line workloads. The short time frame of twelve months is also a challenge as to effectively evaluate new interventions can take considerable time (e.g. particularly if the project is planning to include a control group).

Project Highlights

WHOS access to this grant has led to a significant improvement in client outcomes. These have been quantifiable with the introduction of the ACT based Mental Wellness Groups. The highlight of the project has been the outcomes of the Mental Wellness Groups and as a result, the building of an evidence base for an ACT group-work based intervention for this complex client group. The Gender Groups will be evaluated in the same way and it is hoped that they will also demonstrate a similar result.

Recommendations

After completing this project, WHOS would highly recommend both ACT group based interventions and engaging in a Trauma Informed Care review for services working with women accessing residential AOD treatment. Both of these processes has led to an increase in WHOS NB capacity to work with the complex issues our clients are experiencing and provide improved client outcomes.

For further information about this project, please feel free to contact Jo Lunn Improving Organisational Project Officer on 8572 7411 or jo.lunn@bigpond.com

For more information about the services offered at WHOS NB, Sarah Etter (Manager) can be contacted at sarahe@whos.com.au

Further information about WHOS NB and other WHOS services can be found on the [WHOS website](#).

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WHOS
helping people help themselves

Jarrah House

Bridging the Gap Women's AOD Grant Project



Sandy Kervin, Jarrah House CEO

Jarrah House is a women's residential drug and alcohol treatment facility located in Little Bay, Sydney, offering detoxification and rehabilitation programs for women. Jarrah House is the only facility in Australia that allows women to maintain their children in their care while detoxing from alcohol and other drugs.

The Bridging the Gap project was funded under NADA's Women's AOD Services Enhancement Grant program and aimed to improve access to, and retention of, Aboriginal and Torres Strait Islander women to drug and alcohol treatment and improve the organisational capacity to provide culturally sensitive practice across all areas of service provision at Jarrah House.

A multipronged change management approach was used over the twelve month period to meet the project aims including:

- The employment of a full time Aboriginal Drug and Alcohol Worker to support the engagement and retention of Aboriginal clients.
- The development, review and implementation of Jarrah House policies and procedures to reflect best practice in working with Aboriginal women and their children in drug and alcohol treatment settings.

- The development, review and implementation of Jarrah House client programs to reflect best practice in working with Aboriginal women and their children in drug and alcohol treatment settings.
- The provision of training in Aboriginal cultural awareness and for all staff.
- Networking activities to strengthen partnerships with local and rural Aboriginal organisations.

Both the staff and clients of Jarrah House have greatly benefited from the project. There has been improved access and retention rates for Aboriginal women at Jarrah House, and increases in Aboriginal women who are pregnant participating in the detox and residential treatment programs. Those women participating in Jarrah House programs reported that they felt more culturally supported at Jarrah staff. Staff benefited from professional development in Aboriginal Cultural Awareness with consultant, Felicity Ryan, as well as having the addition of a full time Aboriginal Health worker (who has been nominated to the Aboriginal Drug and Alcohol Network (ADAN) of NSW Leadership Group) supporting them in their work.

Stronger community partnerships with local and state-wide services have been developed and a grant application from Randwick City Council was successful supporting us to celebrate NIDOC week 2015. While outcomes of the project have been countless, and Jarrah aims to ensure it is embedded into normal practice, funding for the Aboriginal Health Worker position has ceased, making the sustainability a challenge. Jarrah have already approached a number of funding sources and will continue to do so to be able to continue and enhance the Bridging the Gap project.

For more information on this project contact Sandy Kervin, Jarrah House on 02 9661 6555.

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Jarrah House
Residential treatment facility for women

Jarrah House staff Judy Coulter (Family Support Worker, Charlotte Pritchard (former staff member), Paula Vale (Aboriginal AOD Counsellor), Linda Galea (AOD Counsellor) celebrate NAIDOC week.

Dianella Cottage

Standpoint Project

Women's AOD Grant Project



Jude Sayers, Project Officer/Dual Diagnosis Counsellor, Dianella Cottage, Blue Mountains Drug & Alcohol Recovery Services Inc

Dianella Cottage provides community-based drug and alcohol treatment group programs for women with co-existing drug, alcohol and mental health issues.

While we welcome women on opioid treatment, we acknowledge that the numbers of women on treatment programs who actually attend Dianella Cottage programs are low. It was thought that by undertaking a research project which enabled us to have a better understanding of potential barriers that might inhibit participation and women's specific support needs, we could develop informed strategies that, wherever possible, address the barriers and increase opportunities for access.

The Standpoint Project has been a research project which explored the experiences of women on opioid treatment programs. The purpose was to assist the team at Dianella Cottage to further develop and improve our practices and the programs we provide to ensure accessibility for women on treatment programs. Utilising interviews and feedback from a consultation group, the aim was to explore the experience of women participating in treatment programs as well as their experiences of accessing complementary treatment and other supports. Women who have had experiences of participating in an opioid treatment program who resided in the Blue Mountains/Lithgow areas were interviewed. Interviews were also undertaken with professionals who worked with women on opioid treatment programs.

The research was supported by an extensive literature review which further highlighted the need for more forums that give voice to, and therefore expand, the understanding of women's treatment experiences. The bulk of the literature depicts women on opioid treatment programs in a limited way. The picture presented is that women on opioid treatment programs are a homogenised group; often portraying them as victims of domestic violence and problematic mothers. While the sample size interviewed was small, the women that presented challenged this construction. The findings revealed that in fact this was a diverse group of women who told stories of resilience, a capacity to manage the complexities of life, and a commitment to creating stability and routine.

The findings of the research have been collated into a final report and provide the recommendation of twelve strategies that can be incorporated into the practices at Dianella Cottage.

Some of these strategies include:-

- Experience-informed practices developed in direct consultation with women.
- An engagement approach which includes regular and pro-active personal contact at dosing and other appropriate contact points.
- Promotional material and information directly targeting women on opioid treatment programs.
- Negotiation of treatment plans informed by opioid treatment engagement.
- Development of a specific information care-pack containing health and treatment resources.
- Development of psycho-education sessions run in partnership with other specialist services on a range of issues specific to women's needs.
- Development of a community-based withdrawal and reduction program.
- Development of a peer support and community education worker program which utilises the expertise of lived experience, in particular to challenge stigma and stereotyping.
- An outreach service to regional areas where there are geographical barriers to accessing complementary drug and alcohol treatment.

The highlight of the project has been the privilege and opportunity to interview this group of women. The women interviewed were forthcoming about their experiences despite expressing apprehension about the potential consequences of 'speaking out'. A significant finding was that women reported experiencing stigma and judgement from professionals when accessing essential health care. This is in line with recent research undertaken by NUAA (New South Wales Users and Aids Association) and other studies sighted in the Standpoint Project.

The greatest challenge has been the ethics and site approval processes which was essential to enable us to recruit and interview women who

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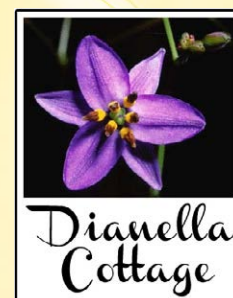
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are currently on government opioid treatment programs. For a small non-government organisation with no experience of navigating the internal process of the NSW Health Department it was a considerable challenge. The approval process (including security clearance) took up six months of a twelve month project. This highlights the need for services from the non-government sector to incorporate additional time into the project plan. The other challenge that has arisen has been an awareness of the lack of coordination between State and Federal Health's strategies and funding responsibilities.

As useful as the research findings have been, we are also well aware of the restrictions of utilising Federal funding to implement some of the strategies outlined in the report. For example, under our current funding arrangement, it would not be possible to deliver a community-based withdrawal and reduction program for women on opioid treatment as this is a NSW Health responsibility.

The completed research will be uploaded to the [Dianella Cottage website](#) on 30 June 2015.



Guthrie House

The Women Choice and Change Program Women's AOD Grant Project



Glenda Milne, Manager, Guthrie House

Guthrie House is a transitional service for women 18 and over, including women with pre-school aged children in their full-time care. It is the only service of its kind that supports women who have a history of alcohol and other drug abuse and current involvement in the criminal justice system. This can include release from a correctional centre on bail and/or community-based sentence such as a Parole Order, Probation Order, Drug Court Order or an Intensive Correction Order. It is one of the few services that accept women who have dependent pre-school aged children in their full-time care and/or are participating in pharmacotherapy treatment, including methadone or buprenorphine.

The Guthrie House Program includes a three month residential component and after-care support up to twelve months. The Program provides women with safe and secure medium-term, transitional accommodation and the wrap around supports needed to address their offending behaviour, prevent and reduce re-offending, drug and alcohol abuse and successfully transition to sustainable long term housing.

The Women Choice and Change Project aimed to work with women in Guthrie House to choose and maintain strong, healthy relationships. While Guthrie House delivers a range of programs, none specifically focus on the personal relationship dynamics that contribute to women's drug and alcohol problems. This program aimed to support women in treatment at Guthrie House to better manage their personal domestic relationships through participation in a specifically designed group program.

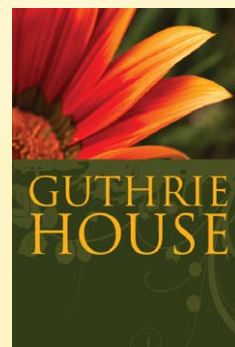
In collaboration with Relationships Australia and the School of Psychology, University of New South Wales, Guthrie House embarked on a project to research, design, implement, and evaluate a group program that addresses issues of self-esteem, aloneness and loneliness, domestic violence and co-dependent partners in drug and alcohol abuse.

The preparation and implementation for developing the program included literature reviews, pre and post intervention surveys (conducted with staff and residents), and training package development for staff and program evaluations over the project timeframe.

Guthrie House was filled with activity, and valuable contributions to the program content were made by staff and residents and addressing domestic violence is now embedded as a case plan factor by all case workers at Guthrie House.

The project remains ongoing as further training for staff and evaluating their intervention strategies will enable a best life plan for Guthrie House's residents to be delivered.

For more information on the original Choice and Change Project [click here](#) and for more information on the Guthrie House adapted program contact info@guthriehouse.com.



Kevin O'Sullivan, Clinical Associate, UNSW School of Psychology; Susan Elvery, Family Safety Coordinator, Relationships Australia; Glenda Milne, Manager, Guthrie House. Absent, Toni Hubble, Project Coordinator, Relationships Australia.



Kamira Alcohol and Other Drug Treatment Services Inc

Aftercare Transition and Housing Pilot Program Women's AOD Grant Project

Kate Hewett, CEO

What were the project aims and objectives?

The Aftercare Transition and Housing Pilot Program was designed to increase the treatment options provided to women presenting at Kamira with complex clinical profiles by filling the gap between completing the residential program and transitioning into independent, safe and stable housing.

What was the rationale for developing the project?

Women presenting with complex clinical profiles typically spend more time in the treatment setting. Sometimes towards the end of treatment they can be effectively managed offsite, allowing more clients to enter the residential setting. However safe and secure housing is lacking in the area.

Has the project seen improvements in the organisation/staff capacity?

The pilot project has provided the capital investment, research, design, risk management, quality improvement strategies and establishment of relationships

that will now see this program be integrated and sustained into Kamira's core business.

Has the project seen improvements in client outcomes?

Through the use of NADA COMs (Client Outcome Measures) we have been able to identify substantial improvements in all the scales including the Kessler 10 (K10), Severity of Dependence Scale (SDS), and the WHO Quality of Life (QoL). Clients have also transitioned into employment and training opportunities while still being supported clinically.

What were the highlights and/or challenges of the project?

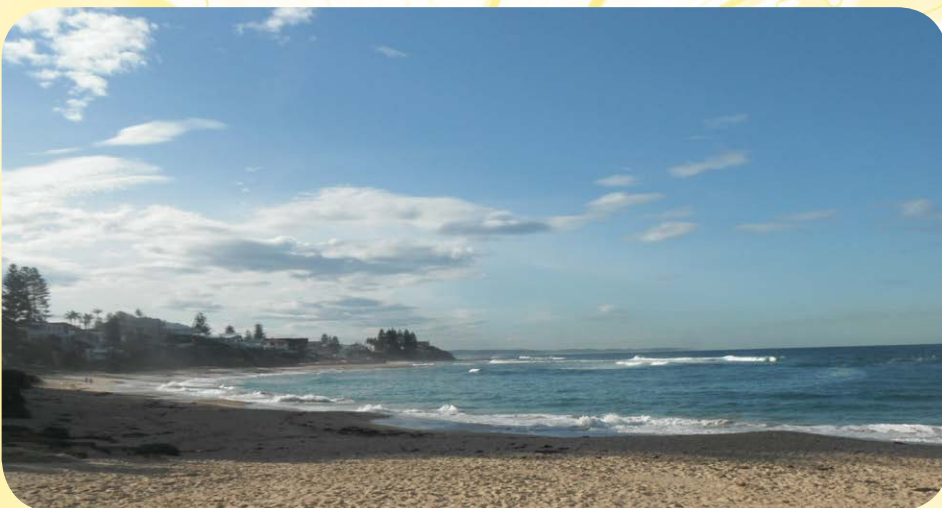
For some women it's the first time they have lived independently and AOD free. It's very rewarding to see them face their fears, achieve their goals and plan for new positive challenges. Kamira has an extensive waitlist and delays for treatment are at eight weeks. By managing more complex clients who are now toward the end of their treatment plans off site, we can offer more women and children treatment.

What have you learnt from implementing this project and what recommendations would you offer to other services working with women with AOD issues?

All women that enter Kamira have experienced trauma in their lives. Those presenting with more complex clinical profiles require more treatment options over a longer period of time. Having a setting off site which has less rigidity and greater opportunities to employ and test their skills learnt thus far, has a direct impact on retention of clients in treatment and attainment of clinical goals.

Kamira has developed the Reintegration Program Essentials for Staff as a result of this project. Any NADA member interested in the project is welcome to come and visit and we will walk you through the program.

For more information on this program contact info@kamira.com.au.



The re-integration apartment is located 1 minute walk from a popular Central Coast Beach, cafes and retail centre.



ADFNSW Kathleen York House

Day, Aftercare and Outreach Programmes Women's AOD Grant Project



Latha Nithyanandam, General Manager

ADFNSW- Kathleen York House (KYH) is a 24 hour residential service supporting women to understand and overcome substance dependence and better manage their mental health issues so reducing the harmful impact on their lives, their children, their families and on the community. It is a facility where women can bring their children along with them and KYH adopts a holistic approach where treatment is extended to the whole family.

KYH was successful in gaining the following two projects grants; a day programme and an aftercare /outreach programme to provide a continuum of care. This is in line with the Through Care Model of reaching and supporting clients from their pre contemplative stage while in the community, through treatment, aftercare and reintegrating back into the community.

The primary aims of both projects was to reach out to more women in need, as well as provide treatment based on their individual needs and the stage of change they were at. Our other aims included supporting women to stop using and maintain a drug free lifestyle and achieve productive functioning in the family, at work and in society. It importantly aimed to reduce waiting lists, a common problem reported by all AOD services. To achieve these aims, KYH (which already has residential and aftercare programmes) introduced a day programme, outreach services, and streamlined the aftercare programme through the two projects grants.

Two staff were recruited. KYH with its highly qualified and experienced staff ran a three month day programme, six month residential programme and a one year aftercare programme. With the flexibility of the three programmes, clients were able to access services easily and decide on those most suitable for them. The outreach worker also ran in-house services at various organisations informing them of the new programmes and also about opening our aftercare programmes for clients who had completed residential programmes elsewhere.

Communication was maintained with all clients who contacted KYH supporting them until they could access treatment (not necessarily only KYH programmes). This way KYH, through outreach, extended its services by 72% in comparison to the previous year. Again there has been a major increase in the number of Aboriginal women and families that KYH could extend services to. There has been a spike of 128% after introduction of outreach services.

Many women who were unable to attend the residential programme (due to various obstacles including, but not limited to, either working or unable to leave their houses due to no family support to take care of their children over 12 years) were able to access treatment by attending the day programme. KYH wait listed clients for residential treatment also received support via the day programme. Many of the clients who had completed the day programme opted to continue either with the residential programme or aftercare programme.

All the clients who completed the aftercare programme have been supported to integrate back into the community. They are all employed and in their own housing. Most of the mothers had their children restored and the others had gained visitation rights. The funding has helped in implementing the Through Care model and helped to develop staff capacity as well as paved the way for networking with many more services.

However there were some challenges that staff and the organisation overcame efficiently. There were teething problems in managing three programmes with the limited space and staff that was overcome innovative program and timetable management. There were issues regarding rules and privileges for different groups which was dealt with immediately. As KYH had just acquired accreditation by QIP, developing policies and procedures went ahead at the same pace. There is one major worry about sustaining the day programme beyond the funding period. As of now KYH is committed to extend this as long as possible.

For more information contact:

ADFNSW - Kathleen York House

Ph: 02 96605818

Fax: 02 95522590

W: www.adfnsw.org.au

“The primary aims of both projects was to reach out to more women in need, as well as provide treatment based on their individual needs and the stage of change they were at.”





Creating Better Outcomes:

How a Practice First approach is supporting work in families where mothers are experiencing alcohol and other drug issues

Kathy Horne, Manager Clinical Issues Team, Office of the Senior Practitioner, FACS

Traditionally, child protection and alcohol and other drug (AOD) services have found it challenging to work together. Both services sometimes struggle to find the balance between the risks to the child, with the needs and concerns of the parents. This is particularly true for women who experience substance misuse issues, impacting on outcomes for the child and their parent.

In recognition of the need for better, long lasting outcomes for children and their families, the Department of Family and Community Services (FACS) has been changing the way it works with children and families and other services providers. One example of this change in practice has been through the development of *Practice First* as a model for child protection service delivery. Its focus is on changing the practice culture across the spectrum of work with families – assessment, intervention and collaboration with partner agencies. *Practice First* aims to achieve safety for children and families through skilful child protection practice, shared management of risk and genuine relationships with families and community.

Starting in 2011, and now operating at just under half the state's Community Services Centres (CSCs), the *Practice First* approach is unique to New South Wales, and draws on the best of national and international models and contemporary research.

The model is based on ten principles of *Practice First* that are evidence-based and reflect contemporary research. The principles influence our systems, culture and people. They unite the organisation around the shared goal of improving children's lives long-term, and where safe, keeping families together. Anchored by structured and rigorous group supervision and supported by leadership that encourages more time with families to build meaningful relationships, *Practice First* is changing the foundation of child protection in NSW.

Practice First values collaboration with families, community, government and the non-government sector. Our relationship with partner agencies has always been important - *Practice First* now embeds this into practice.

Greater collaboration

Group supervision is at the heart of *Practice First*. Caseworkers, managers, casework specialists, psychologists and other specialist staff such as the Clinical Issues Team consultants meet each week to discuss cases and reflect on practice. Group members talk through, scrutinise and challenge thinking and decisions. Group supervision also helps staff manage any emotional response to their challenging work, by creating the space to share their worries and hopes about their work with families. Caseworkers can draw on multiple viewpoints, research and practice expertise to support their practice – saving time and sharing the risk.

Partner agencies are regularly invited to group supervision sessions, which can include local drug and alcohol services. This genuine partnership has many benefits. It creates more efficient and effective referrals and information sharing, shared understanding of the risks and protective factors, greater transparency around decisions, more purposeful case plans and wrap-around services, and ultimately, better outcomes for children and families.

More practitioners know more relevant information about each client. *Practice First* builds a team around a family, meaning greater access to multiple practitioners or support staff, as needed by the family.

Better communication

Greater communication with partner agencies helps us create a clearer picture about a child's safety and their family's situation. *Practice First* encourages FACS to seek feedback from partner agencies on its work and areas for improvement. Regular communication also creates opportunities for innovative and responsive support for families, tailored specifically to their needs.

More time with families

Practice First encourages practitioners to spend more time with families. This could be taking them to appointments or joining in family activities that lead to stronger safety assessments and genuine relationships that

What are the Practice First principles?

1. Ethics and values are integral to good practice.
2. Families have a right to respect.
3. An appreciation of context strengthens practice.
4. Language impacts on practice.
5. Good practice is built on both knowledge and skills.
6. Practitioners do best in a culture that fosters learning, hope and curiosity.
7. Reflection leads to better outcomes.
8. Sharing risk leads to better decision making.
9. The quality of the relationships makes a significant impact on effectiveness.
10. Relationships have a cascade effect.

support change. For example, caseworkers are being supported to use motivational interviewing strategies with women with substance use problems to engage and support them in making good decisions for themselves and their children. FACS can invite partner agencies to do joint home visits or engage in family activities more regularly to work together to build trust and to support clients.

Determined effort to keep families together *Practice First* requires practitioners to explore all avenues to keep a family together, where it is safe to do so. This means collaboration with, and relying on the expertise of partners more than ever, to support families through change and to create safe homes for children and young people.

For more information contact Kathy Horne at the Office of the Senior Practitioner, 9716 2914, Kathryn.horne@facs.nsw.gov.au



Family & Community Services

NADA events



Do you have something you would like included in the next NADA Advocate?

NADA encourages members and stakeholders to contribute to the NADA Advocate. You could promote new services and projects, innovative partnerships, awards and achievements, research activity or upcoming events.

Email final content to [Heidi](#)

The next issue's content deadline is 21 August 2015 for distribution mid-September.

Aboriginal Cultural Awareness Workshop

23 September 2015

NADA are partnering with Felicity Ryan to offer this Aboriginal Cultural Awareness workshop.

The workshop will help participants understand:

- Aboriginal cultures, nations and protocols, family and kinship systems
- Discrimination, myths and stereotypes
- The impact of colonisation and how this has affected contemporary Aboriginal peoples
- Current statistics regarding Aboriginal people
- How to become an ally and challenge negativity
- Aboriginal identity and how to improve communication
- Practical strategies around working effectively with Aboriginal people – developing culturally appropriate programs and services

To download a registration form click [here](#) or click [here](#) to register online. For further information contact [Heidi](#).

SAVE THE DATE

Partnerships for Health: Mental Health and Drug and Alcohol, Second Consultation NGO Forum

Following on from the first NSW Health MHDAO NGO forum in February 2015, the second follow up Forum will be held on 9th September 2015 to discuss further developments and progress with the NSW Health review on the current outgoing grants program and its replacement.

Venue: The Menzies Hotel,
14 Carrington Street Sydney NSW 2000

Date: Wednesday 9 September 2015

NADA AGM: 16 November 2015

Venue: Novotel Sydney Central

NADA Conference 2016: 6 and 7 June 2016

Venue: The Grace Hotel, Sydney



Aboriginal People and Strength Based Practices within a Drug and Alcohol Setting Workshop

24 September 2015

NADA are partnering with Felicity Ryan to offer this workshop specifically for those who have already completed Aboriginal Cultural Awareness Workshop.

This workshop will help participants understand:

- Traditional Aboriginal Practices and AOD
- The role of alcohol in Australia since colonisation
- Current statistics around Aboriginal people and AOD
- Impacts of alcohol consumption on Aboriginal people
- Effects of high risk consumption of alcohol
- Effects of illicit drug use and Aboriginal people
- Why some Aboriginal people drink and/or take drugs
- The media and public perceptions

It will include practical strategies and skills utilising case studies, service analysis, development of action plans, tools and resources. To download a registration form click [here](#) or click [here](#) to register online. For further information contact [Heidi](#).

NADA Member Profile:

Sydney Women's Counselling Centre



Margherita Basile, Manager, Sydney Women's Counselling Centre

SWCC has been delivering trauma informed counselling and responding to community health and wellbeing issues for over 20 years. SWCC has a long history of working collaboratively and in partnerships with service providers across the spectrum of NGO and government health and welfare services across a broad range of issues.

Marginalised women, most with complex co-occurring issues, have access to short and long term counselling with qualified counsellors and psychologists at the Centre who are experienced in working with clients who range in age from 18 to 80, come from diverse cultures, have combinations of co-occurring issues at varying levels of severity and at different levels of motivation and capacity in the change process.

SWCC has several entry pathways into counselling. They are through the general mental health, domestic violence, sexual assault, alcohol and other drugs, gambling help and Medicare/ATAPS programs.

The Alcohol and Other Drugs Counselling Program at SWCC (like our other counselling programs) is client focused and confidential. It provides a safe, supportive and respectful environment in which treatment options are individually tailored and counselling seeks to empower clients to reach their goals.

Counselling is holistic and delivered within

a social determinants of health and trauma informed framework. This ensures that co-occurring presenting issues are addressed and acknowledged in their relation to substance use issues. There is a very high correlation between substance misuse and underlying issues related to traumatic experiences including sexual, physical and emotional abuse in childhood and in adult life. Clients in the SWCC alcohol and other drugs long term counselling program can work on these complex underlying issues within the safety of our trauma informed care framework.

For clients in active alcohol/drug misuse, harm reduction strategies are used to help reduce related harms to clients and to the community and increase opportunities for positive long term changes in health and wellbeing. Relapse prevention strategies are commonly used for clients in recovery who are unstable in their abstinence or on pharmacotherapy maintenance.

Although the Centre's AOD counselling program can assist and support the goal of abstinence, it is not within the brief of the Centre to provide treatment for withdrawal or to manage clients whose substance use is at dangerous levels. The AOD counselling program can help with referral to detox and or AOD rehabilitation services.

Collaborative working agreements with

residential rehabilitation services, mainly within the Sydney Local Health District, also allows for clients of those services to attend external counselling at SWCC while they are still in residential rehabilitation or in transitional programs, and in many cases, have continuity of care after they have completed their residential program.

Clients mandated into treatment by MERIT and Family and Community Services can also access counselling at the Centre. The Centre also offers counselling to women who are impacted by the substance use of others.

As part of the Women's Health sector in NSW and a member of the AOD Women's Network, the Centre is a strong advocate of specialist gender sensitive and culturally competent service delivery that acknowledges the structural drivers in society that can result in adverse health behaviours, such as alcohol and other drugs misuse, and the poor health outcomes that often accompany these behaviours. The provision of long term counselling (weekly up to two years) that assists clients to safely and in an integrated way, address these drivers and behaviours to achieve sustainable long term recovery and independent living, remains the organisational goal of counselling at the Centre.

Counsellors are qualified in a variety of therapeutic modalities which form part of the tool kit used to best meet the needs of individual clients. The Centre has held continuous accreditation for 16 years (QIC and ASES). For more information and to book an assessment contact:

SWCC

4/2 Carrington Square Campsie NSW 2194

Tel: 02 9718 1955

E-mail: help@womenscounselling.com.au

Web: www.womenscounselling.com.au



Celebrating 20 YEARS
1994-2014

NADA Board Member Profile

David Kelly

Senior Operations Manager, Health,
St Vincent de Paul NSW Support Services

How long have you been with NADA?

I was co-opted to the Board of NADA in December 2014, however over the course of my career in the non-government drug and alcohol sector I have worked for 4 different NADA member organisations as well as working for NADA itself in 2011 and 2012. Vinnies, through Freeman House in Armidale in particular, has been a long standing and very grateful member of the NADA over many years.



What experiences do you bring to NADA?

I have been involved with NADA and the NSW non-government drug and alcohol sector for close to 15 years. I began working as a front line drug and alcohol worker for many years before taking on management roles across a number of NADA member services including those involved with residential rehabilitation, therapeutic community, harm reduction, health promotion and community drug and alcohol work.

I have also worked across a number of associated sectors through that period, particularly including housing and homelessness and mental health.

What NADA activities are you working on at the moment?

I am kind of a newbie in this role with NADA, although it has been a very interesting period as NADA, its Board, and the members have advocated on behalf of the sector through the ongoing Partnerships for Health reform and the extension of the Commonwealth Flexible Funds programs.

What is the most interesting part of your role with NADA?

My involvement with the other NADA members and the broader sector as well as ongoing involvement with the people who utilise our programs. We do everything in the drug and alcohol sector, we have the privilege to be allowed to be involved in every aspect of people's lives. Of course most of my role with Vinnies and with NADA involves working with, and through, staff. The staff of our programs are our greatest resource and I am very motivated to help and support staff across the sector to enable them to do the work they do.

What else are you currently involved in?

I am the father to two adorable but highly energetic angels, as well as studying part time and participating in a volunteer committee on the NSW Central Coast where I live. I occasionally get to spend time with my wife and in the 6 hours or so when I am not doing that stuff, I try to squeeze in some sleep.

A day in the life of...

Sector worker profile

Tara Hurster

Psychologist – AOD Counsellor, Wayback Ltd

How long have you been working with your organisation?

I have been employed at Wayback for just over two years.

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

I chose to become a psychologist in high school when I noticed I had a way with young people who were resistant in class. After chatting with them and seeing their suspensions and detentions decline I realised this was going to be my career path. During my psychology registration process I worked in private psychiatric hospitals facilitating psychoeducational and experiential groups with a main focus on addiction recovery. I was lucky enough to be able to secure my position with Wayback as part of my final registration requirements in 2013 and have always felt so supported by my team. In July 2014 I became a registered psychologist with AHPRA.

What does an average work day involve for you?

I have a caseload of 15-20 clients that I see each week. My day consists of individual counselling sessions, case management and report writing. I also facilitate group therapy sessions during the week. Wayback has a large student placement program with counselling, psychologist and social work students from ACAP, Macquarie University, University of NSW and Sydney University. During each day I am involved in mentoring, observing and teaching the students to assist in their studies and professional development.

What is the best thing about your job?

I truly enjoy having the opportunity to make a difference in a person's life. Watching the ripple effect of their learning onto their family, friends and society.

What is one thing you would like to see different in the non government drug and alcohol sector? What needs to change to get there?

I would like to see the focus shift to the ongoing care of the client rather than getting distracted by success rates and statistics. Through increased collaboration between services, greater communication and support I believe the long term impacts will be positive.

If you could be a superhero, what would you want your superpowers to be?

I would love my super powers to have something to do with flight! I think birds look so calm and peaceful. Plus I wouldn't have to deal with traffic anymore... BONUS!



Freeman House Opening

Freeman House official opening and blessing 6 May 2015

On the 6 May 2015 St Vincent de Paul hosted a blessing and official opening for the new look Freeman House.

It was a friendly gathering of long-time supporters, staff and special guests such as the Honourable Barnaby Joyce - Member for New England; The Most Reverend Michael Kennedy - Bishop of Armidale and Ray Reynolds - President St Vincent de Paul Society NSW. The opening ceremony provided an opportunity to reflect on the significant history of Freeman House and its humble beginnings as a grass-roots initiative whose origin began in response to a group of marginalised men sleeping rough under a bridge in the Armidale community. Freeman House has provided shelter and support to those in need, and with these new additions can continue this important work and extend innovative approaches to alcohol and other drug treatment.

The new facilities at Freeman House will deliver a holistic approach to homelessness including rehabilitation services and a designated purpose-built areas for people who are rough-sleepers. There are specific spaces to facilitate case management, group work, counselling and outreach work at the new facility. In addition, there is a designated environment for professional learning and development, maximising opportunities to strengthen partnerships with TAFE New England Institute, the University of New England and other key services in the region. Freeman House will also have an opportunity to provide conference facilities to the Armidale community.

The services provided within the new Freeman House are exciting for the region as it will respond to unmet demand for assistance from the community, and have greater capacity to help people transform their lives.

Photo right: Allan Kennedy, St Vincent de Paul Society Armidale Central Council; Ray Reynolds, President St Vincent de Paul Society NSW; Most Reverend Michael Kennedy, Bishop of Armidale; Beverly Kerr, Vice President St Vincent de Paul Society NSW; Michael Perusco, CEO St Vincent de Paul Society NSW; The Hon. Barnaby Joyce, Member for New England. [left to right]

 **St Vincent de Paul Society NSW**
Support Services *good works*



Welcome new NADA Member

Bobby Goldsmith Foundation

The Bobby Goldsmith Foundation (BGF) provides care and support for people living with HIV in NSW – practically, emotionally and financially. BGFs holistic approach connects people to life-giving medication, to each other, to a community of support, and to programs and services. BGFs Wellness Model of Care empowers individuals to live well, with dignity, and to lead healthier and more fulfilling lives. For more information phone 02 9283 8666 or visit www.bgf.org.au.



bobby goldsmith foundation
practical emotional financial support



Courtney Breen

Translating Research into Practice

Supporting pregnant women who use alcohol and other drugs. What can primary health care providers do?

Dr Courtney Breen and Assistant Professor Lucinda Burns, NDARC

A recent project conducted through NDARC developed a best practice guide to assist primary care health professionals to identify, support and treat pregnant women who use substances. The project involved a review of effective treatment approaches and input from professionals with expertise regarding substance use in pregnancy. The project resources include a report [1], a practical guide and a two page reference sheet and are available [online](#).

Substance use during pregnancy can be associated with significant harm to mother and baby. Health care professionals can make a substantial difference to the health of women and their babies by identifying and supporting women who use substances during pregnancy. It is important to remember that pregnant women who use substances are women who are dealing with all the complexities of substance use who become pregnant. Pregnancy may be a window of opportunity to motivate change and improve outcomes with the appropriate support and treatment.

Evidence suggests access to early antenatal care improves outcomes and therefore it is important to identify women that may need additional support as soon as possible [2]. Although alcohol and drugs are used by women across the population, from a wide range of backgrounds and ages, there is a substantial stigma associated with substance use in pregnancy. A safe and non-judgemental approach is required to encourage disclosure and enable assistance with psychosocial and pharmacological treatment as required. Although evidence for universal screening is limited, guidelines recommend asking pregnant woman about their substance use within a discussion of their health [3]. Disclosure may occur as rapport is built and patterns of use may change over time, so it is important to continue to have this discussion throughout the pregnancy.

Moving beyond a focus on alcohol or drug use alone towards comprehensively addressing a range of factors improves outcomes [4] [5]. These include addressing early access to antenatal care, poor nutrition, mental health, domestic violence and unstable housing. Central to successful treatment responses are recognition of women's experiences, including potential trauma, and provision of a compassionate model of care [6].

The type of treatment required varies by drug type and may involve supervised withdrawal (eg. for alcohol, benzodiazepines) and a range of psychosocial or pharmacological treatments. There is evidence of effectiveness for cognitive behaviour therapy (eg. smoking cessation), motivational interviewing (eg. contraception and alcohol use) and pharmacological treatment (eg. methadone or buprenorphine for opioid dependence or NRT for smoking cessation if other quit methods have been unsuccessful). Clinical information by drug type is available from recently updated clinical guidelines [7].

The review of the evidence was complemented by input from a consultation network, consisting of a range of professionals with interest and expertise in substance use in pregnancy. They worked in health services in a variety of settings including general practice, maternity, drug and alcohol, family planning and justice health. The network members provided information on available resources and services in their state, clinical experiences and workforce development needs. This was an invaluable aspect of the project, informing the development of the resource. It was important to get views and examples where clinicians had seen programs or methods work efficiently and highlight areas that needed improvement.

The guide developed from this project provides components of best practice information on how individual health professionals can support pregnant women, including addressing stigma and practical barriers. It describes important steps to take and directs health professionals to existing resources. In addition, the guide provides suggestions for service providers such as documenting information on local resources, referral pathways and to consider auditing the use of resources and clinical guidelines and putting quality improvement processes in place. Service providers can also promote available educational resources and training opportunities.

To ensure women get the appropriate support ongoing training of health professionals is required. There is lack of information and evaluation of the impact of education on practice. There is limited evaluation research of programs that treat pregnant women that use substances in Australia. Despite the availability of guidelines on screening and intervention for substance use in pregnancy, there is limited information on current practice or the extent to which guidelines are

disseminated and implemented. Often funding is provided in stages and resource development occurs but evaluation to determine the extent to which guidelines and resources are used and their impact is not undertaken. This is an area that requires further attention to ensure women who use substances are supported through their pregnancy and beyond.

Best practice support of pregnant women who use substances:

- Routinely ask women about their alcohol and other drug use throughout the pregnancy.
- Avoid stigma and judgement. Engaging women in treatment requires sensitivity and provision of a culturally safe and accessible service.
- Identify high-risk cases early and refer for specialist antenatal care and treatment, or consultation.
- Address the range of needs including psychosocial factors, health and mental health issues and practical realities.
- Maintain up-to-date knowledge of treatment interventions.
- Identify referral pathways to specialist antenatal services, consultation and community organisations.
- Identify a case coordinator to coordinate a multidisciplinary or interagency team.
- Organise paediatric assessment, assertive follow-up and support for mother and baby post birth.
- Provide contraception and information to prevent future unintended pregnancy.

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NDARC

National Drug & Alcohol Research Centre

The Difference is Research



NADAbase Update

NADAbase Data Reporting

As we head to the end of another financial year it is a good time to examine our client data for quality and accuracy. Reporting time is an opportunity to describe to funders the clients that have been accessing your service and the impact your interventions have had on their health and wellbeing. While there have been some useful improvements to the NADAbase in relation to reports, we are not resting on our laurels!

We are working on an improved version of the outcome measures general report. We recognise that it would be more useful for our member organisations to have a report that collates overall improvement across all the measures in one graphic and table at the beginning of the outcome measures report. We have started mapping out the report and will commence development work next month.

The other area we will focus on next financial year is assisting members to improve the consistency of client outcome data collection as most organisations have started well collecting 'Intake' surveys, but over time subsequent surveys (Progress 1, Exit and

Follow up for example) decline in number. It is crucial to collect at the very least an Intake and Exit survey in order for the data you collect to be truly an outcome measure.

NADA will soon be sending out an updated NADAbase user agreement that will seek your permission to include your aggregated data in some data snapshots that can be utilised by all organisations for benchmarking purposes. We are very excited about the way our members have embraced client outcome measurement and are looking to innovate further by exploring ways of benchmarking with each other. NADA is keen to support members with benchmarking and to provide data snapshots on our website that can be accessed at any time.

In other fantastic news, NADA has cemented its role as the NGO AOD sector data custodians by having it published in a NSW Health Policy Directive which is now **available online**

Supporting Young People with Alcohol and Other Drug Issues:

A profile of non government alcohol and other drug services for young people in NSW

This resource provides an overview of the 15 Youth AOD Services Network members who are specialist non government youth services providing AOD services in NSW.

The Youth AOD Services Network includes specialist youth services providing AOD services to young people across regional and metropolitan NSW. They work together to improve outcomes for young people seeking and accessing drug and alcohol services, support and treatment in NSW.

To download the profile and find out more about the Youth AOD Services Network and its members click **here**.

NEW!





CMHDARN Update

Join
CMHDARN
today!



Dr Angela Argent, Project Officer for the Community Mental Health Drug and Alcohol Research Network (CMHDARN)

Hi, I'm Angela, the new Project Officer for the Community Mental Health Drug and Alcohol Research Network (CMHDARN).

In the months ahead, I hope to build a broader community of practice around the Network and for this I need your input. Join the Network and participate. There will be lots going on in the next few months, so get involved.

CMHDARN is a collaborative project between NADA and Mental Health Coordinating Council (MHCC), in partnership with NSW Mental Health Commission. The Network has been around for four years and is currently in a strong position to contribute to building the evidence base that will result in improved services and outcomes for people with mental health and/or drug and alcohol issues. The network is unique and really I'm excited to be part of it.

I come to CMHDARN having worked across the community and university sectors. I first studied psychology, humanities and law at Sydney University and was a researcher at the NSW Aboriginal Land Council, the NSW Council for Intellectual Disability and MHCC. I completed an interdisciplinary PhD at Monash in humanities, then taught at Monash and Sydney for ten years and lived and worked in Prague with my partner and three kids. More recently, I was EO of the Women's Domestic Violence Court Advocacy Service Network, a researcher at Schizophrenia Fellowship and UNSW. I look forward to seeing CMHDARN become even more effective in bringing people and ideas together.

CMHDARN has just released its first independent **Evaluation Report**. The report highlights that CMHDARN's goals are highly relevant to individuals and organisations

working in mental health and drug and alcohol and that it has had a positive impact on building capacity at an individual and organisational level.

It recommends that we continue to focus on developing research capacity, promoting the value of research and the use of research evidence in practice. It also recommends that we approach funders to discuss research funding.

In spite of the systemic difficulties associated with building capacity for research, there are reasons to be hopeful. The Baird Government has pledged \$1 billion for medical research, including a new \$40 million Health Services Research Support Program to support research by frontline clinicians and \$10 million for scholarships and fellowships. We hope that CMHDARN will be able to meet with Ministers to explore opportunities for the community sector to access these funds.

The recently released *Report of the National Review of Mental Health Programs and Services* claims to support system reform that will be organised around the needs of people, rather than people having to organise themselves around the system. To this end, it highlights the need to build research capacity and impact through collaborative research and translating research into practice.

CMHDARN will seek out investment, collaboration and support to grow a culture of research that will increase the evidence base for better practices across the mental health and drug and alcohol sectors.

Make sure you're signed up as a member and stay tuned.

Contact: angela@mhcc.org.au

More info, visit [CMHDARN online](#).

Call for papers

Are you part of a community organisation that has published in a peer reviewed journal in the last five years on a topic related to mental health and/or alcohol and other drugs work?

We want to produce an annotated bibliography and need you to let us know about your research. If you would like to showcase your research, please contact the CMHDARN Project Officer, Angela Argent, for further information.

email: angela@mhcc.org.au
www.cmhdaresearchnetwork.com.au

WE NEED YOU!

Do you have research experience, and/or an active interest in research, as well as a desire to learn about research processes? Consumer/client and carer representatives are needed for the CMHDARN Project Reference Group.

CMHDARN's agenda is reflective of, and aims to represent the diverse needs and interests of consumers, clients, carers and communities. In order to do this, we need your perspectives, experience and expertise to inform and determine our priorities and work.

We are specifically looking for people with lived experience of mental illness who are committed to recovery and/or people with experience of alcohol and drug use and/or treatment. The Project Reference Group meets approximately four times a year for two hours. Payment may be available for your participation. If you would like to play a role in determining the future direction of CMHDARN, please contact the Project Officer, Angela Argent for further information.

email: angela@mhcc.org.au
www.cmhdaresearchnetwork.com.au

community mental health drug and alcohol
RESEARCH NETWORK



Update on the ACI Drug and Alcohol Network

The Agency for Clinical Innovation (ACI) Drug and Alcohol Network was launched at a planning forum held at the Kirribilli Club in Lavender Bay, Sydney on 19 March 2015. It was attended by a range of stakeholders, across government and non government services, and was well represented by NADA Members.

The aims of the day was to:

- gain an improved understanding of the ACI and the role of the Networks
- gain an improved understanding of the types of resources and expertise that the ACI can provide Networks
- hear some contextual information around drug and alcohol in NSW and understand some of the challenges and priorities for the sector
- begin to think through the key features of a Drug and Alcohol Network and provide input into the development of priorities for the Network.

Structure of the Network

ACI Networks are open to clinicians, carers, consumers, health managers, health researchers, non-government organisations, private organisations and other key partners where drug and alcohol care is provided. ACI clinical networks engage clinicians and community members to design and support implementation of models of care which are evidence based, promote best practice across the NSW health system and meet the needs of patients, their carers and families.

ACI Networks, including the Drug and Alcohol Network are led by the Network Manager and 2 Co-Chairs and consist of an Executive Committee, Working Groups and Network members. Key roles are as follows:

Co-Chairs

- Spokespeople for the Network
- Provide leadership and chair the Executive Committee
- Facilitate collaboration with key stakeholders
- Appointment reviewed after 2 years

Executive Committee

- Approve Network agendas and develop the workplan
- Oversee all projects and activities undertaken by the Network
- Lead the development of special projects and working groups
- Opportunity to nominate for a Co-Chair appointment
- Membership reviewed after 2 years

Working Groups

- Temporary multidisciplinary groups working together on a defined topic or activity

Network Members

- Provide expert input into the development of evidence based resources
- Opportunity to join working groups or the Executive Committee
- Receive e-newsletters and project updates
- Receive ACI updates
- Promote the work of the Network

Network Co-Chairs Announced

Ms Jo Lunn and Dr Tony Gill have been appointed as the ACI Drug and Alcohol Network Co-Chairs, and were introduced at the Drug and Alcohol Planning Forum. The Network will benefit greatly from Jo and Tony's vast knowledge, clinical expertise and commitment to the drug and alcohol sector in NSW. NADA would like to congratulate both co-chairs on their appointment to this role.

Get Involved!

Remember this is YOUR Network - a place for clinicians, managers and consumers from community, public and primary health care settings to come together. The ACI's goal is to develop and implement evidence-based innovative programs, frameworks and models of care to promote collaboration, innovation, integration and quality improvement in drug and alcohol service delivery. Join the ACI Drug and Alcohol Network [here](#). For more information contact [Antoinette](#).



Photo caption: Network Manager Antoinette Sedwell with new Co-Chairs Tony Gill and Jo Lunn
Photograph acknowledgment: Photo by S van de Scheur (ACI).



ACI NSW Agency for Clinical Innovation

NADA Policy Toolkit 2nd Edition

Available Now!

The NADA Policy Toolkit 2nd Edition is designed to guide non government drug and alcohol services to develop and review operational policy documents and support their formal quality improvement program. This new edition is the result of a comprehensive review of the NADA Policy Toolkit (2010) and provides a new, up-to-date and user friendly toolkit of policy and procedure templates that can be adapted to support individual organisations.

The NADA Policy Toolkit 2nd Edition is part of the NADA Sector Capacity Building Program and was funded by the Commonwealth Department of Health.

The toolkit includes a hardcopy user guide and the CD Rom will contain:

- An electronic User Guide providing you with background information and some information how to use the mapping guide and how to edit templates easily.
- Template Map allowing you to link directly to any of the templates on the CD.
- 190 policy and supporting document templates in three sections

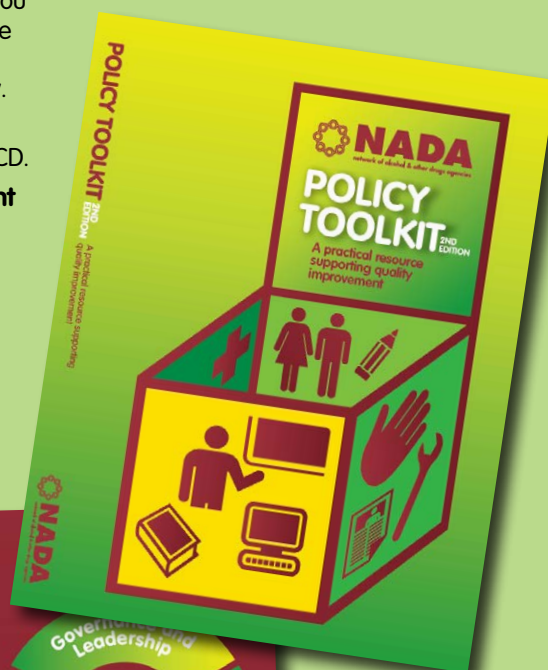
1. **Governance and leadership** includes five policy and 55 supporting document templates incorporating governance, work health and safety, financial management, risk management and organisational development.
2. **Administration and support** includes five policy and 79 supporting document templates covering communications, information technology, human resources, clinical supervision and program management.
3. **Service delivery** includes two policy and 44 supporting document templates cover service and program operations and client clinical management.

NADA would like to acknowledge all the members and stakeholders representatives who have contributed to the review and redevelopment of the toolkit over the last two years. Contributors included staff and/or resources from the below organisations:

- The Buttery
- Drug and Alcohol Multicultural Education Centre
- Freeman House, St Vincent de Paul Society NSW Support Services
- The Haymarket Foundation
- Kamira
- Kedesh Rehabilitation Services
- The Lyndon Community
- McCullough Robertson Lawyers facilitated by Justice Connect Not for Profit Law
- Mental Health Coordinating Council
- NSW Cancer Council
- NSW Users and AIDS Association
- National Drug and Alcohol Research Centre
- Palmerston Association Inc.
- The Salvation Army
- Triple Care Farm, Mission Australia.

All NADA members will receive a copy in the mail. Click here to access the Toolkit 2nd on the [NADA website](http://nada.org.au).

If you have any queries please contact ciara@nada.org.au.



COMING SOON

NADA Practice Resource

WORKING WITH WOMEN ENGAGED IN ALCOHOL AND OTHER DRUG TREATMENT

“Improving service provision to women means acknowledging their unique experiences and perspectives, enhancing the best practice approaches AOD treatment services already have in place or adopting philosophical perspectives that give a greater voice to the needs of women.”

This new NADA resource is a practical guide to supporting workers and organisations to provide best practice interventions for women accessing AOD treatment. This includes effective organisational change, becoming a gender responsive service, supporting family inclusiveness and providing trauma informed care.

The resource provides a range of information to support you in your work including:

- Women in AOD treatment settings
- Creating an enabling environment for women in AOD treatment
- Improving access and retention for women from a diverse range of backgrounds
- Pregnancy, parenting and AOD
- Developing and strengthening partnerships
- Organisational change and self-care
- Useful resources

NADA would like to thank all contributors to the development of this resource including the 51 women from Women's specialist services who shared their stories, the Women's AOD Services Network, the Women's AOD Services Development Expert Advisory Group, ACON, the Gender Centre and the Drug and Alcohol Multicultural Education Centre.



NADA
network of alcohol & other drugs agencies

The NADA Practice Resource: Working with Women Engaged in Alcohol and Other Drug Treatment has been developed as part of the Network of Alcohol and other Drugs Agencies (NADA) Women's AOD Services Development Program funded by the Commonwealth Department of Health. The resource will be available mid 2015.

NADA Snapshot

Policy and submissions

- NADA provided a submission to the TGA supporting the amendment for the scheduling of naloxone to make it more readily available drug users, peers, families and carers and health workers.
- NADA provided a media release with regard to the NSW Government's election commitment to enhance funding for drug treatment in relation to methamphetamine users.
- NADA and the other state and territory AOD peak bodies issued a joint media release welcoming the Prime Minister's recent announcements on the establishment of a National Ice Taskforce.
- NADA provided a submission to the National Ice Taskforce on the development of a National Ice Action Strategy.
- NADA has providing written feedback to MHDAAO on number of NGO evaluation processes.
- Joint letters from the AOD state and territory peaks to the federal Assistant Health Minister and federal Health Minister regarding the funding decision for NGOTGP and SMSDGF.
- Letters were provided to all NSW federal politicians by NADA on the implications of commonwealth funding decision on NGO drug and alcohol treatment services in NSW.
- NADA was as part of a coalition of eleven peak organisations from the health and community sectors - lead by PHAA - calling on the Australian Government to scrap plans to cut nearly \$200 million in funding to key health initiatives from the end of the financial year.
- NADA provided a response to FARE DV and families' position paper.
- NADA provided a policy paper to MHDAAO and the Minister for Health and Assistant Minister for Health and mental health and drug and alcohol on the governments election commitment of new funding to establish new treatment centres for methamphetamine treatment and additional funding to the NGO sector supporting enhanced capacity to work with Ice clients.

Advocacy and representation

- NADA participated in a number of radio interviews on the extension of Commonwealth funded AOD programs.
- Two face to face meetings by delegations of the state and territory NGO drug and alcohol peaks with the Federal Assistant Health Minister, Minister Fiona Nash.
- NADA met with NSW Health Minister Jillian Skinner and her senior staff to discuss the Partnerships for Health initiative.
- NADA met with the senior staff from the office of the NSW Minister for Mental Health Pru Goward to discuss the NGO AOD sector, methamphetamine responses and the Partnerships for Health initiative.
- NADA meet with Stephen Jones, Federal MP, and Shadow Minister for Health on the issue of current commonwealth cuts to the Flexible Funds program announced in the recent commonwealth budget. NADA provided Mr Jones with a range of NADA material's including our mapping Exercise and our position on Ice. He was keen to know the impact on any reductions in the Flexible Funds on state NGO drug and alcohol services.
- NADA participated in a roundtable discussion with the other state and territory AOD peak bodies for the National Ice Taskforce consultation.
- NADA attended a research committee meeting at NDARC looking at the development of the Alcohol Treatment Centre Study.
- Participation in the Partnerships for Health NGO Advisory Group meetings and fortnightly meetings with MHDAAO to support the planning process.
- NADA attached the ACI's Drug and Alcohol Network Planning Forum
- NADA attended the quarterly MHDAAO Drug and Alcohol Program Council meeting and MHDAAO Drug and Alcohol Quality in Treatment meeting.
- NADA coordinated the NDARC Suicide Assessment Kit Advisory Group meeting.
- NADA and the MHCC met with the Centre for Research Excellence in Mental Health and Substance Use to discuss to explore the development of a partnership grant.
- NADA participated in two Peaks Capacity Building Network meetings including a face to face meeting which provides ongoing opportunities to collaborate and share information on a range of capacity building initiatives with the other state and territory AOD peaks.
- The NADA CEO finalised, in conjunction with an ADCA created working group, a position paper on the establishment of a new National Peak body for the ADO sector commissioned by the still existing Board of ADCA.

NADA Snapshot (continued)

Sector development activity

- NADA hosted a forum on Working with Diverse populations with guest speakers presenting on working with Aboriginal people, working with clients from Culturally and Linguistically Diverse (CALD) Backgrounds, working with LGBTI populations, Transgender people as well as working with Older populations in drug and alcohol.
- NADA coordinated workshops on a range of topics since March including:
 - a half day workshop facilitated by the Drug and Alcohol Multicultural Education Centre on Strategies for developing accessible and effective services for clients from CALD backgrounds.
 - a half day workshop facilitated by CCWT on Culturally Reflective Casework Practice.
 - a full day frontline workshop facilitated by Speak, Listen, Heal consultants on Methamphetamine.
 - Two Aboriginal Cultural Awareness Workshops facilitated by Felicity (Flic) Ryan.
 - A full day Hepatitis C workshop facilitated by Hepatitis NSW/
- NADA coordinated and participated in two Women's AOD Services Meetings which were hosted by Jarrah House and NADA. The Network contributed to NADA's submission to the National ICE Taskforce and contributed to the development of a Women's AOD Services Profile resource.
- NADA coordinated and co-hosted a Youth AOD Services Network with South West Youth Services in Campbelltown. Guest speakers presented from SMART Recovery and the Adolescent Medicine Unit at the Children's Hospital Westmead.
- The NADA Service Planning Development Initiative is underway with 6 successful applications, involving 14 NADA members. An update will be provided in the next Advocate.

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[Feedback](#)

[Training Grants](#)

Look out for NADA's new strategic plan

The NADA Board and staff have developed the new three year NADA strategic plan.

The plan is based on the outcomes of our previous plan, the changing policy and funding environment, and most importantly, feedback from our members and key stakeholders. The 2015-18 strategic plan will be available in July.